

Cellulitis vs Dependent Oedema or DVT

NICE NG141 (Cellulitis, 2019) | NICE CG144 (VTE, 2012, updated 2023)

■ 999 NOW: Necrotising Fasciitis or Sepsis

- Pain grossly out of proportion to visible skin changes: possible necrotising fasciitis
- Rapidly spreading erythema with systemic features (fever, rigors, confusion, hypotension)
- Skin blistering, crepitus (crackling under skin), or frank necrosis visible
- Orbital cellulitis: proptosis, restricted or painful eye movement, reduced vision; call 999
- Any signs of sepsis: high fever or hypothermia, tachycardia, confusion, mottled skin

■ SAME-DAY REFERRAL: Cellulitis or DVT Assessment

- Unilateral leg swelling with calf vein tenderness: possible DVT; refer to GP or 111 urgently
- Do not advise compression stockings until DVT is excluded: they are started only after confirmed diagnosis and once anticoagulation has begun
- Confirmed or suspected cellulitis: GP referral for antibiotics (not a Pharmacy First pathway in England)
- Cellulitis with systemic features (Eron Class II or above): fever, tachycardia, malaise; same-day assessment
- Periorbital (preseptal) cellulitis in any patient: same-day ophthalmology or A and E review
- Cellulitis not improving after 48 hours of antibiotic treatment: reassessment required

✓ SELF-CARE ADVICE: Confirmed Simple Oedema Awaiting GP Review

- Bilateral lower limb swelling without pain, erythema, or tenderness: likely dependent oedema; GP review
- Elevate the affected limb above heart level to reduce swelling and discomfort
- Emollients on dry or fissured skin help maintain the skin barrier and reduce the risk of cellulitis
- Ensure adequate hydration; advise the patient to avoid prolonged standing or sitting
- Safety-net: if erythema appears, fever develops, or pain worsens, seek urgent medical assessment
- Do not advise compression stockings until DVT has been formally excluded

Feature	Cellulitis	DVT / Oedema
Laterality	Usually unilateral; can be bilateral	DVT: unilateral; Oedema: bilateral
Skin changes	Erythema, warmth, tenderness, swelling	DVT: minimal; Oedema: pitting, no erythema
Pain	Diffuse over affected skin area	DVT: calf tenderness over vein; Oedema: none
Systemic signs	Fever, malaise common in moderate/severe	DVT: absent or mild; Oedema: none
Entry point	Often visible: wound, tinea pedis, insect bite	DVT/Oedema: no skin break
Compression safe?	Yes if DVT excluded	DVT: NO until excluded by Doppler

Key reminders: Necrotising fasciitis (pain out of proportion to visible changes) is a surgical emergency: call 999. DVT must be excluded before compression stockings are advised: compression is only started after confirmed diagnosis and once anticoagulation has begun. Cellulitis requires prescription antibiotics: it is not a Pharmacy First pathway in England. Refer to GP.