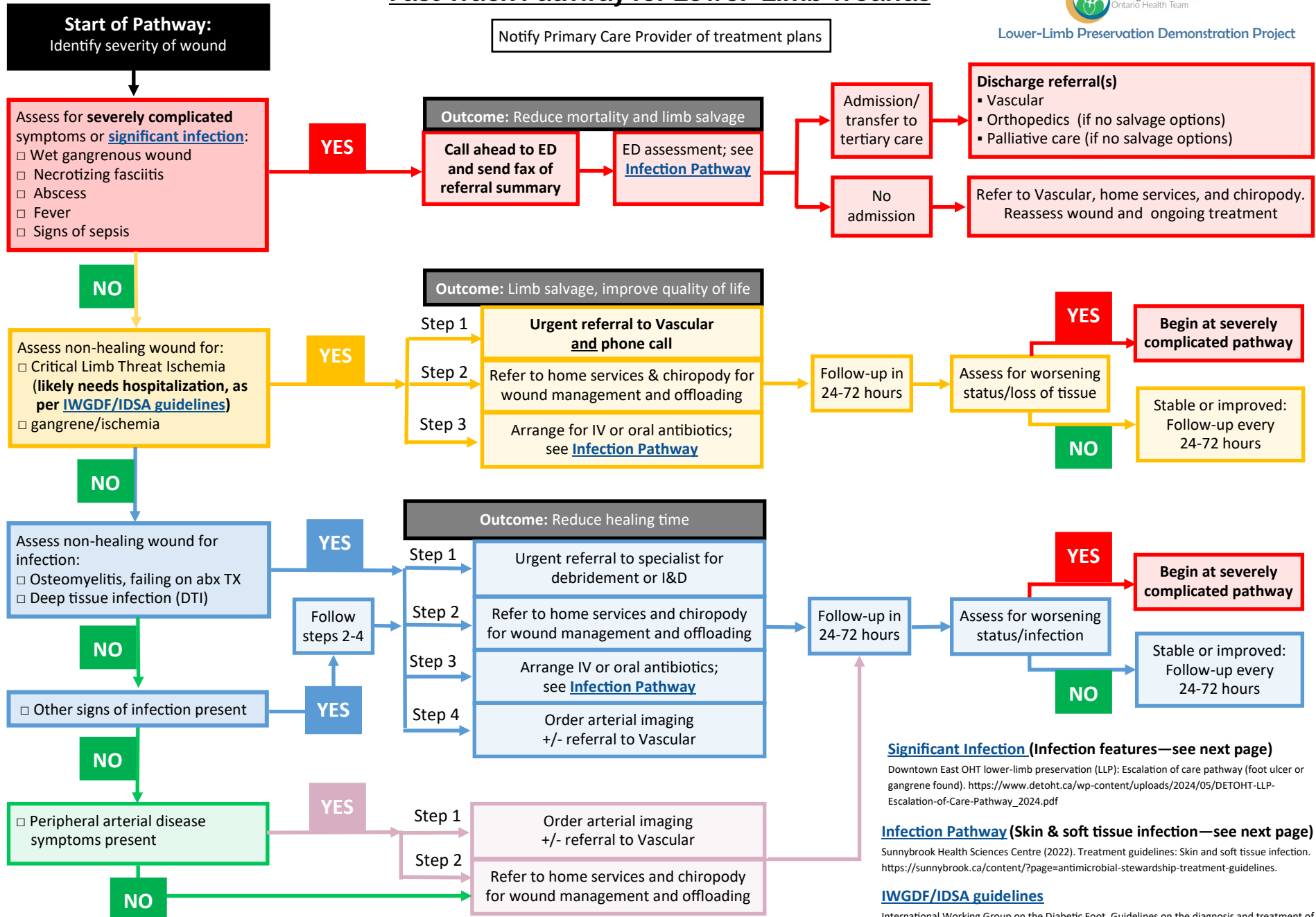


Fast Track Pathway for Lower-Limb Wounds



Lower-Limb Preservation Demonstration Project



Significant Infection (Infection features—see next page)

Downtown East OHT lower-limb preservation (LLP): Escalation of care pathway (foot ulcer or gangrene found). https://www.detoht.ca/wp-content/uploads/2024/05/DETOHT-LLP-Escalation-of-Care-Pathway_2024.pdf

Infection Pathway (Skin & soft tissue infection—see next page)

Sunnybrook Health Sciences Centre (2022). Treatment guidelines: Skin and soft tissue infection. <https://sunnybrook.ca/content/?page=antimicrobial-stewardship-treatment-guidelines>.

IWGDF/IDSA guidelines

International Working Group on the Diabetic Foot. Guidelines on the diagnosis and treatment of diabetes-related foot infections. <https://doi.org/10.1093/cid/ciad527>

Significant Infection

A) Meets definition of Diabetic Foot Infection ([International Working Group on the Diabetic Foot](#))

i. At least 2 of these features are present:

1. Local swelling or induration
2. Erythema >0.5cm around the wound
3. Local tenderness or pain
4. Local increased warmth
5. Purulent discharge

ii. No other causes of skin inflammation (e.g., trauma, gout, Charcot arthropathy, fracture, thrombosis or venous stasis)

AND

B) Any of the following denoting significant infection:

1. Erythema extending \geq 2cm from the wound margin
2. Infection involving tissue deeper than skin and subcutaneous tissues (e.g., tendon, muscle, joint, bone)
3. Systemic signs of infection (i.e. systemic inflammatory response syndrome)

Adapted from:
Downtown East Toronto Ontario Health Team (2024). Downtown East OHT Lower-Limb Preservation (LLP) Escalation of Care Pathway (Foot Ulcer of Gangrene Found). <https://detoht.ca/lower-limb-preservation/>

Treatment guidelines: Skin and soft tissue infection

C. Skin and Soft Tissue Infections in Patients with Diabetes

- Empiric therapy depends on clinical syndrome and severity (see Table 1 below)
- Patients with severe infections should be referred to Infectious Diseases

Table 1: Skin and Soft Tissue Infections in Patients with Diabetes†

Clinical Syndrome	Usual Etiology	Empiric First-line Therapy	Alternatives (for significant beta-lactam allergy)	Typical Duration of Therapy
Cellulitis +/- non-suppurative ulcer	β -hemolytic streptococci, <i>S. aureus</i>	Cefazolin 1-2 g IV Q8H OR Cephalexin 500mg PO QID	Vancomycin 1 g IV Q12H	7 days
Suppurative ulcer without contiguous osteomyelitis	<i>S. aureus</i> * +/- β -hemolytic streptococci *currently, 20-25% are MRSA	Incision and drainage* of abscess AND Cefazolin 1-2 g IV Q8H OR Co-trimoxazole (TMP/SMX) 10 mg/kg/day TMP component PO in divided doses (see dosing table) OR Doxycycline 100 mg PO BID *may be sufficient in the absence of systemic symptoms	Vancomycin 1 g IV Q12H OR Co-trimoxazole (TMP/SMX) 10 mg/kg/day TMP component PO in divided doses (see dosing table) OR Doxycycline 100 mg PO BID	7 -14 days
Ulcer with evidence of necrosis, tissue liquefaction, extension to bone and/or sepsis	Mixed aerobic Gram-positive cocci, including enterococci, Enterobacteriaceae, non-fermentative Gram-negative rods (e.g. <i>Pseudomonas</i>), and obligate anaerobes	Debridement +/- bone biopsy for bacterial culture for ulcers that probe to bone AND Ceftriaxone 2g IV Q12-24H <i>plus</i> Metronidazole 500mg PO BID OR Piperacillin-tazobactam 4.5 g IV Q6H	Vancomycin 1 g IV Q12H <i>plus</i> Ciprofloxacin 750 mg PO BID <i>plus</i> Metronidazole 500 mg PO BID OR Moxifloxacin 400mg PO Q24H	6 weeks

†In patients with known colonization with ESBL-producing Gram negative rods or MRSA, alternate antimicrobial therapy should be considered in consultation with the Infectious Diseases service.

Sunnybrook Health Sciences Centre (2022). Treatment guidelines: Skin and soft tissue infection. <https://sunnybrook.ca/content/?page=antimicrobial-stewardship-treatment-guidelines>.

Obtained from Sunnybrook Health Sciences Centre, Guidelines for Empiric Treatment