Diabetic Foot Infection

Assess severity based on PEDIS grading criteria

Grade 1 = Uninfected
No s/s infection
No antibiotics indicated

Grade 2 = Mild
Infection present, as defined by at least 2 of the following:
• local swelling or induration
• erythema
• local tenderness or pain
• local warmth
• purulent drainage

Grade 3 = Moderate
Local infection involving only the skin and subcutaneous tissue. If erythema, must be between 0.5 to 2 cm around the ulcer

Grade 4 = Severe
Local infection with signs of SIRS, as defined by at least 2 of the following:
• temperature > 38 or < 36 °C
• heart rate > 90
• respiratory rate > 20 or PaCO₂ < 32
• WBC > 12000 or < 4000

Cleanse and debride wound, then culture by scraping with sterile scalp/dermal curette or biopsy from base of ulcer; aspirate purulent secretions using sterile needle and syringe

Antibiotics must always be combined with appropriate wound care; consider vascular assessment, if indicated

Mild to Moderate Infection
In patients who have not recently received antibiotics

Usually aerobic Gram positive cocci

Cephalexin
500 mg PO QID

Dicloxacillin
500 mg PO QID

Clindamycin
300 mg PO TID

Include MRSA coverage if history of same in past year

TMP/SMX
1 DS tablet PO BID

Doxycycline
100 mg PO BID

Mild to Moderate Infection
In patients who have recently received antibiotics

May include Gram negative bacilli but anaerobic coverage not usually necessary if adequately debrided

Ceftriaxone
2 g IV Q24H

Levofloxacin
750 mg IV/PO Q24H

Include MRSA coverage if history of same in past year

Vancomycin
Per pharmacy dosing

Severe Infection

Consider broad-spectrum empiric therapy including anaerobic and MRSA coverage

Vancomycin
Per pharmacy dosing + Zosyn
3 g IV Q6H

Unasyn
4.5 g x 1 followed by 3.375 g IV Q8H extended infusion

Ceftriaxone
2 g IV Q24H AND Metronidazole
500 mg IV Q8H

Linezolid
600 mg PO/IV Q12H

Daptomycin
4 mg/kg IV Q24H

Pseudomonas coverage usually only necessary in presence of specific risk factors

ICU admission within 90 days, immunosuppression, postoperative infections, following burns or skin grafts, nail puncture to foot

Use 6 mg/kg IV Q 24 hr dose if osteomyelitis or bacteremia suspected

Cefepime
2 g IV Q8H AND Metronidazole
500 mg IV Q8H (if PCN-allergic)

Updated by Serena Von Ruden, PharmD
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