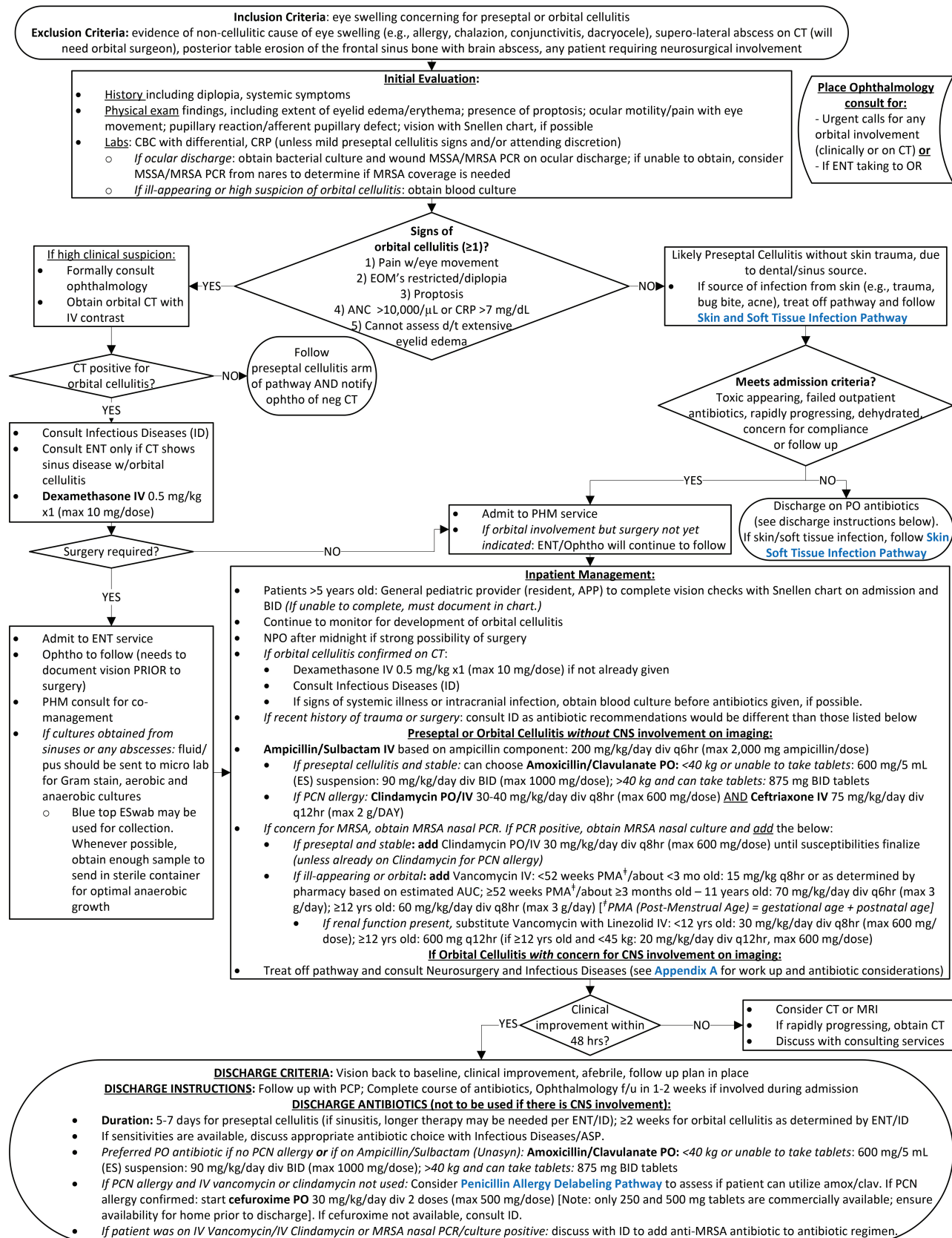


# CLINICAL PATHWAY: Preseptal & Orbital Cellulitis

THIS PATHWAY  
SERVES AS A GUIDE  
AND DOES NOT  
REPLACE CLINICAL  
JUDGMENT.



CONTACTS: MAJIDA GAFFAR, MD | ERIC HOPPA, MD | HAREEM PARK, MD | SCOTT SCHOEM, MD | IAN MICHELOW, MD  
JULIE QUISTORFF, APRN

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## CLINICAL PATHWAY:

### Preseptal & Orbital Cellulitis

#### Appendix A: Orbital Cellulitis with Concern for CNS Involvement on Imaging

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JUDGMENT.

If there is orbital cellulitis with concern for CNS involvement on imaging, treat patient off pathway and consult Neurosurgery and Infectious Diseases to discuss the following:

- Obtaining a blood culture
- Appropriate antibiotic selection, that may include these three antibiotics:
  - **Ceftriaxone IV** 100 mg/kg/day div q12hr (max 2,000 mg/dose) **AND**
  - **Metronidazole IV** 30 mg/kg/day div q8hr (max 500 mg/dose) **AND EITHER**
  - **Nafcillin IV** 200 mg/kg/day div q4-6 hr (max 2000 mg/dose) **or**
    - **Vancomycin IV:**
      - <52 weeks PMA<sup>†</sup>/about <3 mo old: 15 mg/kg q8hr or as determined by pharmacy based on estimated AUC;
      - ≥52 weeks PMA<sup>†</sup>/about ≥3 months old – 11 years old: 70 mg/kg/day div q6hr;
      - ≥12 yrs old: 60 mg/kg/day div q8hr

[<sup>†</sup>PMA (Post-Menstrual Age) = gestational age + postnatal age]