

MANAGEMENT OF SUSPECTED NECROTISING FASCIITIS

Glasgow Royal Infirmary – consensus document

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Senior Clinicians :

Emergency Medicine, General Surgery, Intensive Care,
Orthopaedics and Plastic Surgery

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 and there is physiological derangement: this is **a surgical emergency: PATIENT TO THEATRE IN 2 HOURS or alternative diagnosis made**

- Early surgery saves lives. Delays must not occur. AVOID INTERSPECIALTY DISCUSSIONS ABOUT RESPONSIBILITY. IF ASKED, ATTEND. Consultants MUST be informed early and be involved in care, even when diagnosis not clear
- General Surgery is the first 'port of call' for all cases – to coordinate, even if not to operate.



