

ANMC Adult Diabetes-Related Foot Infection Guideline

Severity and Risk Factor Considerations

Uninfected	Mild	Moderate	Severe
<ul style="list-style-type: none"> No systemic or local symptoms No signs of infection 	At least 2 of the below are present: <ul style="list-style-type: none"> Local swelling or induration Erythema >0.5 but <2 cm around the wound Local tenderness or pain Local increased warmth Purulent discharge 	Infection with no systemic manifestations and involving: <ul style="list-style-type: none"> Erythema extending ≥ 2 cm from the wound margin, and/or Tissue deeper than skin and subcutaneous tissues (e.g., tendon, muscle, joint and bone) 	Infection with associated systemic manifestations including ≥ 2 of the following: <ul style="list-style-type: none"> Temperature $>38^{\circ}\text{C}$ or $<36^{\circ}\text{C}$ Heart rate >90 beats/min Respiratory rate >20 breaths/min WBC >12 or <4

Culture Recommendations

- Cultures should be collected before antibiotic therapy is initiated in stable, non-septic patients
- In a person with suspected soft tissue infection, consider a sample for culture to determine the causative microorganisms, preferably by aseptically collecting a tissue specimen from the wound
- In a person for whom there is suspicion of osteomyelitis of the foot, consider obtaining bone (rather than soft tissue) samples for culture

Treatment Recommendations

Severity	Standard Treatment	Duration														
Uninfected	<ul style="list-style-type: none"> Treatment is not recommended with local or systemic antibiotic therapy 															
Mild	<p>Preferred Therapy:</p> <ul style="list-style-type: none"> Cephalexin 1gm PO TID <p>History of MRSA:</p> <ul style="list-style-type: none"> ADD Doxycycline 100mg PO BID <p>Anaphylactic β-Lactam Allergy: [¥]</p> <ul style="list-style-type: none"> Linezolid 600mg PO BID 	7 day duration														
Moderate	<p>Preferred Therapy:</p> <ul style="list-style-type: none"> Amoxicillin/Clavulanate 875mg PO BID OR Ampicillin/Sulbactam 3gm IV q6hr <p>Anaphylactic β-Lactam Allergy: [¥]</p> <ul style="list-style-type: none"> Levofloxacin 750mg PO/IV q24hr <p>History of MRSA cellulitis:</p> <ul style="list-style-type: none"> Vancomycin IV (Pharmacy to Dose) OR Linezolid 600mg PO/IV q12hr 	<table border="1"> <thead> <tr> <th colspan="2">Soft Tissue Only:</th> </tr> </thead> <tbody> <tr> <td>Moderate</td> <td>1-2 weeks</td> </tr> <tr> <td>Severe</td> <td>2-3 weeks</td> </tr> <tr> <th colspan="2">Bone or Joint:</th> </tr> <tr> <td>Complete resection of infected tissue (i.e. amputation)</td> <td>2-5 days post resection</td> </tr> <tr> <td>Residual SSTI, complete bone resection</td> <td>1-3 weeks</td> </tr> <tr> <td>Residual bone infection s/p resection</td> <td>4-6 weeks</td> </tr> </tbody> </table> <p><i>Conversion to oral therapy after inpatient parenteral therapy is usually feasible even when residual bone infection is present. Consider ID consultation for regimen selection.</i></p>	Soft Tissue Only:		Moderate	1-2 weeks	Severe	2-3 weeks	Bone or Joint:		Complete resection of infected tissue (i.e. amputation)	2-5 days post resection	Residual SSTI, complete bone resection	1-3 weeks	Residual bone infection s/p resection	4-6 weeks
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Severe	<p>Preferred Therapy:</p> <ul style="list-style-type: none"> Piperacillin/Tazobactam 3.375gm IV q8hr (infused over 4 hours) PLUS Vancomycin IV (Pharmacy to Dose) PLUS Surgical consultation recommended <p>Anaphylactic β-Lactam Allergy: [¥]</p> <ul style="list-style-type: none"> Levofloxacin 750mg PO/IV q24hr PLUS Metronidazole 500mg PO/IV q12hr PLUS Vancomycin (Pharmacy to Dose) PLUS Surgical consultation recommended 															

Consideration

[¥] Consider allergy/immunology referral for penicillin skin-testing and allergy de-labeling

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