# Skin and Soft Tissue: Diabetic Foot Infections

<table>
<thead>
<tr>
<th>SEVERITY OF INFECTION</th>
<th>SUSPECTED ORGANISMS</th>
<th>RECOMMENDED EMPIRICAL TREATMENT</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>MSSA <em>Streptococcus spp.</em></td>
<td><strong>Oral</strong> Amoxicillin/clavulanate 875 mg PO Q12H <strong>OR</strong> Cephalexin 500 mg PO Q6H <strong>OR</strong> Dicloxacillin 250 – 500 mg PO Q6H</td>
<td>1–2 weeks</td>
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<tr>
<td></td>
<td>MRSA</td>
<td>Doxycycline 100 mg PO Q12H <strong>OR</strong> SMX/TMP 2 DS tablets PO Q12H <em>(Does not cover Group A Strep)</em></td>
<td></td>
</tr>
<tr>
<td>Moderate**</td>
<td>MSSA <em>Streptococcus spp.</em> <em>Enterobacteriaceae Obligate anaerobes</em></td>
<td><strong>Oral OR Initially Parenteral</strong> Ampicillin-sulbactam 1.5–3 gm IV Q6H <strong>OR</strong> Ceftriaxone 1 gm IV Q24H <strong>Penicillin Allergy:</strong> Ciprofloxacin 500 mg PO Q12H <strong>AND</strong> Clindamycin 300 mg PO Q6H <strong>OR</strong> Ceftriaxone 1 gm IV Q24H</td>
<td>1–3 weeks</td>
</tr>
<tr>
<td></td>
<td>MRSA</td>
<td>Linezolid 600 mg IV/PO Q12H † <em>(Requires ID Consult)</em> <strong>OR</strong> Daptomycin 6 mg/kg IV Q24H † <em>(Requires ID Consult)</em> <strong>OR</strong> Vancomycin 15 mg/kg IV*</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Pseudomonas aeruginosa</em></td>
<td>Piperacillin-tazobactam 3.375 gm IV Q4H</td>
<td></td>
</tr>
</tbody>
</table>

DS= Double Strength; H= hour(s); IV= intravenous; MRSA= methicillin resistant *S. aureus*; MSSA= methicillin sensitive *S. aureus*; PO= by mouth; Q= every; SMX-TMP= sulfamethoxazole/trimethoprim; spp= species

† Restricted Antibiotic – refer to Table of Contents for Guidelines for Restricted Antimicrobials
* Refer to Table of Contents for section on Vancomycin Dosing and Monitoring in Adult Patients
** Consult Infectious Diseases and Podiatry

NOTE: Dosing based on normal renal function. Refer to Table of Contents for section on Antimicrobial Dosing for Adult Patients Based on Renal Function
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<td>Severe**</td>
<td>MSSA/MRSA P. aeruginosa Streptococcus spp. Enterobacteriaceae Obligate anaerobes</td>
<td><strong>Initially Parenteral</strong> Vancomycin 15 mg/kg IV* AND** Cefepime 2 gm IV Q8H + metronidazole 500 mg IV Q6H OR Piperacillin-tazobactam 3.375 gm IV Q4H</td>
<td>2–4 weeks</td>
</tr>
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**Systemic Inflammatory Response Syndrome (SIRS) Criteria ≥2 of the following:**
- Temperature <96.8°F OR >100.4°F
- P > 90 BPM
- RR > 20 BPM
- PaCO₂ < 32 mmHg
- WBC < 4000 cells/mm³ OR >12,000 cells/mm³
- ≥ 10% immature (band) forms
- Perform incision and drainage as necessary

**Bone OR Joint Involvement‡**
- Source removed: 2-5 days
- Source removed but residual tissue infection: 1-3 weeks
- Source removed but residual bone infection: 4-6 weeks
- Source not removed: ≥3 months

BPM= beats or breaths per minute; H= hour(s); IV= intravenous; MRSA= methicillin resistant S. aureus; MSSA= methicillin sensitive S. aureus; P= pulse; PaCO₂= partial pressure of carbon dioxide; Q= every; RR= respiratory rate; SIRS= Systemic Inflammatory Response Syndrome; spp= species; WBC= white blood cell

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* Refer to Table of Contents for section on Vancomycin Dosing and Monitoring in Adult Patients
** Consult Infectious Diseases and Podiatry
‡ Discuss plan with Infectious Diseases, Podiatry, and Vascular

**NOTE:** Dosing based on normal renal function. Refer to Table of Contents for section on Antimicrobial Dosing for Adult Patients Based on Renal Function

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**References:**