

Cellulitis¹

Sample Responses to Patient Portal Messages

The following are examples of asynchronous messages (e.g., MyChart messages) received by telemedicine clinicians for patients diagnosed with cellulitis. The messages below assume a diagnosis of cellulitis has already been established after a virtual visit. The responses below assume the clinician is responding to the patient. Patients should be strongly discouraged from sending asynchronous messages for urgent concerns.

- **“The redness on my skin hasn’t changed much—should I be worried?”**
 - **Possible response:** “It’s not unusual for the redness from cellulitis to stay the same size or even look slightly larger during the first couple of days after starting antibiotics. This does not mean the antibiotic is not working. What’s most important is that your symptoms like pain, warmth, and fever are starting to improve. If you are not seeing any improvement by day 3 of starting antibiotics, the redness starts to spread quickly, the area is starting to turn black or is blistering, or you feel worse overall, please seek immediate in-person medical care.”
- **“When will I start to feel better?”**
 - **Possible response:** “Most people begin to feel better within 48–72 hours of starting antibiotics. The area should gradually become less red, painful, and swollen over time. If you marked the area with a pen or marker, it may help track the changes. If you do not observe any improvement by the third day of antibiotics—or if your symptoms worsen at any point—please seek an in-person evaluation by a clinician. If a same-day appointment is not available, consider going to an urgent care center or emergency department.”
- **“What can I do to help the healing process along?”**
 - **Possible response:** “In addition to taking the antibiotics as prescribed, you can help your body recover by keeping the affected area elevated as much as possible—especially if it’s on your leg or arm. This reduces swelling. Also, try to keep the affected area dry to limit further bacterial growth. Over-the-counter pain relievers like acetaminophen (Tylenol®) or ibuprofen (Motrin®, Advil®) can help with discomfort and fever. Be sure to rest and drink plenty of fluids while you recover. Outline the area of the cellulitis with a pen or marker so you can easily tell if the area of redness is improving or not.”
- **“What signs should I watch for that mean the infection is getting worse?”**
 - **Possible response:** “Seek in-person care (preferably in an emergency department) if you notice any of the following: the redness spreads rapidly, new blisters or black spots appear, the area becomes much more painful, or you develop new fevers or chills. If you feel generally more unwell or weak, those are

also signs that the infection might be getting worse and that an in-person visit is needed.”

- **“Can cellulitis come back? What can I do to prevent that?”**
 - **Possible response:** Yes, cellulitis can recur, especially if you have underlying conditions like diabetes, swelling in your legs, or frequent skin injuries. To help prevent recurrence, keep your skin moisturized to avoid cracks. Consider using petroleum jelly (Vaseline®) on the heels of your feet to keep them moisturized and reduce the risk of infection. Treat any athlete’s foot (which can be a risk factor for cellulitis) and avoid injury to the skin when possible. If swelling or drainage problems are a concern, using compression stockings or elevating your legs regularly might help.”

References

1. Stevens DL, Bisno AL, Chambers HF, et al. Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 update by the Infectious Diseases Society of America. Clin Infect Dis. 2014 Jul 15;59(2):147-59. Epub 2014 Jun 18. PMID: 24947530.

AHRQ Pub. No. 26(27)-0021
October 2026