



PODIATRY DIABETIC FOOT INFECTION TREATMENT WORKFLOW

Inclusion Criteria:

- Adult patient (≥ 18 years)
- Infected diabetic foot ulcer
- Patient fits one of the following:
 - Thought to require admission for IV antibiotics
 - Failed PO antibiotics
 - Unable to take PO antibiotics

Exclusion criteria:

- Concern for osteomyelitis
- Significantly Immunocompromised: SOT or BMT, pred 20 mg or more per day, neutropenia, 2 or more immunosuppressive agents
- Hemodynamic instability or concern for severe sepsis
- Pregnant



• Mild infection:
◦ lacking any moderate infection features

• Moderate infection:
◦ local infection w/erythema > 2 cm or involving deeper structures and no systemic inflammatory response

** See [Beta-lactam Allergy Evaluation Service and Empiric Therapy Guidance](#) for patients with allergies

• Risk factors for Gram negative (GN) infection:
◦ Previous tissue culture with gram negative bacteria
◦ Relapsed or recurrent foot infection
◦ Freshwater exposure (lakes, rivers)
◦ Recent hospitalization with IV antibiotics (in previous 90 days)

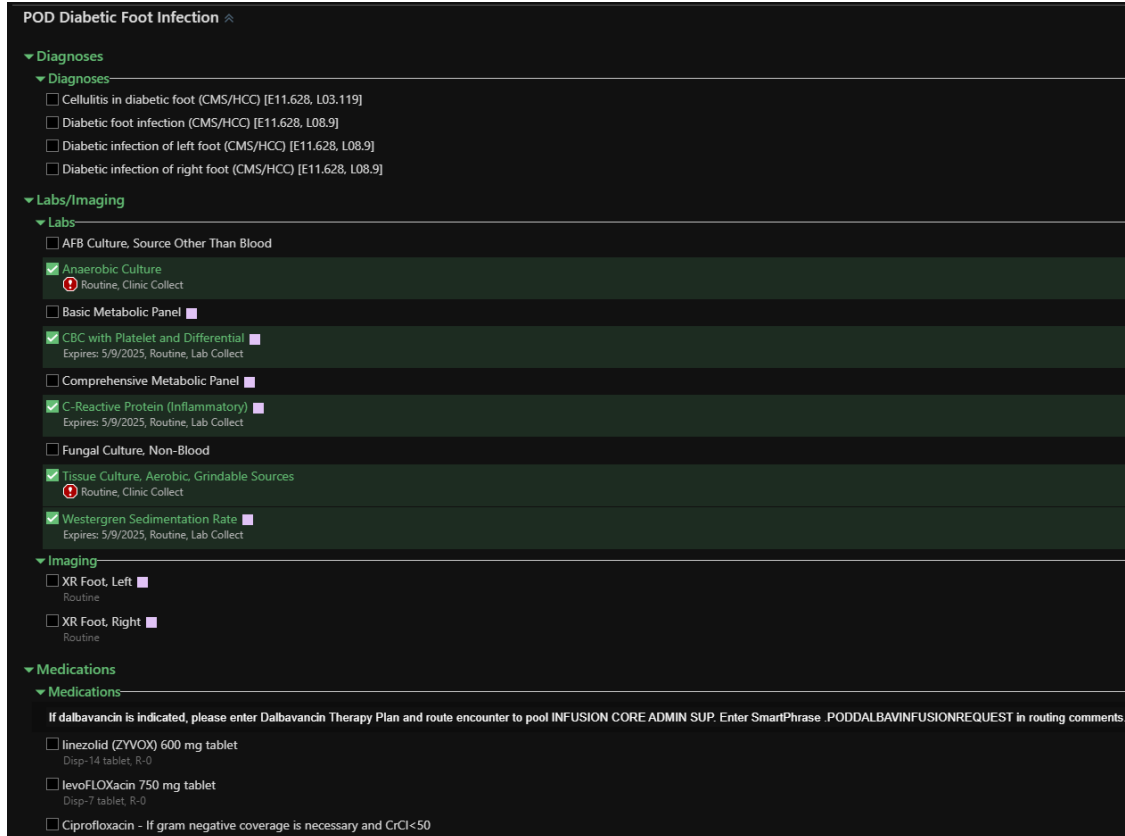
• Linezolid availability (consider dalbavancin referral if one of the following):
◦ Thrombocytopenia (platelets < 150)
◦ Taking MAOI within the past 2 weeks
◦ On 2 or more serotonergic agents
◦ If on one agent, discuss signs and symptoms of serotonergic syndrome
◦ See [SSRI & Linezolid Management Guideline](#)

• Dalbavancin availability (consider ED referral if one of the following):
◦ Weekend visit
◦ Weekday afternoon visit (1500 or later M-F)
◦ Notified by MIST that patient cannot be scheduled same day
◦ Allergy to glycopeptide-related medication (vancomycin, telavancin, oritavancin, bleomycin, dalbavancin)
◦ Moderate to severe hepatic impairment (Child-Pugh Class B or C)

FQ Dosing				
CrCl (mL/min)	Drug	Dose	Frequency	Duration
> 50	Levofloxacin	750 mg	Daily	7 days
30-50	Ciprofloxacin	750 mg	BID	7 days
10-29	Ciprofloxacin	750 mg	Daily	7 days
< 10 or HD	Ciprofloxacin	500 mg	Daily	7 days
Dalbavancin Dosing				
≥ 30 or HD	Dalbavancin	1500 mg	x1	
< 30 and not on HD	Dalbavancin	1125 mg	x1	
Linezolid dosing				
Any	Linezolid	600 mg	BID	7 days

Process:

1. Review current/recent tissue cultures if available (previous 6 months)
2. Review inclusion/exclusion criteria above
 - a. Any patients who do not meet criteria should not be managed using this protocol
3. Eligible patients can be managed using the 'POD Diabetic Foot Infection' Smartset
4. Upon opening the Smartset, the following sections should be completed:



The screenshot shows the 'POD Diabetic Foot Infection' Smartset interface. It is organized into several sections:

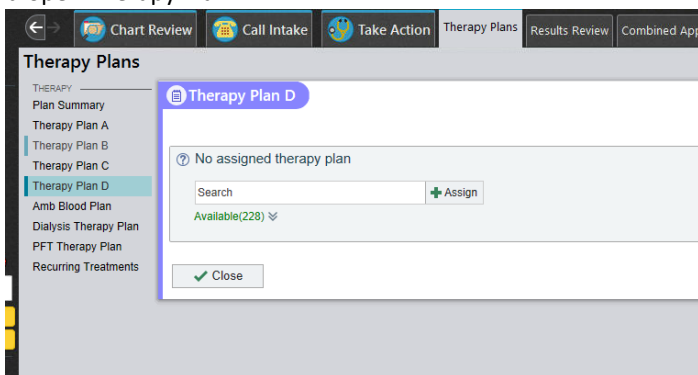
- Diagnoses:** Includes checkboxes for 'Cellulitis in diabetic foot (CMS/HCC) [E11.628, L03.119]', 'Diabetic foot infection (CMS/HCC) [E11.628, L08.9]', 'Diabetic infection of left foot (CMS/HCC) [E11.628, L08.9]', and 'Diabetic infection of right foot (CMS/HCC) [E11.628, L08.9]'.
- Labs/Imaging:**
 - Labs:** Includes checkboxes for 'AFB Culture, Source Other Than Blood', 'Anaerobic Culture' (checked), 'Basic Metabolic Panel', 'CBC with Platelet and Differential' (checked), 'Comprehensive Metabolic Panel', 'C-Reactive Protein (Inflammatory)' (checked), 'Fungal Culture, Non-Blood', 'Tissue Culture, Aerobic, Grindable Sources' (checked), and 'Westergren Sedimentation Rate' (checked).
 - Imaging:** Includes checkboxes for 'XR Foot, Left' and 'XR Foot, Right'.
- Medications:** Includes a note: 'If dalbavancin is indicated, please enter Dalbavancin Therapy Plan and route encounter to pool INFUSION CORE ADMIN SUP. Enter SmartPhrase: PODDALBAVINFUSIONREQUEST in routing comments.' Below this are checkboxes for 'linezolid (ZYVOX) 600 mg tablet', 'levofloxacin 750 mg tablet', and 'Ciprofloxacin - If gram negative coverage is necessary and CrCl<50'.

- a. Diagnosis
- b. Labs – standard labs are pre-selected
 - i. Consider alternative labs for the following scenarios:
 1. Comprehensive metabolic panel – patients with concern for or known hepatic dysfunction
 2. AFB culture – patients with recurrent DFI
 3. Fungal culture – patients with recurrent DFI
- c. Imaging
- d. Medications:
 - i. Current gram-positive infection only:
 1. Consider **linezolid**
 - a. Review exclusions for linezolid:
 - i. Thrombocytopenia (platelets < 150)
 - ii. Taking MAOi within the past 2 weeks
 - iii. On 2 or more serotonergic agents
 1. If on one agent, discuss signs and symptoms of serotonergic syndrome
 2. See [SSRI & Linezolid Management Guideline](#) for further information on interacting medications and management
 - b. If no exclusions for **linezolid**
 - i. Order **linezolid** 600 mg PO BID x7 days
 - c. If exclusions exist to **linezolid**
 - i. Refer to **dalbavancin**

2. Dalbavancin

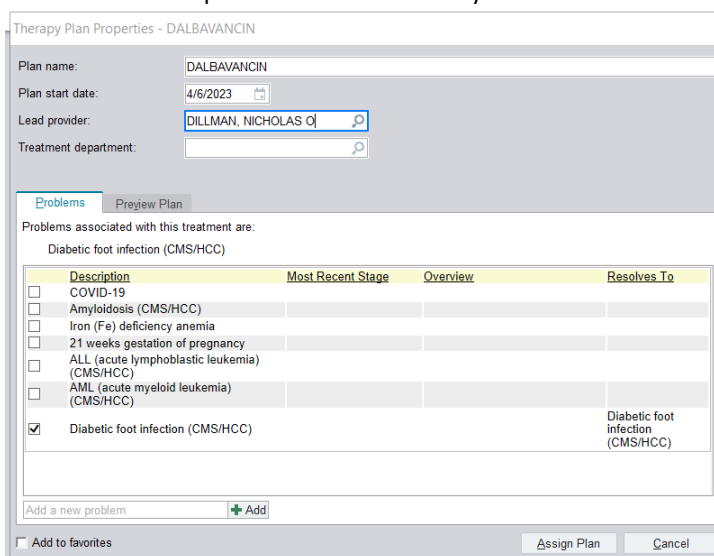
a. Add dalbavancin therapy plan:

i. Select and open Therapy Plan



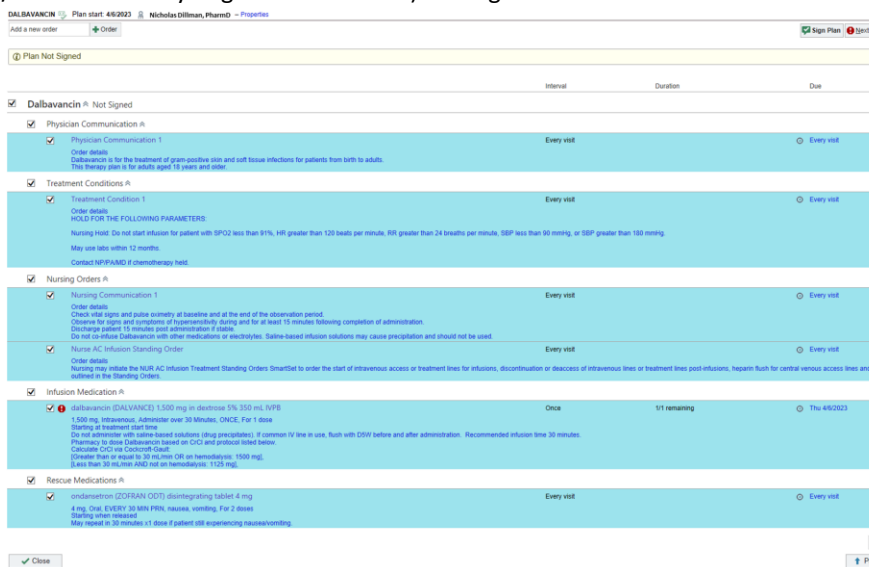
1.

ii. Search for “dalbavancin”, input today’s date, yourself as lead provider, add ‘Diabetic Foot Infection’ to problem list if not already listed



1.

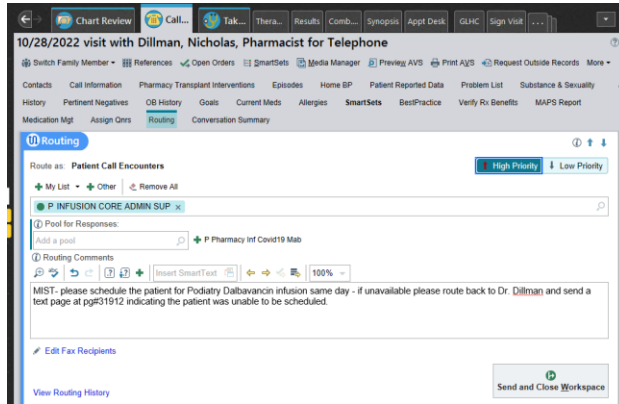
iii. Add indication to dalbavancin order, adjust dalbavancin dose for renal function (< 30 mL/min not on dialysis gets a lower dose) and sign order.



1.

iv. Route to “INFUSION CORE ADMIN SUP” as high priority using “MIST- please schedule the patient for Podiatry Dalbavancin infusion same day – if

unavailable please route back to Dr. *** and send a text page at pg#*** indicating the patient was unable to be scheduled.” in the message section.



1.

b. If **dalbavancin** is unavailable (after 1300 M-F, weekends, or infusion availability is limited):

i. Refer to ED for further care

ii. Current gram-negative infection only:

1. Review susceptibilities, if FQ susceptible:

a. Review CrCl and prescribe **FQ** as follows:

CrCl (mL/min)	Drug	Dose	Frequency	Duration
> 50	Levofloxacin	750 mg	Daily	7 days
30-50	Ciprofloxacin	750 mg	BID	7 days
10-29	Ciprofloxacin	750 mg	Daily	7 days
< 10 or HD	Ciprofloxacin	500 mg	Daily	7 days

2. If not **FQ** susceptible

a. Refer to ED

iii. Mixed gram-positive and gram-negative infection OR no current cultures

1. Follow gram positive pathway under [Process 4.d.i.](#)

2. Review risk factors for gram negative infection:

a. Relapsed or recurrent foot infection

b. Freshwater exposure (lakes, rivers)

c. Recent hospitalization with IV antibiotics (within previous 90 days)

3. If gram negative risk factors present, follow gram negative only pathway [Process 4.d.ii.](#)

5. Print and provide patient education document with standard supportive care/patient education

a. Specifically, highlight the importance of leg elevation and rest.

6. Patient should be scheduled for follow-up visit with Podiatry in 2-3 days

Antimicrobial Subcommittee Approval: N/A	Originated: 04/2023
P&T Approval: N/A	Last Revised: 04/2023
Revision History:	

The recommendations in this guide are meant to serve as treatment guidelines for use at Michigan Medicine facilities. If you are an individual experiencing a medical emergency, call 911 immediately. These guidelines should not replace a provider’s professional medical advice based on clinical judgment, or be used in lieu of an Infectious Diseases consultation when necessary. As a result of ongoing research, practice guidelines may from time to time change. The authors of these guidelines have made all attempts to ensure the accuracy based on current information, however, due to ongoing research, users of these guidelines are strongly encouraged to confirm the information contained within them through an independent source.

If obtained from a source other than med.umich.edu/asp, please visit the webpage for the most up-to-date document.