

Cellulitis and erysipelas: antimicrobial prescribing - guideline consultation



Consultation on draft guideline – deadline for comments 17.00 on 10/05/2019 email: infections@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none">1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.2. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)3. For the guideline:<ul style="list-style-type: none">o Are there any recommendations that will be a significant change to practice or will be difficult to implement? If so, please give reasons why.o What are the key issues or learning points for professional groups?o With regard to section 1.2 (table 1 and 2), is 7 days an appropriate duration of antibiotic treatment, with a footnote to explain that a longer course of up to a further 7 days may be needed based on clinical assessment? <p>See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	British Association of Dermatologists
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	No
Name of commentator person completing form:	Prof Nick Levell on behalf of the Therapy & Guidelines sub-committee of the British Association of Dermatologists

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Type		[office use only]		
Comment number	Document (guideline, evidence review or the visual summary)	Page number Or 'general' for comments on the whole document	Line number Or 'general' for comments on the whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
Example 1	Evidence review	16	45	We are concerned that this recommendation may imply that
Example 2	Evidence review	16	45	Question 1: This recommendation will be a challenging change in practice because
Example 3	Evidence review	16	45	Question 3: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact.....
1		General		The NICE guideline should consider evidence that multiple studies have shown that over 30% of people initially treated or referred with lower limb cellulitis turn out to have other diagnoses. Therefore patients who do not respond to antibiotics should be reassessed at 48 hours and other diagnoses considered. Levell NJ, Wingfield CG, Garioch JJ .Severe lower limb cellulitis is best diagnosed by dermatologists and managed with shared care between primary and secondary care. Br J Dermatol. 2011 Jun;164(6):1326-8.
2		General		All patients with lower limb cellulitis should be assessed for treatable predisposing factors (eg tinea, venous eczema, lymphoedema, obesity etc). This helps to prevent recurrent cellulitis which then leads to a common, deteriorating and expensive cycle of lymphoedema, decreased mobility, obesity, diabetes (with all its sequelae) and leg ulceration.
3		General		Failure to consider these misses an opportunity for early intervention in a Cinderella disease, to improve health and prevent chronic disease.
4		General		We cannot see a recommendation re. taking swabs for microbiological culture from broken skin at affected sites. Though often negative, positive results, for instance showing resistant organisms, can influence antibiotic choice.
5				

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Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.