

Clinical Scenario Cellulitis



AdmissionCare

Scenario:

38 year old male with no significant PMH who presented to the ED w/worsening left hand pain. He scratched the palm of his hand on an unknown object, and a few days later it became infected. He complained of redness and tenderness of his hand. He was seen at UC two days prior and prescribed Keflex, however, his symptoms persisted.

Initial Eval: T: 99, P: 99, R:20, BP: 120/76, O2: 99%. Exam: swollen left fingers. Labs: ESR 35, CRP 50.7, WBC 11.6. Left hand x-ray: ligamentous laxity vs. partial subluxation first metacarpal trapezium. No soft tissue foreign body.

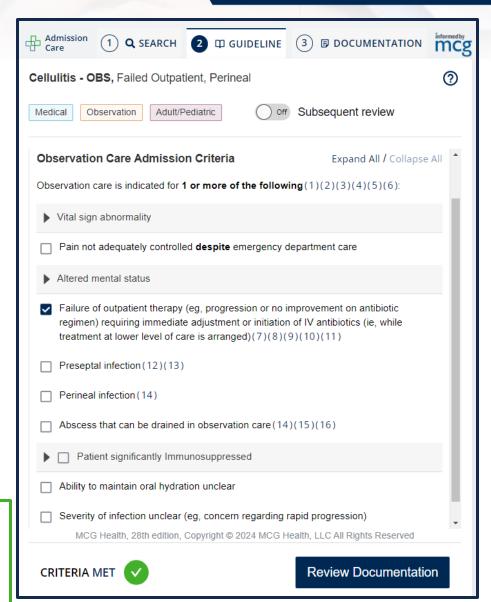
ED Course: He was seen by orthopedic surgery and I&D was performed. Admit for IV abx x24 hours 2/2 cellulitis w/failed OP mgmt.

Documented Principal Problem:

Cellulitis of left hand

Recommended Workflow

- C Consider appropriate care setting
 - Hospitalization
- A Ask what the principal diagnosis is?
 - Cellulitis
- R Review INPT guideline first, then OBS
 - INPT criteria: NOT MET -> toggle to OBS
 - OBS criteria: MET
- E Enter bed status / level of care order
 - Observation
- D Document criteria in medical record



Teaching Points:

- Documentation must be thorough to support criteria point of Cellulitis care that can only be provided as IP
- Failure of outpatient treatment is under the Cellulitis
 - Observation GI





