

Results of final prioritisation workshop [April 21 2017] for Cellulitis Priority Setting Partnership

The top 20 uncertainties were discussed in a whole day face-to-face workshop including patients and healthcare professionals. The final agreed rank order is that shown below.

Final rank order following workshop	Questions discussed at workshop
1	# How can healthcare professionals be best supported to accurately diagnose and manage cellulitis and to advise their patients in how to prevent relapses?
2	What are the best diagnostic criteria for cellulitis, and are they different for different patient groups (e.g. people with lymphoedema)?
3	When treating cellulitis, could a higher initial dose and / or longer course of antibiotics result in a quicker recovery and / or fewer relapses?
4	What is the best NON-antibiotic intervention for the prevention of cellulitis (e.g. skin care, foot care, moisturisers, antiseptics, life-style changes such as weight-loss and exercise, compression garments/bandages, treating athlete's foot, complementary and alternative therapy)?
5	Does rest / elevation during an episode of cellulitis help to speed up recovery and improve symptoms, compared to exercise/movement of the affected limb?
6	Is the duration, dose and method of administration of antibiotics needed to treat cellulitis related to patient characteristics (e.g. patients with diabetes, who are overweight or have swelling of the limb may require a higher dose/duration)?
7	What are the early signs and symptoms of cellulitis that can help to ensure speedy treatment?
8	What type of patients are most likely to benefit from low-dose antibiotics to prevent repeated episodes of cellulitis?
9	Is there a role for the use of compression garments / bandages on the affected limb during an episode (when tolerable), or immediately following an episode of cellulitis, to speed recovery and reduce complications and recurrence?
10	How safe are long-term antibiotics for the prevention of recurrent cellulitis?
11	What is the best and safest antibiotic, or combination of antibiotics, to treat cellulitis?
12	When treating an episode of cellulitis, what features should prompt a change in antibiotic treatment and after what duration?
13	Which patients are most likely to benefit from intravenous (IV) antibiotics (as inpatient or outpatient) for the treatment of cellulitis?
14	Can testing (e.g. blood tests or scans) help to give a quicker or more accurate diagnosis of cellulitis?"
15	What is the best way to ensure speedy treatment of recurrent cellulitis (e.g. keeping antibiotics at home)?
16	What are the most appropriate antibiotics for the prevention of cellulitis (including those allergic to penicillin)?
17	What is the best treatment to use first when treating cellulitis?
18	How long should low dose antibiotics be taken for to prevent repeat episodes of cellulitis?
19	‡ Is there a role for testing to check that the infection has completely cleared before stopping treatment for cellulitis?
20	‡ Is there a role for tests to identify the type of bacteria causing the cellulitis in deciding the best treatment option?

This uncertainty includes the development of tests or tools to assist with the diagnosis and management of cellulitis

‡ Considered important areas to watch for future developments