

CELLULITIS PAIN RISK STRATIFICATION TOOL
UNACCEPTABLE DIAGNOSIS FOR OBSERVATION: SOCIAL ADMIT, FAILURE TO THRIVE, DIZZINESS, UNABLE TO CARE FOR SELF, NEEDS PLACEMENT, UNABLE TO AMBULATE, CHRONIC ... (ANYTHING)
IF PATIENT MEETS ANY OF THE BELOW CRITERIA , THEN HE/SHE MUST BE ADMITTED, NOT OBSERVED.
*****DO NOT PROCEED TO PAGE 2. HOWEVER THIS RISK STRATIFICATION MUST BE COMPLETED & PLACED IN THE CHART*****
ADMISSION CRITERIA (criteria that exclude the patient from observation level of care)

- Septic or toxic appearance, T > 102F, wbc > 20,000
- Immunosuppressed
- Involves periorbit or orbit, neck, or >9% TBSA
- Extensive tissue damage, sloughing
- Deeper process: abscess, osteomyelitis, deep wound, suspicion of necrotizing fasciitis
- Patient unable to care for self at home
- Patient already failed outpatient treatment
- Unstable vital signs
- Bite or puncture wound
- Post op infection
- Associated with diabetic ulcer

PATIENT MUST MEET ALL OF THE BELOW CRITERIA FOR OBSERVATION - CHECK APPLICABLE BOX(ES)
*****THIS RISK STRATIFICATION MUST BE COMPLETED AND PLACED IN THE CHART.*****
OBSERVATION CRITERIA (inclusion criteria that make observation level of care a possibility)

- H and P consistent with cellulitis
- Require > 1 dose parenteral antibiotics

Observation Unit Disposition Decision

WBC nearly normal or significantly improved	All criteria present Any	HOME
Stable vital signs		
Taking po fluids and meds		
Area of cellulitis not increasing		
No response to iv therapy, rising wbc	criteria present	ADMIT consider expert advice
Inability to take po fluids or medicines		
Increase in skin involvement, fluctuance		
Temperatures failed to significantly improve		
Unable to care for self, no home care		

Level of Care determination after Risk Stratification (Check One): **Observation** **Admit (Use the appropriate admission order forms)**

MD Signature: _____ Beeper #: _____ Date: _____ Time: _____