NHS FORTH VALLEY

Orbital and Pre-Septal (Peri-Orbital) Cellulitis Adult Protocol

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Consultation and Change Record – for ALL documents

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Change Record			
Date	**Author**	**Change**	**Version**
11/04/2017	R Weir	Updated antibiotic guidelines	1.0
06/11/2019	AF	Guideline has been reviewed and no changes required	1.1

Patients are safe to follow up as outpatients if they have only Pre-septal cellulitis:

- Minimal upper lid oedema
- Systemically well
- Normal eye examination (ie: none of the signs of orbital cellulitis below)

Treatment plan for Preseptal Cellulitis

- **PO Co-amoxiclav 625mg tds** for 7 days
  (if penicillin allergy - **PO Doxycycline 100mg bd + PO Metronidazole 400mg tds**)
- Ophthalmology outpatients review (frequency dependent on clinical concern)
- Advise patient if no improvement within 24 hours or systemically unwell to return for admission

Indications for admission (Orbital cellulitis)

- Proptosis
- Diplopia or ophthalmoplegia
- Reduced visual acuity
- Reduced light reflexes or abnormal swinging light test
- For those in whom a full eye examination is not possible
- Systemically unwell or concern of septic shock
- Central nervous signs or symptoms (eg drowsiness, vomiting, headache, seizure or cranial nerve lesion)

Treatment plan for Orbital Cellulitis

- Intravenous access, blood for FBC, U&E, culture
- Commence **IV Co-amoxiclav 1.2g tds**
- If non-severe (i.e. rash) penicillin allergy - **IV Ceftriaxone 2g od + IV metronidazole**
- If severe penicillin allergy (i.e. anaphylaxis) / MRSA positive - **IV Vancomycin + IV Gentamicin + IV Metronidazole**
- If clinical deterioration despite IV antibiotics – discuss with microbiology consultant
- Most cases will require at least 7 days of antibiotic with 48hrs IV therapy.
- Commence Otrivine nasal drops QID
- Adequate analgaesia
- Arrange Ophthalmic and ENT opinions. Admitted under ENT.
- Daily Ophthalmological assessment: visual acuity, colour vision, eye movements and – pupil reflexes.
- If gross proptosis, opthalmoplegia, or concern – CT + hourly assessment

Indications for CT scanning

- Central signs
- Unable to accurately assess vision
- Proptosis, ophthalmoplegia, deteriorating visual acuity or colour vision
- Bilateral oedema
- No improvement at 24 hours
- Swinging pyrexia not resolving within 36 hours

Indications for surgery

- To be decided by ENT, if abscess present on CT
- Rapidly decreasing vision – Orbital decompression (don't wait for scan)

Reference: Howe L, Jones NS: Guidelines for the management of periorbital cellulitis/abscess. Clin. Otolaryngol. 2004, 29, 725–728

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