

CUSTOMER NEWSLETTER

OCTOBER 15, 2026/ VOL 9

CORSTRATA™

This month, we are focusing on **Cellulitis**, a bacterial infection of the skin and underlying tissue. We'll review risk factors, clinical findings, assessment priorities, treatment considerations, and patient education.

WHY IT MATTERS:

Cellulitis can progress to serious complications. Early recognition and timely treatment are essential, especially for patients with diabetes, chronic swelling, or weakened immunity. Clear follow-up instructions and prevention education also help patients recognize worsening symptoms and reduce recurrence.



A Clinician's Guide to Cellulitis

Assessment, Management and Patient Education

Cellulitis Assessment and Recognition

Risk Factors:

- Diabetes mellitus
- Obesity
- Peripheral arterial disease (PAD)
- Chronic venous disease
- Open wounds, skin tears or ulcers
- Previous episodes of cellulitis
- Poor hygiene or inadequate wound care
- Contamination from environment including pets
- Lymphedema
- Edema of any cause
- Immunosuppression
- Recent surgery or trauma
- Peripheral neuropathy
- Fungal infections

Red Flags:

Urgent medical evaluation is required for:

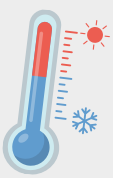
- Rapidly progressing symptoms
- Bullae with skin necrosis
- Altered mental status
- Blood-filled bullae (hemorrhagic bullae)
- Suspected necrotizing soft tissue infection
- Severe pain out of proportion to examination
- Crepitus
- Hypotension
- Signs of sepsis

Clinical Presentation Local Findings



- Lymphangitic streaking
- Tenderness or pain
- Regional lymphadenopathy
- Bullae or blistering may occur
- Swelling
- Induration
- Warmth
- Erythema (redness) with often poorly defined borders
- Assessment across skin tones: Erythema may be less apparent in darker skin tones; assess for warmth, swelling, tenderness, and changes from the patient's baseline.
- Fluctuance suggests a possible abscess, which may require separate evaluation and management

Clinical Presentation Systemic Findings



- Fever, chills
- Leukocytosis
- Elevated inflammatory markers
- Malaise
- Tachycardia

Assessment Considerations



- Measure and document wound dimensions.
- Assess depth, tissue type, drainage, odor, and periwound skin.
- Mark the borders of erythema with a skin marker and document date/time to monitor progression.
- Determine if there are recurrent episodes and/or a history of trauma, surgery, or risk factors (e.g., tinea pedis, venous disease, lymphedema).
- Assess medication history and allergies; promptly notify the treating provider when cellulitis is suspected so that appropriate medical evaluation and antibiotic treatment can be initiated
- Assess for systemic symptoms and comorbidities (e.g., diabetes, immunosuppression).
- Identify potential for complications (e.g., abscess, necrotizing infection, osteomyelitis).
- Monitor for signs of treatment response or deterioration.



Evidence-Based Interventions

Medical Management



- Manage pain.
- Reassess clinical response within 48–72 hours or sooner if symptoms worsen
- Escalate care if symptoms worsen or systemic symptoms develop.
- Initiate empiric systemic antibiotics promptly when cellulitis is diagnosed, as prescribed by the treating clinician, based on clinical presentation, severity, likely pathogens, and local resistance patterns. Review culture results when available and adjust therapy as indicated by microbiology and clinical response.
- Obtain wound cultures when there is purulent drainage, abscess, or failure to improve with initial therapy.

Wound management





- Cleanse wound with appropriate wound cleanser.
- Maintain a moist wound healing environment.
- Debride when clinically indicated (wound necrosis or devitalized tissue).
- Select a dressing based on wound characteristics, exudate level, and periwound skin condition (e.g., absorbent foam or alginate for moderate-to-heavy exudate).
- Consider an appropriate antimicrobial dressing when clinically indicated for localized wound infection.
- Protect periwound skin from maceration.

Edema and Compression Management



- Encourage limb elevation above heart level, and mobility and calf muscle pump exercises (as tolerated and appropriate).
- Initiate or resume compression when clinically appropriate and tolerated.
- Adjust compression based on perfusion, infection status, edema and clinical response.
- Assess for and address venous insufficiency, lymphedema, or chronic edema (e.g., compression stockings, pneumatic pumps).
- Assess arterial perfusion (e.g., ankle-brachial index [ABI]) before initiating compression therapy. Use perfusion findings to determine compression appropriateness and safe compression levels, guide limb elevation, and individualize the treatment plan

PREVENTION PEARLS

- Treat tinea pedis and other fungal infections promptly.
- Manage chronic conditions (e.g., diabetes, venous disease, lymphedema).
- Maintain skin integrity and moisturize to prevent cracks and breaks.
- Encourage proper foot care and footwear.
- Coordinate multidisciplinary care when needed.

Clinical Take Home Points

- Cellulitis is a common, potentially serious bacterial skin and soft tissue infection.
- Most cases are treated with antibiotics and supportive care.
- Early recognition and treatment prevent complications and recurrence.
- Assess for risk factors, comorbidities, and special populations (e.g., diabetes, PAD, lymphedema).
- Patient education and prevention strategies are essential to reduce recurrence and improve outcomes.

Consults available via store-and-forward image review or live video.

Corstrata Clinical Team
Virtual Wound & Ostomy Expertise Across the Continuum of Care

Cellulitis Patient Education

Take antibiotics exactly as prescribed; contact the treating clinician with questions or concerns





Monitor for worsening signs and seek care early.

Keep the area clean and dry. Follow wound care instructions.





Elevate the affected limb when possible to reduce swelling.

Wear proper footwear and avoid skin trauma.





Maintain good skin hygiene and moisturize dry skin.

Manage underlying conditions (e.g., diabetes, venous disease, lymphedema).





Recognize early signs of recurrence.

Attend follow-up appointments.





Seek medical care if symptoms worsen or do not improve within 48–72 hours. Seek urgent care for confusion, rapidly spreading redness, severe pain, or other signs of serious illness

Disclaimer:

This educational resource is intended to support clinical practice and patient education. It does not replace individualized assessment, provider orders, facility protocols, or applicable scope-of-practice requirements. Suspected cellulitis requires timely medical evaluation and appropriate treatment.

Contact Information:

Support@Corstrata.com

(800) 566-1307

SMS (912) 999-7029

Scan QR Code for References