

Diabetic Foot Ulcers		
2.0	Last reviewed: 27/04/2023	Review date: 31/05/2026

Skin and Soft Tissue Infections Diabetic Foot Ulcers

Defined by the presence of at least 2 of the following:

- Local swelling or induration
- Erythema
- Local tenderness or pain
- Local warmth
- Purulent discharge

Key points

Appropriate local care of the ulcer is essential. All patients should be referred to the hospital either as an inpatient or an outpatient within 24hrs * for specialist review. Therefore, primary care treatment with antimicrobials should be empirical for immediate presentation only.

Across Nottinghamshire, Mon-Fri, 5-day outpatient service is provided. All foot clinic referrals are triaged within 24hrs **during the normal working week**, and appointments are offered. Outside of this, follow the normal admissions process.

Dedicated email referral systems are in place for all diabetic foot infections:

For Nottinghamshire South, email: Diabetes at Dundee House NUHNT.diabetesfootreferrals@nhs.net

For Nottinghamshire North, email: Sherwood Forest Hospital Trust sfh-tr.DiabetesFootClinicKM@nhs.net

- A sample should be sent for culture.
- The choice of empirical treatment is based on the severity

* IMMEDIATE REFERRAL REQUIRED

- Ulceration with fever or any signs of sepsis, or
- Ulceration with limb ischaemia, or
- Suspected deep-seated soft tissue or bone infection, or
- Gangrene

Empirical Treatment

Mild - local infection with 0.5 cm to less than 2 cm erythema around the ulcer		
Medication ³	Dose	Duration of Treatment
Flucloxacillin <i>In penicillin allergy:</i> Clarithromycin¹ Or Doxycycline² Erythromycin¹ (Preferred in pregnancy if penicillin allergic)	1g four times a day 500mg twice a day 200mg first day then 100mg daily 500mg four times a day	7 days. If there is a slow response, continue for a further 7 days. (As per NICE recommendation for cellulitis) A full resolution of symptoms at 7 days are not expected.
Moderate - local infection with more than 2 cm erythema around the ulcer or involving deeper structures (such as abscess, osteomyelitis, septic arthritis or fasciitis)		
Medication ³	Dose	Duration of Treatment
Co-amoxiclav <i>In penicillin allergy:</i> Clindamycin	625mg three times a day 450mg four times a day	7-14 days, then review 7-14 days, then review

¹ Withhold statins whilst on clarithromycin/erythromycin course.

² Doxycycline is not suitable for pregnant women.

³ See [BNF](#) for appropriate use and dosing in specific populations, e.g., hepatic or renal impairment, pregnancy, and breastfeeding.

NB: These local guidelines differ from NICE ([NG19](#)) due to local audit results, outcome data and resistance patterns

Patient Information

- [Diabetes UK: Diabetes and Foot Problems](#)
- [NHS: Peripheral neuropathy = complications](#)

Version Control- Diabetic Foot Ulcers			
Version	Author(s)	Date	Changes
V2.0	Shary Walker, Interface and Formulary Pharmacist	March 2023	<ul style="list-style-type: none"> • References: NUH Guideline for the treatment of diabetic foot infection (review date July 2024), NG19: Diabetic foot problems: prevention and management 2019 – In January 2023, NICE reviewed the recent evidence and decided that no changes were needed to the guidance. PHE: Diabetic foot infection, last updated Oct 2019. • Patient information links