

# Individualize Treatment for Diabetes-Related Foot Infections

You'll hear buzz about **how to treat foot infections in patients with diabetes**...spurred by updated treatment guidelines.

Create an individualized care plan that includes debridement...wound care...off-loading...and specialist referrals (vascular, etc), if needed.

Choose empiric antibiotics based on likely pathogens, patient-specific factors (allergies, severity, etc), and your local antibiogram.

**Mild.** For infections with superficial inflammation, advise covering gram-positives with oral cephalexin or dicloxacillin.

But for patients who've taken antibiotics within the past month, also cover gram-negatives with agents such as amoxicillin/clavulanate.

Add MRSA coverage (doxycycline, TMP/SMX, etc) in patients at risk...such as those with a history of MRSA infection or known colonization.

Don't empirically cover for *Pseudomonas* unless there are additional risk factors, such as recent positive cultures from the affected site or frequent foot exposure to water (hot tub, lake, pool, etc).

**Moderate.** For wounds that are deeper or with erythema 2 cm or more from the wound margin...withOUT systemic signs (fever, tachycardia, etc)...ensure gram-positive and gram-negative coverage.

Think of amoxicillin/clavulanate in most cases, especially if you suspect anaerobes...such as a wound with a foul odor or necrosis.

Consider IV antibiotics for high-risk patients, such as those with peripheral artery disease or those unable to adhere to oral meds.

And if needed, add empiric coverage for MRSA.

**Severe.** For any patient with at least 2 systemic signs...or not responding to oral therapy...jump to IV antibiotics.

Cover gram-positives, gram-negatives, and anaerobes (ampicillin/sulbactam, ceftriaxone plus metronidazole, etc).

But if *Pseudomonas* is suspected, suggest a regimen such as piperacillin/tazobactam.

And add IV vancomycin for patients at risk for MRSA.

For treatment duration and when to switch to po, see our resource, *Skin and Soft Tissue Infections*.

And get our resource, *Managing Beta-Lactam Allergies*, for help sifting through options for patients reporting a penicillin allergy.

## Key References:

-Senneville É, Albalawi Z, van Asten SA, et al. IWGDF/IDSA Guidelines on the Diagnosis and Treatment of Diabetes-related Foot Infections (IWGDF/IDSA 2023). *Clin Infect Dis*. 2023 Oct 2:ciad527. doi: 10.1093/cid/ciad527.

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