**Background**

Ensure the appropriate treatment by excluding other causes of skin redness (inflammatory reactions or non-infections causes such as chronic venous insufficiency).

**Antibiotics**

When choosing antibiotics, take account of:
- the severity of symptoms
- the site of infection
- the risk of uncommon pathogens
- any microbiological results and MRSA status, if known

Give oral antibiotics first line if possible. Review IV antibiotics by 48 hours and consider switching to oral antibiotics if possible.

Do not routinely offer **antibiotic prophylaxis** to prevent recurrent cellulitis or erysipelas.

Discuss any trial of antibiotic prophylaxis to ensure shared decision making, and choose:
- phenoxymethylpenicillin 250 mg twice a day, or
- erythromycin 250 mg twice a day for penicillin allergy

Review at least every 6 months

**Advise:**
- possible adverse effects of antibiotics
- skin will take time to return to normal after finishing the antibiotics
- seeking medical help if symptoms worsen rapidly or significantly at any time, or do not start to improve in 2 to 3 days

**Reassess if:**
- symptoms worsen rapidly, or do not start to improve in 2 to 3 days
- the person is very unwell, has severe pain, or redness or swelling beyond the initial presentation

Take account of other possible diagnoses, any underlying condition, symptoms or signs of a more serious illness or condition, any microbiological results and previous antibiotic use.

Consider a swab for microbiological testing if not done already. Review antibiotic when any microbiological results available, and change if infection not improving, using narrow spectrum antibiotics where possible.

**Refer to hospital if there are symptoms or signs of a more serious illness or condition such as orbital cellulitis, osteomyelitis, septic arthritis, necrotising fasciitis or sepsis**

**Consider referring or seeking specialist advice if the person:**
- is severely unwell or has lymphangitis
- has infection near the eyes or nose
- may have uncommon pathogens
- has spreading infection not responding to oral antibiotics
- cannot take oral antibiotics (to explore giving IV antibiotics at home or in the community if appropriate)