

CELLULITIS / SOFT TISSUE INFECTION

Allergies _____

OBS – Signs/Symptoms

1. Admit to Dr. _____
 Teaching: Medical Non-teaching
2. Diagnosis Cellulitis
3. Vital Signs routine or _____
4. I & O
5. Diet _____
6. Activity
 Bedrest (except commode) for lower extremity cellulitis Extremity elevation, for lower extremity cellulitis Other _____
7. Admission labs (if not done in E.R.)
 CBC/diff 2 blood cultures
 BMP Other
8. X-ray: _____
9. Ultrasound of:
 Right Leg Left Leg Both Legs Other _____

10. Therapies

a. **I.V. Antibiotic (uncomplicated cellulitis):**

Cefazolin 1 gram every _____ hours

If allergic to penicillin, give:

Vancomycin 1 gram I.V. every _____ hours

I.V. Antibiotic (complicated) – *Complicated cellulitis: diabetic foot ulcer, bullae, palpable or radiographic tissue gas, gangrene or sepsis*

Ampicillin/Sulbactam (Unasyn) _____ gram I.V. every _____ hours

OR

Ertapenem _____ gram I.V. every 24 hours

OR

Clindamycin _____ mg every 8 hours **plus** Moxifloxacin 400 mg I.V. every 24 hours

Antibiotic dosing may need modification based on creatinine clearance.

b. **DVT prophylaxis**

Heparin 5000 units SQ every 12 hours Other _____

c. **Treatment of Pedal Dermatophytosis**

Clotrimazole cream to web spaces or toes b.i.d Fluconazole 200 mg. p.o. x 1 dose

d. **Analgesia**

Acetaminophen 650 mg. p.o. every _____ hours p.r.n. for pain Other _____

11. **Wound Care**

Ace compression: describe _____

Ulcer care: _____ Wound Service Consultation

12. **Consultations**

- Infectious Disease Dr. _____
- Vascular Medicine Dr. _____
- Vascular Surgery Dr. _____
- Podiatry Dr. _____
- Other Dr. _____

Physician

Signature _____ Date _____ Time _____

PROHIBITED ABBREVIATION	REQUIRED TERM	PROHIBITED ABBREVIATION	REQUIRED TERM
ug	Write Microgram	1.0	Write 1. Do not use zero after decimal point
qd, q.d.	Write Daily	Zero after decimal point	
qod	Write Every Other Day or Every 48 hrs	MS	Write Morphine
U or u	Write Units	MgSO ₄ , MSO ₄	Write Magnesium sulfate or Morphine sulfate
.5	Write 0.5 - make sure you use preceding 0	IU	Write International units
No zero before decimal point		OS, OD, OU	Write Left or right eye or both eyes
		AS, AD, AU	Write Left or right ear or both ears



ST. VINCENT CHARITY
MEDICAL CENTER

2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com

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MR.ORDER

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PATIENT LABEL