





Management Guidelines for DIABETIC FOOT ULCER / WOUND / LESION / INFECTION

Assess: Look, Pulses, Sensation, Oedema, Probe, Swab, Xray, Doppler, Bloods, Systemic illness.
Refer: All foot 'ulcers' in patients with known or suspected diabetes should be referred as inpatient or outpatient
Culture: Deep wound culture of tissue and/or bone required – superficial swabs of **NO** clinical benefit
Treat: Antibiotic, Dressings, Debridement, Surgery, Pressure offloading (All available via specialist foot clinics).

| Appearance | Superficial ulcer/blister | Ulcer with Cellulitis Sausage toe. | Deep ulcer with Cellulitis May probe to bone | Gangrene Toxic patient |
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| Example |  |  |  |  |
| Fully assess as above | | Treat with correct oral antibiotics (2wk supply review before stopping /continuing) Suspect osteomyelitis | Urgent IV antibiotics (duration 2-5 days) Osteomyelitis almost certain | Urgent IV antibiotics (2-5 days) Surgical opinion essential – adequate surgical debridement usually required |
| Refer | Diabetic foot and wound team unless healed within 4 weeks | Diabetic foot and wound team - fax, email, phone hot foot line | Diabetic foot and wound team urgent same /next day by hot foot line | Admit Medicine as emergency. |
| Dressing advice | Appropriate wound dressing | Appropriate wound dressing | Appropriate wound dressing | Appropriate wound dressing. If dry gangrene – do not rehydrate |
| Antibiotic formulary advice http://www.elmmb.nhs.uk/formularies/antimicrobials/ | None | Oral Flucloxacillin 500mg - 1g 6 hourly or Penicillin allergy Oral Clindamycin 300 - 450mg QDS | Flucloxacillin 1-2gram IV 6 hourly AND Gentamicin** 5mg/kg IV (based on ideal body weight usual range 240-400mg as single dose) AND Metronidazole 500mg IV 8 hourly Penicillin allergy Clindamycin 600mg IV 6 hourly AND Gentamicin** 5mg/kg IV once daily (based on ideal body weight) Established MRSA Infection(not colonization and inpatient setting) Teicoplanin IV or oral Doxycycline 100mg BD (confirm sensitivities with microbiology) | Treatment to be guided by culture and sensitivity results – consult microbiology |
| Note: ** Gentamicin up to max of 400mg/dose. Level required 16-22 hours after first dose; wait for result before giving second dose. | | | | |
| Consider IV to oral switch after 48 hours based on culture and sensitivity results – please contact diabetic foot team/microbiology | | | | |
| If osteomyelitis suspected minimum of 4-12 weeks treatment required – please contact diabetic foot team /microbiology | | | | |

Notify emergency admissions or referral to Diabetic Foot and Wound Care Team on "Hot foot Line" 07866684362 (currently answer machine weekends and nights) and team will follow up on next working day