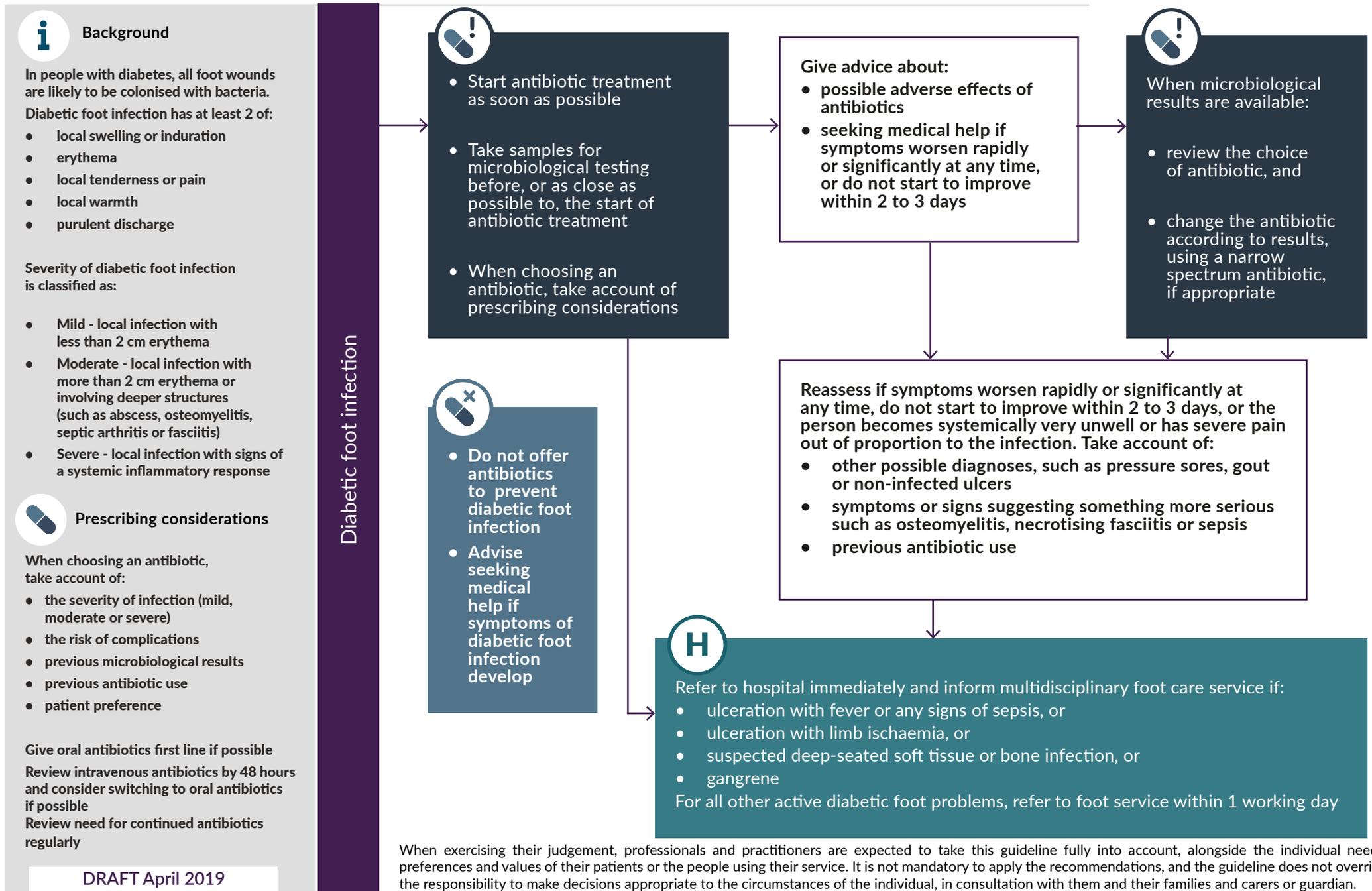


# Diabetic foot infection: antimicrobial prescribing



# Diabetic foot infection: antimicrobial prescribing

## Choice of antibiotic: adults aged 18 years and over

Antibiotic <sup>1</sup>	Dosage and course length <sup>2</sup>
<b>Mild infection</b> - first choice oral antibiotic for 7 days (up to a further 7 days may be needed based on clinical assessment <sup>3</sup> ; guided by microbiological results when available)	
Flucloxacillin	500 mg four times a day
<b>Mild infection</b> - alternative oral antibiotics (for penicillin allergy or if flucloxacillin unsuitable) for 7 days (up to a further 7 days may be needed based on clinical assessment <sup>3</sup> ; guided by microbiological results when available)	
Clarithromycin	500 mg twice a day
Erythromycin (in pregnancy)	500 mg four times a day
Doxycycline	200 mg on first day, then 100 mg once a day
<b>Moderate infection</b> - first choice antibiotics for a minimum of 7 days (up to 6 weeks for osteomyelitis) based on clinical assessment <sup>4</sup> ; guided by microbiological results when available <sup>5,6,7</sup>	
Flucloxacillin <b>with or without</b>	500 mg four times a day orally or 500 mg to 2 g four times a day IV
Gentamicin <b>and/or</b>	Initially 5 to 7 mg/kg once a day IV, subsequent doses adjusted according to serum gentamicin concentration <sup>8</sup>
Metronidazole	400 mg three times a day orally or 500 mg three times a day IV
Co-amoxiclav <b>with or without</b>	500/125 mg three times a day orally or 1.2 g three times a day IV
Gentamicin	Initially 5 to 7 mg/kg once a day IV, subsequent doses adjusted according to serum gentamicin concentration <sup>8</sup>
Co-trimoxazole (in penicillin allergy) <b>with or without</b>	960 mg twice a day orally or 960 mg twice a day (increased to 1.44 g twice a day in severe infection) IV
Gentamicin <b>and/or</b>	Initially 5 to 7 mg/kg once a day IV, subsequent doses adjusted according to serum gentamicin concentration <sup>8</sup>
Metronidazole	400 mg three times a day orally or 500 mg three times a day IV
<b>Severe infection</b> - first choice antibiotics for a minimum of 7 days (up to 6 weeks for osteomyelitis) based on clinical assessment <sup>4</sup> ; guided by microbiological results when available. Antibiotics given IV for at least 48 hours (until stabilised) <sup>5,6,7</sup>	
As for moderate infection, but additional choices of:	
Piperacillin with tazobactam	4.5 g three times a day IV (increased to 4.5 g four times a day if severe infection)
Ceftriaxone <b>with</b>	2 g once a day IV
Metronidazole	400 mg three times a day orally or 500 mg three times a day IV
Intravenous antibiotics to be added if suspected or confirmed MRSA infection (combination therapy with an intravenous antibiotic listed above) <sup>6,7</sup>	
Vancomycin	15 to 20 mg/kg two or three times a day (maximum 2 g per dose), adjusted according to serum-vancomycin concentration <sup>9</sup>
Linezolid (if vancomycin cannot be used; specialist advice only)	600 mg twice a day

<sup>1</sup>See BNF for appropriate use and dosing in specific populations, for example, hepatic impairment, renal impairment, pregnancy and breast-feeding, and administering intravenous antibiotics.

<sup>2</sup>Oral doses are for immediate-release medicines.

<sup>3</sup>Skin takes some time to return to normal, and full resolution of symptoms at 7 days is not expected.

<sup>4</sup>Review the need for continued antibiotics regularly.

<sup>5</sup>Give oral antibiotics first-line if the person can take oral medicines, and the severity of their condition does not require intravenous antibiotics.

<sup>6</sup>Review intravenous antibiotics by 48 hours and consider switching to oral antibiotics if possible.

<sup>7</sup>Other antibiotics may be appropriate based on microbiological results and specialist advice.

<sup>8</sup>Therapeutic drug monitoring and assessment of renal function is required (BNF, February 2019).

<sup>9</sup>Therapeutic drug monitoring and assessment of renal function is required. A loading dose of 25 to 30 mg/kg (maximum per dose 2 g) can be used in seriously unwell people to facilitate rapid attainment of the target trough serum vancomycin concentration (BNF, February 2019).