# Approach to Possible Diabetic Foot infection

# Step 1. Ensure good pulses

Consider API measurements if weak or asymmetric pulses

Consider Vascular Consult and/or arterial Doppler studies if API <.6

# Step 2. PEDIS Score



# Step 3. Treatment and Disposition based on PEDIS Score

PEDIS Grade 1:

Check glucose.

x-ray foot

If no evidence osteomyelitis; DC from ED/No Abx. F/U Ortho

If evidence osteomyelitis; consult ortho

PEDIS Grade 2:

Check glucose

x-ray foot

If evidence osteomyelitis; consult ortho

If no evidence of osteomyelitis, DC from ED. Oral Abx (Augmentin; Levofloxacin or Clindamycin for beta lactam allergy)

F/U ortho

May transfer to Mercy if failed outpatient therapy or complicating factors; no IV Abx needed at CMC)

PEDIS Grade 3:

Electrolytes, blood cultures. Aspirate pus for culture if draining purulence.

Give IV Abx prior to Transfer:

Cefepime plus metronidazole or clindamycin,

or

Zosyn (Aztreonam if severe beta lactam allergy)

Plus

Vancomycin

Transfer to Mercy

PEDIS Grade 4:

Lactate, electrolytes, blood cultures. Aspirate pus for culture if draining purulence.

If Code Sepsis Criteria (persistent hypotension or Lactate >4) keep at CMC;

Activate Code Sepsis PowerPlan, consult ortho

If no Code Sepsis Criteria; Transfer to Mercy

Give IV Abx prior to Transfer:

Cefepime plus metronidazole or clindamycin,

or

Zosyn (Aztreonam if severe beta lactam allergy)

Plus

Vancomycin