

## Ipswich Diabetes Foot Clinic Antibiotic Protocol

Take good swabs/tissue samples and send to the lab, making it clear on the request forms that the sample is from the diabetes foot clinic as this will mean the lab processes them appropriately.

Arrange to review the patient 1 week after sending the swab and starting the antibiotic to assess the patients progress and to review the swab result to ensure the patient is on the appropriate antibiotic. If in doubt discuss with microbiology. In presence of renal impairment check BNF to see if dosage adjustment required.

### Pending the swab results, the following are recommended for outpatient use:

#### **If MRSA not suspected and not penicillin allergic:**

Co-amoxiclav 625 mg TDS – 1<sup>st</sup> choice

If this is not tolerated:

Clindamycin 300mg QDS Plus ciprofloxacin 500mg BD

**n.b. clindamycin must not be used in patients with history of Clostridium difficile**

If this is not tolerated:

Cefprozil 500mg BD plus metronidazole 400mg TDS

#### **If MRSA not suspected and penicillin allergic:**

Clindamycin 300mg QDS plus ciprofloxacin 500mg BD

If this is not tolerated:

Cefprozil 500mg BD plus metronidazole 400mg TDS (10% risk penicillin allergic patients may react to cephalosporins so do not give if history of *anaphylaxis* due to penicillin)

**If MRSA is suspected but no prior sensitivities available, discuss with microbiology – oral options include doxycycline, clindamycin, rifampicin, sodium fusidate and linezolid but treatment should be individualised, and generally 2 agents are used in combination to prevent resistance (except linezolid which is used as monotherapy).**

**If prior sensitivities available, pending results of current swab, treat with a combination of 2 antibiotics the organism was shown to be sensitive to on the previous culture**

**Duration of treatment depends on clinical progress but typically 2 weeks for uncomplicated cellulitis and 3 months for osteomyelitis**

### For patients with severe infections requiring admission:

#### **If MRSA not suspected and not penicillin allergic:**

Co-amoxiclav 1.2g IV QDS

#### **If MRSA not suspected and penicillin allergic:**

Clindamycin 600mg IV QDS plus ciprofloxacin 750mg PO BD (or if unable to take orally 200mg IV BD)

#### **If MRSA suspected:**

Teicoplanin 400mg IV BD for 3 doses then OD

plus ciprofloxacin 750mg PO BD (or if unable to take orally, 200mg IV BD)

plus metronidazole 400mg PO TDS (or if unable to take orally, 500mg IV TDS)

Or, if patient has already had recent treatment with ciprofloxacin:

Teicoplanin 400mg IV BD for 3 doses then OD

Plus Tazocin 4.5g IV TDS

**If MRSA proven-** add sodium fusidate 500mg PO TDS to the above regimens