

MANAGEMENT OF SUSPECTED NECROTISING FASCIITIS

Inverclyde Royal Hospital – Consensus Document

Issue:		Emergency Medicine – Nayak Raghavendra
Review:	Senior Clinicians:	Orthopaedics – Andrew Ker General Surgery – Andrew Renwick

FEATURES

- Spreading cellulitis with skin colour changes from red to bluish grey
- Pain out of proportion to physical signs
- Systemic features/sepsis
- Predisposing condition or immunocompromised – though may occur in previously healthy individuals
- Rapid progression

PRINCIPLES

- If diagnosis raised by senior ED physician: **this is a surgical emergency: PATIENT TO THEATRE IN 2 HOURS or alternative diagnosis made**
- Early surgery saves lives. Avoid delays. Avoid interspeciality discussions about responsibility. If asked, attend
- Consultants MUST be informed early and involved in care, even when the diagnosis not clear
- Take blood cultures and give immediately IV Flucloxacillin 2g 6hrly, IV Benzylpenicillin 2.4g 6hrly, IV Metronidazole 500mg 8hrly, IV Clindamycin 1.2g 6hrly and IV Gentamicin
- If MRSA suspected or if true Penicillin / Beta-lactam allergy, replace Flucloxacillin and Benzylpenicillin with IV Vancomycin.

Diagnosis Necrotising Fasciitis possible, refer to:

- Trunk – General Surgery Registrar Oncall IRH
- Obvious isolated Upper or Lower limb – Orthopaedic Registrar at RAH
- Junctional area (Upper or Lower) – General Surgery Registrar Oncall IRH for immediate assessment
- Genitalia involvement – Early Urology involvement
- Neck – Early ENT involvement

All cases should have ICU/Anaesthetics involved at early stage

Registrar not immediately available –
**DIRECT REFERRAL TO CONSULTANT
ONCALL**

IMMEDIATE PATIENT ASSESSMENT

If surgery required **Surgeon** will:

- Contact Consultant Oncall
- Arrange for theatre. **Aim for < 2 hours**

Site of initial Necrotising Fasciitis debridement/plan for transfer:

- Trunk – Emergency theatres IRH
- Junctional (Upper/Lower) – Emergency theatres IRH under General Surgeons, but if Orthopaedic input is required, Second On Orthopaedic Consultant to attend IRH for debridement
- Obvious isolated Upper or lower limb – Emergency (<1 hour) transfer to RAH ED, and for immediate emergency theatres RAH
- If Urology involvement required after assessment by IRH General Surgery Registrar, Emergency (<1 hour) transfer to RAH ED and for immediate emergency theatres RAH
- For all emergency transfers to RAH, please phone SAS and inform them that this is a “Time Critical Transfer” and you should then get an immediate ambulance