

You should seek medical advice if your child develops any of these symptoms:

- Worsening swelling and redness, or spread onto a joint
- The swelling involves the eyes or face
- The limb becomes swollen, or your child experience pins and needles
- Flu like illness (fever, muscle aches, feeling tired, sore throat etc.).

Come back to hospital urgently if your child has a high fever and:

- Becomes confused or disorientated, is difficult to rouse, or loses consciousness
- Is finding it hard to breathe
- Becomes pale and floppy or cold and clammy
- Develops a rash that does not disappear with pressure (see the 'Tumbler Test' below).



Photo courtesy of the meningitis Research Foundation

Useful numbers

Practice Plus (Brighton walk-in centre / GP service) 0333 321 0946
Open every day from 8am to 8pm, including bank holidays.
www.practiceplusbrightonstation.nhs.uk

For out of hours GP service or advice ring NHS 111

Royal Alexandra Children's Hospital
01273 696955 Ext. 2593
Children's Emergency Department

Please be aware that CED staff will not be able to give you medical advice over the telephone.



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Cellulitis

Children's Emergency Department

What is cellulitis?

Cellulitis is a bacterial infection of the deeper layers of the skin. The most common bacteria to cause cellulitis are called Staphylococcus Aureus and Streptococcus Pyogenes.

Cellulitis can affect the skin on most parts of the body. **Bacteria usually enter the body through an area of broken skin, for example from:**

- an insect bite,
- a burn or graze,
- a surgical wound
- a skin problem that causes dryness or cracking, such as eczema or psoriasis
- a foreign body in the skin like a splinter or glass

Sometimes the break in the skin is too small to notice.

You can't catch cellulitis from another person as it affects the deeper layers of the skin.

How does cellulitis affect my child?

Cellulitis usually starts with a patch of red, painful, swollen and hot skin, sometimes with blisters. Your child may develop swollen glands near to the infection.

Sometimes your child will develop a fever and feel unwell with the infection.

How is cellulitis treated?

Antibiotics are the main treatment for cellulitis. They work by killing the bacteria causing the infection.

Your doctor or nurse will assess your child's cellulitis and will decide between:

- A course of oral antibiotics, typically either flucloxacillin or co-amoxiclav. This is the usual treatment for cellulitis affecting a small area of skin.
or
- Intravenous antibiotics - antibiotics given through a drip, most commonly in hospital, for at least 24-48 hours. This is usually reserved for quickly spreading cellulitis, or cellulitis affecting certain or large areas of the body such as the skin around the eye.

Your doctor or nurse will explain which type of treatment they recommend for your child, and why.

You will usually see an improvement within 48-72 hours of starting antibiotics. If the infection does not improve or worsens after this time, you should seek further medical advice.

Your child should always complete the course of antibiotics even if the cellulitis looks better.

What can I do for my child at home?

Simple pain medicine such as paracetamol or ibuprofen can be used to help relieve pain and discomfort. Always follow the instructions on the medicine bottle.

If your child's cellulitis is affecting one of their limbs, it can be helpful to keep it elevated.

Your doctor or nurse may draw around the area of redness or ask you to take daily photographs. This allows you to compare the cellulitis before and after starting antibiotics. Please do not wash the area until it is clear the cellulitis is improving.

What are the possible complications of cellulitis?

There is a risk that the local infection can spread to other parts of the body, such as blood, muscles and bones, or develop into a ball of pus (an abscess).

The most serious complication occurs when the bacteria enter and multiply in the bloodstream. This is called sepsis and requires urgent treatment in hospital.