

2015/2016 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on **3 July 2015**

Supervisor Information (First named supervisor will be the contact):

Supervisor's Name and Title(s): Dr. Belinda van Gruting

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Research Category (Choose one category only – to be used for judging the students' presentations):

Clinical X

Laboratory

Community

Project Title (20 words MAXIMUM):

Project Description:

Project Title:

Retrospective study of 50 patients with cellulitis treated under Acute Demand Management Service looking at duration of intravenous and oral antibiotics (prior to and/or subsequent to intravenous treatment) and time of switch between oral and intravenous.

Introduction:

Cellulitis is a common skin and soft tissue infection seen in primary care. Antibiotics are the main therapy. Patients can receive either intravenous and/or oral antibiotics. The duration of the therapy is dependent on the clinical response to treatment and the physician preference. The result of this is many different practices with varying amounts of intravenous therapy and oral therapy based largely on physician preference.

Traditionally, patients needing intravenous antibiotics are referred to hospital. Since 2005, in Christchurch, primary care physicians can either refer eligible patients to the Acute Demand Nursing Team for short-term intravenous antibiotic treatment or manage these patients in their own practice themselves.

The Acute Demand Management Service (ADMS) is a hospital avoidance program. ADMS provides up to 5 days of community-based care for eligible patients, as well as supports general practice teams to look after patients at home if it is safe and reasonable to do so. ADMS also supports general practice and acute community nursing teams to care for patients who, with their support, can be safely discharge from the Emergency Department or hospital. (<http://peg.healthpathways.org.nz/index.htm>)

Because there is a lack of clarity about what the outcome measures ought to be, clinicians have varying opinions about when to switch from intravenous to oral antibiotics. Different studies used different measures, e.g. temperature decrease, diameter decrease of the affected area, subjective assessment of the patient on a visual analogue scale (e.g. pain/discomfort) and the patient's overall subjective feelings of improvement. Some investigators measured the time to when the cellulitis failed to advance.

Current randomized control studies are looking at once only intravenous administration followed by oral antibiotics vs 3 or more days of intravenous treatment followed by oral antibiotics.

It is reasonable to treat most uncomplicated cellulitis with high dose oral antibiotics only.

Aim:

The primary objective of the study is to determine the duration of intravenous and oral antibiotic treatment for all patients with cellulitis treated under ADMS.

The secondary objective of the study is to determine which parameters were used to determine appropriate time to switch between oral and intravenous treatment.

Method:

Retrospective analysis of data from all patients with cellulitis treated under ADMS. Evaluating total length of stay, duration oral antibiotics prior to intravenous, duration of intravenous and subsequent duration of oral antibiotics. Also determining the objective and subjective parameters used to determine the measure of improvement and switch between oral and intravenous antibiotics.

Student Prerequisites (eg. Medical Student) if applicable:

Medical Student