

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
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

Guidance updated by Diabetic Foot and Wound Care Team/Microbiology/Pharmacy: November 2011. Review date: November 2012