Originator: Emergency Department	Functions: Provision of Care (PC), Leadership (LD)	Index No. PTS 149
SUBJECT: CELLULITIS ADMISSIONS – EMERGENCY DEPARTMENT/ SURGICAL AND MEDICAL SERVICES ADMITTING		
Status: ☒ New ☐ Revised	Date Issued: 6/23 Date Revised: Date Reviewed:	

I. PURPOSE:

To provide guidelines to expedite the admission of patients being admitted with a diagnosis of cellulitis from the Emergency Department to the inpatient medical and surgical services.

II. POLICY:

A. The Emergency Department Attending will determine that the patient requires admission for cellulitis.

B. Patients will be admitted to the service according to admission criteria and bed placement will be according to the following:

- **Scalp**

  Admit to Plastic Surgery

- **Face**

  Admit to Facial Trauma Call (Plastic Surgery, ENT, Oral Surgery Q3)

  Admit periorbital region to Ophthalmology

- **Neck**

  Admit to ENT if isolated neck cellulitis

  Admit to OMFS if the odontogenic source

  Admit to Facial Trauma if an extension of facial cellulitis

- **Breast**

  Admit to Medicine/ Surgery alternating

  If involves a breast that is status post-cosmetic Surgery, admit to Plastic Surgery

- **Trunk**

  Admit to Medicine/Surgery alternating

- **Perineum**

  Admit to Urology (scrotum/penis/male perineum)/ Gynecology (labia/female perineum)

- **Hand and Forearm (including elbow)**

  Hand Call: Admit to Plastic Surgery/ Orthopedic Surgery alternating as per call schedules

- **Proximal Arm**

  Admit to Medicine/ Surgery alternating

- **Proximal Leg**

  Admit to Medicine/ Surgery alternating

- **Distal Leg**

  Admit to Medicine/ Surgery alternating

- **Post-Operative Wound Infections**

  Cellulitis associated with a fresh (30 days) surgical wound, should be considered a wound infection and not part of the cellulitis policy. The patient should be admitted to the respective surgical service regardless of whether the operation was done at Elmhurst or an outside hospital.

  Admit to the respective surgical service at Elmhurst.

Disagreement regarding Disposition

1. If there is disagreement regarding the need for cellulitis admission the ED attending will discuss with the attending(s) of the involved service.
2. If there is a continued disagreement between the attending of service and the ED attending, then the patient will be admitted to the admitting service (as per the Rules and Regulations of the Medical Staff Section I-G-4). The admitting service attending may transfer the patient to another service or bed type at their discretion provided that:
   a) The attending of the service has seen and clinically assessed the patient.
   b) A note is written in the chart documenting this assessment and the reasons why the patient does not meet the criteria to be admitted to that service.
   c) The admitting attending discusses the plan of care with the new team that will be caring for the patient and the patient is accepted into the service of the new team.

d) The admitting attending arranges with a bed board an alternative location for the patient. If no beds are available in the new unit, the attending should strongly consider taking the patient to their service until beds open to optimize hospital flow and patient care.

e) The admitting attending relays the new destination and team to the ED attending.

If the patient has not yet gone to their bed, this transfer of service/bed type may be arranged while the patient is still in the ED provided the above process is followed.

III. PROCEDURE:

A. Emergency Department Attending will notify Central Bed Listing of the Admission and Assignment

B. Central Bed Listing will assign the bed

IV. REFERENCES:

TJC Hospital Accreditation Standards

V. ATTACHMENTS:

A. Soft Tissue Coverage

B. Cellulitis Admitting Service Policy Diagram

VI. CONTROLS:

This policy will be reviewed by the Emergency Medicine department every two years with the concurrence of Administration, Emergency Medicine, Surgery, Medicine, ENT, Plastic Surgery, Oral Surgery, Hand Surgery, and Orthopedic Surgery.

ATTACHMENT A: SOFT TISSUE COVERAGE

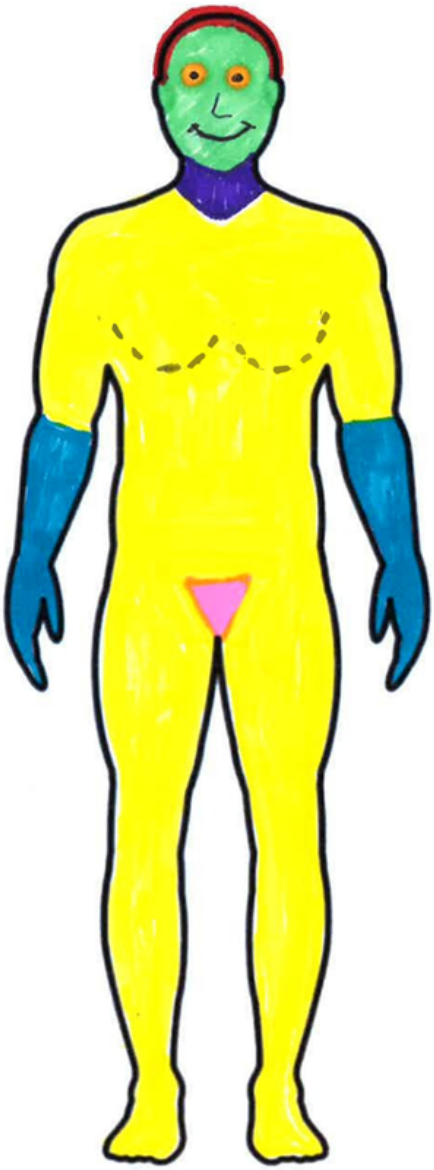
NYC H+H/Elmhurst soft tissue coverage

	Lacerations	Abscesses and Necrotizing Fasciitis	Compartment Syndrome	Decubiti and Complex Wounds	Cellulitis	Fractures and Joints
Scalp	General Surgery unless there is an underlying skull fracture, then Neurosurgery	Plastic Surgery	n/a	Plastics	Plastic Surgery	n/a
Face	Facial Trauma Call (Plastic Surgery, ENT, Oral Surgery, Q3	Facial Trauma Call (Plastic Surgery, ENT, Oral Surgery, Q3	Facial Trauma Call (Plastic Surgery, ENT, Oral Surgery, Q3	Facial Trauma Call (Plastic Surgery, ENT, Oral Surgery, Q3	Facial Trauma Call (Plastic Surgery, ENT, Oral Surgery, Q3 Admit Periorbital Region to Ophthalmology	Facial Trauma Call (Plastic Surgery, ENT, Oral Surgery, Q3
Neck	ENT/General Surgery (alternating)	ENT	n/a	ENT	ENT if isolated neck cellulitis OMFS if odontogenic source Facial trauma if extension of facial cellulitis	
Breast	Plastic Surgery	General Surgery Cosmetic Surgery: Plastic Surgery	n/a	n/a	Medicine / Surgery Cosmetic Surgery: Plastic Surgery	n/a
Trunk	General Surgery	General Surgery Cosmetic Surgery: Plastic Surgery	General Surgery	Odd MRN: General Surgery Even MRN: Plastic Surgery	Medicine / Surgery	n/a
Perineum	GU/GYN	GU/GYN	n/a	GU/GYN	GU/GYN	n/a
Hand and Forearm	Hand Call: Plastic Surgery / Orthopedic Surgery - Alternating weeks	Hand Call: Plastic Surgery / Orthopedic Surgery - Alternating weeks	Hand Call: Plastic Surgery / Orthopedic Surgery - Alternating weeks	n/a	Hand Call: Plastic Surgery / Orthopedic Surgery - Alternating weeks	Hand Call: Plastic Surgery / Orthopedic Surgery - Alternating weeks
Proximal Arm	General Surgery	General Surgery	Orthopedic Surgery	n/a	Medicine / Surgery (alternating)	Orthopedic Surgery
Proximal Leg	General Surgery	General Surgery	General Surgery	n/a	Medicine / Surgery (alternating)	Orthopedic Surgery
Distal Leg	General Surgery	General Surgery	General Surgery	Vascular Surgery	Medicine / Surgery (alternating)	Orthopedic Surgery

*Compartment syndrome with fractures goes to orthopedics

ATTACHMENT B: CELLULITIS ADMITTING SERVICE DIAGRAM

EHC Cellulitis Policy



Cellulitis Admitting Service

- Scalp - Plastic Surgery
- Face - Facial Trauma Call
- Periorbital - Ophthalmology
- Neck - ENT
  - *Admit to OMFS if odontogenic source
- Breast
  - Post Cosmetic Surgery - Plastics
  - Lactation Mastitis - OB/GYN
  - Non-Lactating - Cellulitis Pool
- Hand and Arm to Elbow - Hand Surgery on Call
- Perineum
  - Scrotum / Penis or associated perineum - Urology
  - Labia / Vulva or associated perineum - Gynecology
- Trunk, Proximal Arm and Leg - Cellulitis Pool
- Post-Operative Cellulitis - Operating Service

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