Diabetic foot infection: antimicrobial prescribing

**Background**

In diabetes, all foot wounds are likely to be colonised with bacteria.

Diabetic foot infection has at least 2 of:
- local swelling or induration
- erythema
- local tenderness or pain
- local warmth
- purulent discharge

Severity is classified as:
- **Mild** - local infection with 0.5 to less than 2 cm erythema
- **Moderate** - local infection with more than 2 cm erythema or involving deeper structures (such as abscess, osteomyelitis, septic arthritis or fasciitis)
- **Severe** - local infection with signs of a systemic inflammatory response

**Prescribing considerations**

When choosing an antibiotic, take account of:
- the severity of infection (mild, moderate or severe)
- the risk of complications
- previous microbiological results
- previous antibiotic use
- patient preference

Give oral antibiotics first line if possible.

Review intravenous antibiotics by 48 hours and consider switching to oral antibiotics if possible.

Review need for continued antibiotics regularly.

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**Diabetic foot infection: antimicrobial prescribing**

- Start antibiotic treatment as soon as possible.
- Take samples for microbiological testing before, or as close as possible to, the start of antibiotic treatment.
- When choosing an antibiotic, take account of prescribing considerations.

Give advice about:
- possible adverse effects of the antibiotics.
- seeking medical help if symptoms worsen rapidly or significantly at any time, or do not start to improve within 1 to 2 days.

When microbiological results are available:
- review the choice of antibiotic, and
- change the antibiotic according to results, using a narrow spectrum antibiotic, if appropriate.

Reassess if symptoms worsen rapidly or significantly at any time, do not start to improve within 1 to 2 days, or the person becomes systemically very unwell or has severe pain out of proportion to the infection. Take account of:
- other possible diagnoses, such as pressure sores, gout or non-infected ulcers.
- symptoms or signs suggesting something more serious such as limb ischaemia, osteomyelitis, necrotising fasciitis or sepsis.
- previous antibiotic use.

Refer to hospital if needed (see above).