

# Wound and Skin Care of Lower Limbs with Cellulitis

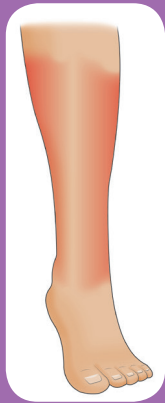
## WHAT IS CELLULITIS?

Cellulitis is an infection of the skin and the tissues just below the surface of the skin, the leg is the most common site. There may be dermal necrosis (devitalised skin tissue), lymphangitis (inflammation of lymphatic system).

The inflammation may have a border that can be clearly outlined and may have blistering or even superficial bleeding into the blisters, which if left untreated can cause ulceration.

Provide patient with Lower Limb Cellulitis patient information leaflet.

### Acute cellulitis with intact skin (dry leg)



- Regular recording and site-marking to monitor position of erythema
- Leg calf measurement
- Ensure adequate analgesia to manage pain
- Skin care; ensure good hygiene using soap substitute and non-perfumed emollient, encouraging self-care where appropriate
- Encourage mobility and gentle exercise as appropriate
- Ensure leg elevation during periods of rest.

### Acute cellulitis with broken skin or chronic leg ulcers (wet leg)

- Follow steps for dry intact skin
- Apply an antimicrobial soak with and antimicrobial cleanser which contains betaine and PHMB
- Consider a debriding pad/cloth to remove any gelatinous blister/slough as tolerated by patient
- Provide any necessary wound management using an appropriate structured wound assessment tool
- Consider a super absorbent dressing if high exudates, this can be kept in place with orthopaedic wadding toe to knee, a support bandage in figure of eight application toe to knee and a double layer of tubular bandage such as comfast toe to knee or follow local guidance
- Consider soaking a macerated leg in potassium permanganate solution (follow local guideline)
- If in hospital contact community nurse to establish leg ulcer management whilst at home
- If normally has some form of compression therapy to legs then reapply if patient can tolerate.

### Post Acute Phase

- Once pain and spreading infection reduced/controlled carry out Doppler ABPI recording and if appropriate apply compression therapy
- If required refer to correct speciality i.e. lymphoedema, vascular
- Keep nails short and clean
- Avoid cuts and breaks to skin
- Ensure leg elevation during rest periods
- Skin care; ensure good hygiene using soap substitute and non-perfumed emollient encouraging self-care where appropriate
- Consider, eliminate or treat differentials such as:
  - Deep Vein Thrombosis
  - Chronic oedema
  - Heart Failure
  - Chronic Venous Insufficiency
  - Varicose Eczema
  - Lymphoedema
  - Contact Dermatitis
  - Gout