

Skin and Soft Tissue: Diabetic Foot Infections

SEVERITY OF INFECTION	SUSPECTED ORGANISMS	RECOMMENDED EMPIRICAL TREATMENT	DURATION
<p>Mild</p> <ul style="list-style-type: none"> Only skin and subcutaneous tissue involvement <p>AND</p> <ul style="list-style-type: none"> Erythema > 0.5 cm and ≤ 2 cm around ulcer Perform incision and drainage as necessary 	<p>MSSA <i>Streptococcus spp.</i></p>	<p>Oral Amoxicillin/clavulanate 875 mg PO Q12H OR Cephalexin 500 mg PO Q6H OR Dicloxacillin 250 – 500 mg PO Q6H</p>	1–2 weeks
	<p>MRSA</p>	<p>Doxycycline 100 mg PO Q12H OR SMX/TMP 2 DS tablets PO Q12H (Does not cover Group A Strep)</p>	
<p>Moderate**</p> <ul style="list-style-type: none"> Deeper tissue involvement <p>OR</p> <ul style="list-style-type: none"> Erythema > 2.0 cm around ulcer <p>AND</p> <ul style="list-style-type: none"> No systemic signs of infection Perform incision and drainage as necessary 	<p>MSSA <i>Streptococcus spp.</i> Enterobacteriaceae Obligate anaerobes</p>	<p>Oral OR Initially Parenteral Ampicillin-sulbactam 1.5–3 gm IV Q6H OR Ceftriaxone 1 gm IV Q24H Penicillin Allergy: Ciprofloxacin 500 mg PO Q12H AND Clindamycin 300 mg PO Q6H OR Ceftriaxone 1 gm IV Q24H</p>	1–3 weeks
	<p>MRSA</p>	<p>Linezolid 600 mg IV/PO Q12H[†] (Requires ID Consult) OR Daptomycin 6 mg/kg IV Q24H[†] (Requires ID Consult) OR Vancomycin 15 mg/kg IV*</p>	
	<p><i>Pseudomonas aeruginosa</i></p>	<p>Piperacillin-tazobactam 3.375 gm IV Q4H</p>	

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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SEVERITY OF INFECTION	SUSPECTED ORGANISMS	RECOMMENDED EMPIRICAL TREATMENT	DURATION
<p>Severe**</p> <ul style="list-style-type: none"> Same as moderate <p>AND</p> <ul style="list-style-type: none"> Systemic signs of infection present <p>Systemic Inflammatory Response Syndrome (SIRS) Criteria ≥2 of the following:</p> <ul style="list-style-type: none"> 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 	<p>MSSA/MRSA <i>P. aeruginosa</i> <i>Streptococcus spp.</i> Enterobacteriaceae Obligate anaerobes</p>	<p>Initially Parenteral</p> <p>Vancomycin 15 mg/kg IV* AND** Cefepime 2 gm IV Q8H + metronidazole 500 mg IV Q6H OR Piperacillin-tazobactam 3.375 gm IV Q4H</p>	<p>2–4 weeks</p>
		<p>Bone OR Joint Involvement†</p> <p>Source removed: 2-5 days</p> <p>Source removed but residual tissue infection: 1-3 weeks</p> <p>Source removed but residual bone infection: 4-6 weeks</p> <p>Source not removed: ≥3 months</p>	

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

† **Restricted Antibiotic** – refer to Table of Contents for Guidelines for Restricted Antimicrobials

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** 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

References:

- Lipsky BA, Berendt AR, Cornia PB, Pile JC, Peters EJ, et al. Clinical Practice Guidelines by the Infectious Diseases Society of America for the Diagnosis and Treatment of Diabetic Foot Infections. *Clin Infect Dis* 2012;54(12):e132-73.
- Flagyl [package insert]. New York, NY: Pfizer; 2015.