**Inclusion Criteria**
Children > 6 months of age with periorbital edema with any of the following:
- Pain with EOM
- Ophthalmoplegia
- Proptosis
- Chemosis
- Conjunctivitis

**EXCLUSION CRITERIA**
- Known or clinically obvious orbital trauma
- Known malignancy or immunodeficiency
- Abnormal orbit or maxillofacial anatomy
- Clinical signs of severe sepsis/shock

**Pediatric Orbital Cellulitis Pathway**
**Evidence Based Outcome Center**

**Antibiotic Therapy:**
- **Clindamycin**
  13 mg/kg IV q8h | max 600mg/dose
  AND
- **Ceftriaxone**
  75mg/kg IV q24h | max 2000mg/dose

**Evidence of orbital disease?**
- **YES**
  - **STAT CT Orbits with contrast**
  - Urgent consult with Ophthalmology/ENT for surgical intervention
- **NO**
  - **Laboratory Tests:**
    - CBC
    - CRP
    - Blood Culture
  - Consult infectious disease specialist
    - **Antibiotic Therapy:**
      - **Vancomycin**
        15 mg/kg IV q6h | max 1000mg/dose
        AND
      - **Ceftriaxone**
        100mg/kg/day IV divided q12h | max 2000mg/dose
    - Consider IMC/ICU consult based on clinical status
    - Consider MRI/MRV +/- LP to r/o cavernous sinus thrombosis or CNS spread of infection

**DISCHARGE CRITERIA**
- Improved periobital edema (able to fully open eye)
- Afebrile for minimum of 48 hours
- Full baseline extraocular movements

**1. Transition to oral antibiotics**
First-Line Antibiotic:
(Refer to Addendum 1 for antibiotic guidance)
TOTAL 14 day course of antibiotic therapy IV + PO

**2. Prescribe probiotics**

**3. Outpatient ENT, Ophthalmology follow-up appointment scheduled prior to discharge.**

For questions concerning this pathway, Click Here
Last Updated April 1, 2016