

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

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.DiabetesFootClinicMH@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

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	1g 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.
<i>In penicillin allergy:</i> Clarithromycin ¹ Or Doxycycline ²	500mg twice a day	
	200mg first day then 100mg daily	
Erythromycin ¹ (Preferred in pregnancy if penicillin allergic)	500mg four times a day	
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	625mg three times a day	7-14 days, then review
<i>In penicillin allergy:</i> Clindamycin	450mg four times a day	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.

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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](#)