## **VCMC/SPH CLINICAL PRACTICE GUIDELINES**

Management of Hospitalized Adults with Diabetic Foot Infections

The contents of this clinical practice guideline are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualize patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information.

#### **Mild Diabetic Foot Infection: Moderate to Severe Diabetic Foot Infection:** Local infection involving only skin and Local diabetic foot infection involving the skin and subcutaneous tissue subcutaneous tissue without involvement of with erythema > 2 cm, or involving deeper structures deeper tissues and without signs of SIRS. (e.g. abscess, osteomyelitis, septic arthritis, fasciitis) Outpatient management, wound care, and oral antibiotics Signs of SIRS YES Have all deep/sterile wound cultures been **Moderate infection Severe infection** - Please do not start antibiotics collected? - Obtain blood cultures until after bone/tissue - Make sure at least 4 samples collected in OR - Start empiric antibiotics of tissue/bone for aerobic, anaerobic, fungal - Call specialist to arrange source cultures obtained in OR - Obtain blood cultures and afb cultures. control and debridement/bone biopsy - Call specialist to arrange - Ok to start IV empiric antibiotics while Obtain ESR & CRP source control and awaiting culture results. debridement/bone biopsy - Strongly consider MRI with or w/out - Obtain ESR & CRP contrast Concern for limb circulation issues? - Arterial ischemia **Empiric Antibiotics: Empiric Antibiotics:** Ampicillin-Sulbactam monotherapy - Venous insufficiency Piperacillin-Tazobactam + Vancomycin If Cr > 2: - If h/o Pseudomonas: \*Daptomycin or \*Linezolid instead of Piperacillin-Tazobactam monotherapy YES - If purulence or h/o MRSA: vancomycin - If severe Penicillin Allergy: \*Meropenem Vancomycin + Ampicillin-Sulbactam - Consider vascular surgery consult instead of piperacillin-tazobactam or call ID - If Penicillin Allergy: Fluoroquinolone **Consult Infectious Disease:** - Need for long term IV therapy - MDR organisms - No surgical cure achieved

IDSA Guidelines: http://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient Care/PDF Library/Diabetic%20Foot%20Infection.pdf

\* Follow Restricted Meds Protocol on ID website, call ID pharmacist for approval during 0800-1600 hours M-F

- Recurrence despite adequate treatment

### References:

1. Lipsky BA, et al. 2012 Infectious Diseases Society of America clinical practice guideline for the diagnosis and treatment of diabetic foot infections. Clin Infect Dis 2012;54:e132-173. [link]

- Extensive infection - Severe drug allergies

- 2. Grayson ML, et al. Use of ampicillin/sulbactam versus imipenem/cilastatin in the treatment of limb-threatening foot infections in diabetic patients Clin Infect Dis. 1994 May;18(5):683-93.
- 3. Gemechu F, et al. Diabetic foot infections. Am Fam Physician. 2013 Aug 1;88(3):177-184

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Medicine Committee: 11/2017 MEC: 11/2017

Oversight: 11/2017

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