

Foot Infections with Ulceration/Gangrene Guidance

****TAILOR ABX once culture available****

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- Foot infections are common in patients with diabetes or vascular disease
- **AVOID** the use of empiric **ampicillin/sulbactam, amoxicillin/clavulanate or ceftriaxone + metronidazole** due to the high prevalence of resistant gram-negative rods and *Enterococcus*

MRSA Risk Factors (RFs)

- Immunocompromised
- HIV
- Hemodialysis
- Previous antibiotics within 90 days **(excluding outpatient tx for current infection)**
- Previous culture with MRSA
- IV drug use

CULTURES:

- Obtain OR cultures or Debridement cultures **ONLY**
- Avoid superficial cultures
- LABEL type of culture in SCM

*May need to be broader if history of resistant organism

Foot Infection with Ulceration/Gangrene

SIRS Criteria Met?

No

Yes

NON-SEVERE Infection

Hold ABX for UP TO 48 HOURS until cultures obtained

SEVERE Infection

No MRSA RFs: start with Zosyn monotherapy*

MRSA RFs present: start with Vancomycin/Zosyn*

Empiric regimen: Vancomycin/Zosyn*

If Gram stain does not show gram positive cocci in clusters, consider discontinuing Vancomycin

History of a **type I PCN allergy** (including anaphylaxis) **does not preclude** the use of a 3rd/4th generation cephalosporin due to low cross-reactivity rates

Consider **Cefepime + Metronidazole** instead of **Zosyn** in these patients

SIRS Criteria (with suspected foot infection as source)

- Temp >38°C (100.4°F) or < 36°C (96.8°F)
- Heart Rate > 90 bpm
- Respiratory Rate > 20
- WBC > 12,000/mm³, < 4,000/mm³ or > 10% bands