Cellulitis vs Dependent Oedema or DVT

NICE NG141 (Cellulitis and erysipelas antimicrobial prescribing, 2019) | NICE CG144 (VTE, updated 2023)

999 NOW: Life-Threatening Presentations

- ☐ Pain grossly out of proportion to visible skin changes: possible necrotising fasciitis. Call 999
- ☐ Skin blistering, crepitus (crackling under skin), or frank necrosis visible. Call 999
- ☐ Orbital cellulitis: proptosis, diplopia, restricted or painful eye movement, or reduced vision. Call 999
- ☐ Swollen leg with sudden breathlessness, pleuritic chest pain, haemoptysis, or collapse: possible pulmonary embolism (PE). Call 999
- ☐ Rapidly spreading erythema with fever, confusion, or circulatory collapse. Call 999

SAME-DAY ASSESSMENT: Cellulitis, DVT, or Sepsis Concern

- ☐ Suspected cellulitis: arrange same-day clinical assessment (GP, urgent treatment centre, or acute service). Prescription antibiotics required; not a Pharmacy First pathway
- ☐ Cellulitis with fever, tachycardia, confusion, or hypotension: consider sepsis. Urgent same-day assessment or emergency department
- ☐ Unilateral leg swelling, especially with calf tenderness: possible DVT. Same-day assessment for Wells score and D-dimer or Doppler scan
- ☐ Do not recommend compression for a newly swollen unilateral leg until DVT is clinically excluded
- ☐ Periorbital (preseptal) cellulitis: same-day ophthalmology or emergency department review to exclude orbital involvement
- ☐ Patients with diabetes, significant immunosuppression, or active cancer with cellulitis: lower referral threshold; same-day assessment

SELF-CARE: Confirmed Simple Oedema Awaiting GP Review

- ☐ Bilateral lower limb swelling, painless, no erythema, no calf tenderness: likely dependent oedema; GP review
- ☐ Elevate the legs above heart level to reduce swelling
- ☐ Check medicines: amlodipine, pregabalin, gabapentin, NSAIDs, and corticosteroids can worsen oedema. GP review if likely medicine-induced
- ☐ Ask about breathlessness, orthopnoea, or rapid weight gain: clues to underlying heart failure
- ☐ True bilateral cellulitis is uncommon: if bilateral erythema present, consider alternative diagnoses
- ☐ Safety-net: if erythema, fever, breathlessness, or worsening pain develops, seek same-day assessment

Pharmacy Triage: Who Needs What

Presentation	Key Features	Action
Necrotising fasciitis	Pain out of proportion, crepitus, necrosis	Call 999
Orbital cellulitis	Proptosis, diplopia, reduced vision	Call 999
Pulmonary embolism	Swollen leg + breathlessness or chest pain	Call 999
Suspected DVT	Unilateral swelling, especially calf tenderness	Same-day assessment
Suspected cellulitis	Erythema, warmth, systemic features	Same-day assessment
Bilateral oedema, no red flags	Painless, pitting, no erythema	GP review

Key reminders: Necrotising fasciitis (pain out of proportion to skin changes) is a surgical emergency: call 999. PE must be considered when a swollen leg is accompanied by breathlessness, chest pain, or collapse: call 999. Do not recommend compression for a newly swollen unilateral leg until DVT is clinically excluded. Cellulitis requires medical assessment and prescription antibiotics: it is not a Pharmacy First pathway.