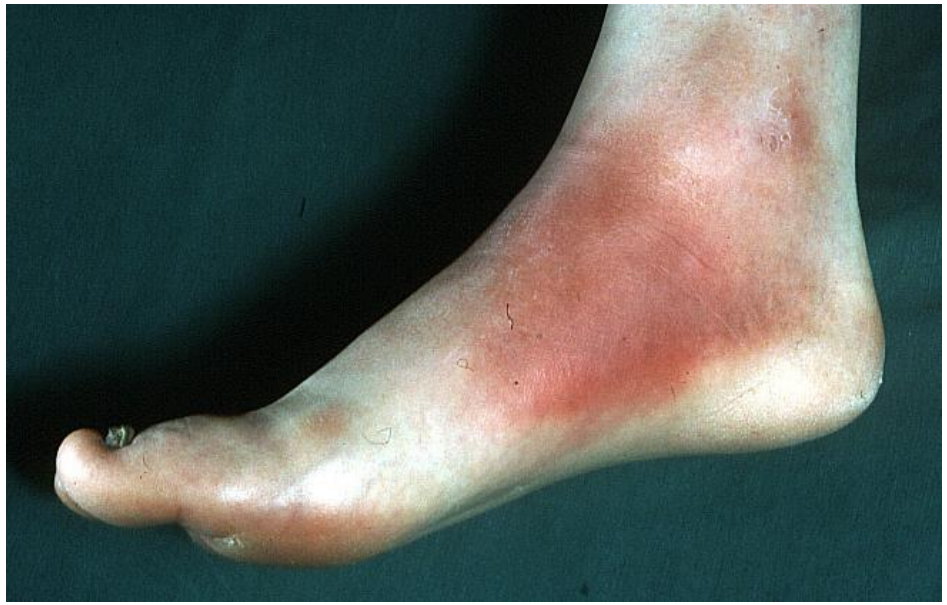
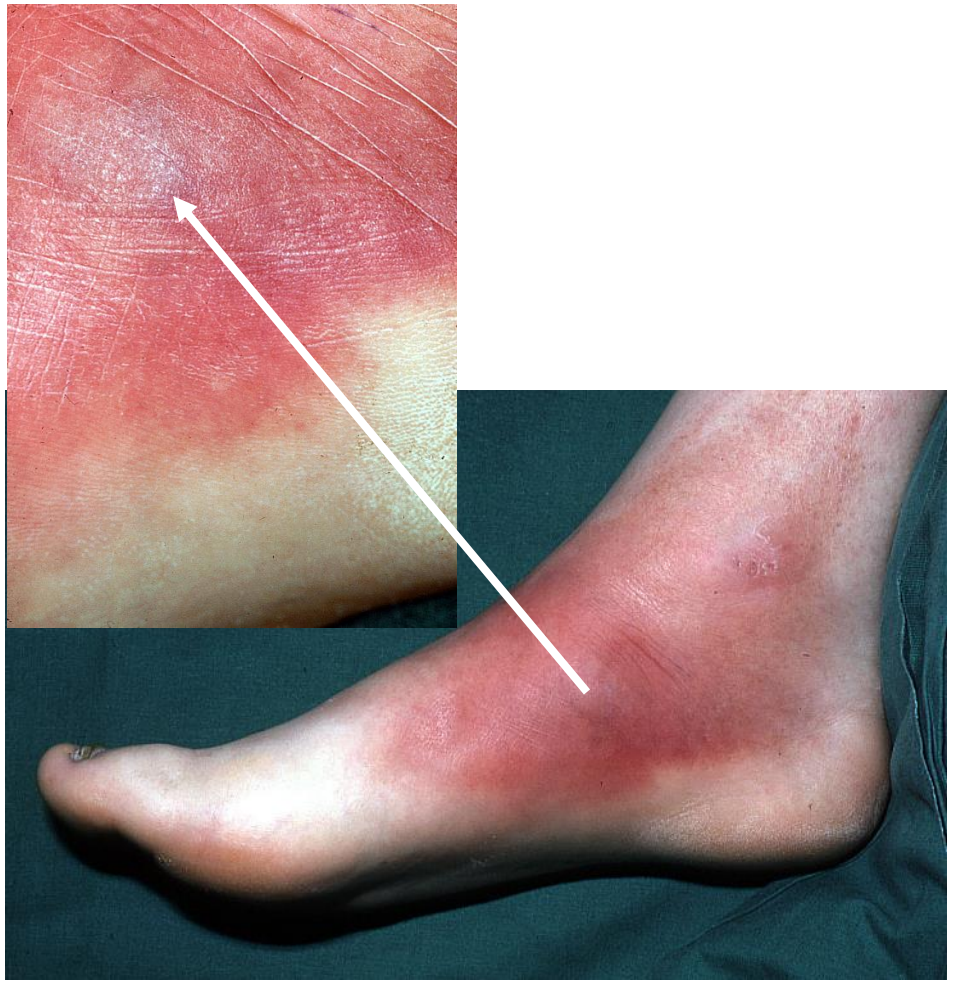
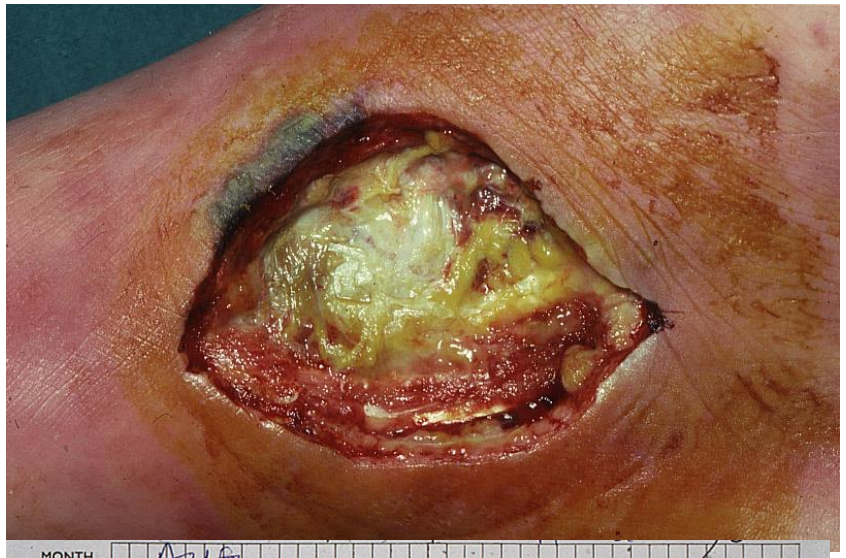
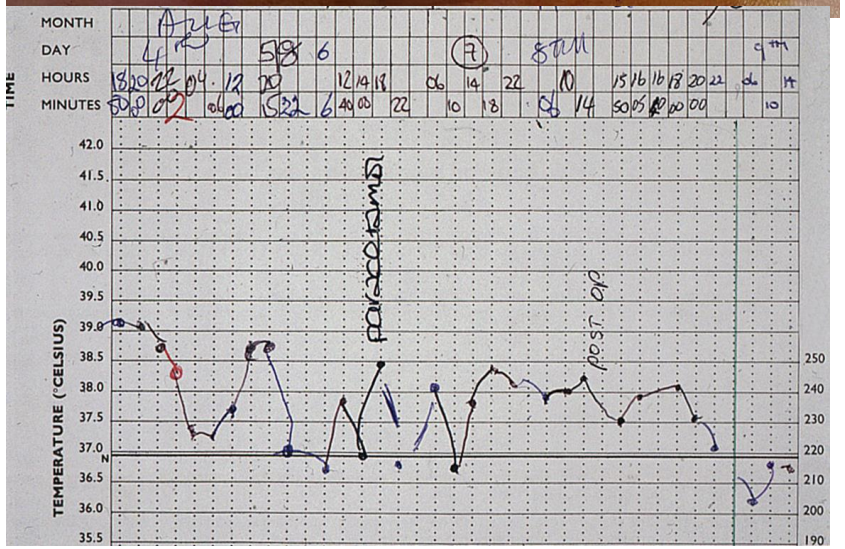
Cellulitis





Operative surgical debridement





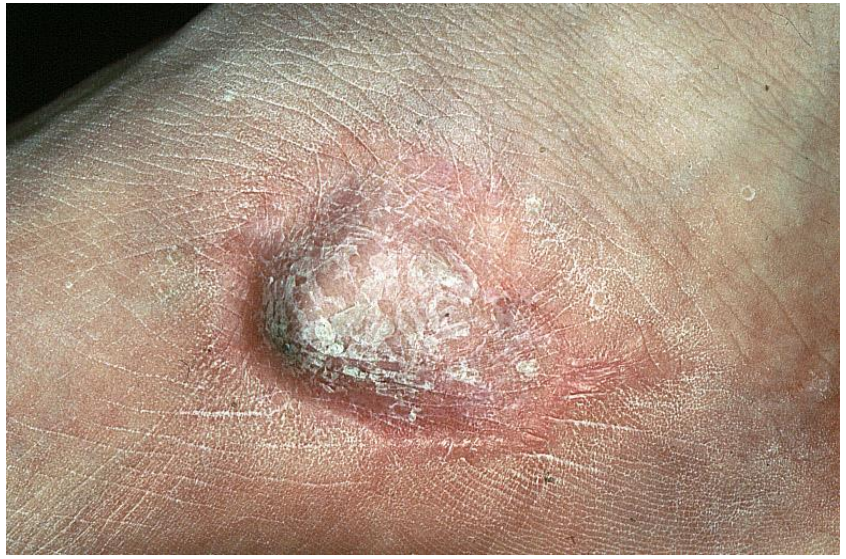


Table 6 Infection (PEDIS-IWGDF) Grading

Wound lacking purulence or any manifestations of inflammation	Uninfected	1
Presence of ≥2 manifestations of inflammation (purulence, or erythema, tenderness, warmth, or induration), but any cellulitis/erythema extends ≤2cm around the ulcer, and infection is limited to the skin or superficial subcutaneous tissues; no other local complications or systemic illness	Mild	2

Table 6 Infection (PEDIS-IWGDF) Grading

Infection (as above) in a PwD who is systemically well and metabolically stable but who has ≥I of the following characteristics: cellulitis extending >2cm, lymphangitic streaking, spread beneath the superficial fascia, deep-tissue abscess, gangrene, and involvement of muscle, tendon, joint or bone	Moderate	3
Infection in a PwD with systemic toxicity or metabolic instability (e.g. fever, chills, tachycardia, hypotension, confusion, vomiting, leukocytosis, acidosis, severe hyperglycemia, or azotemia)	Severe	4

Immediate steps in DFI management

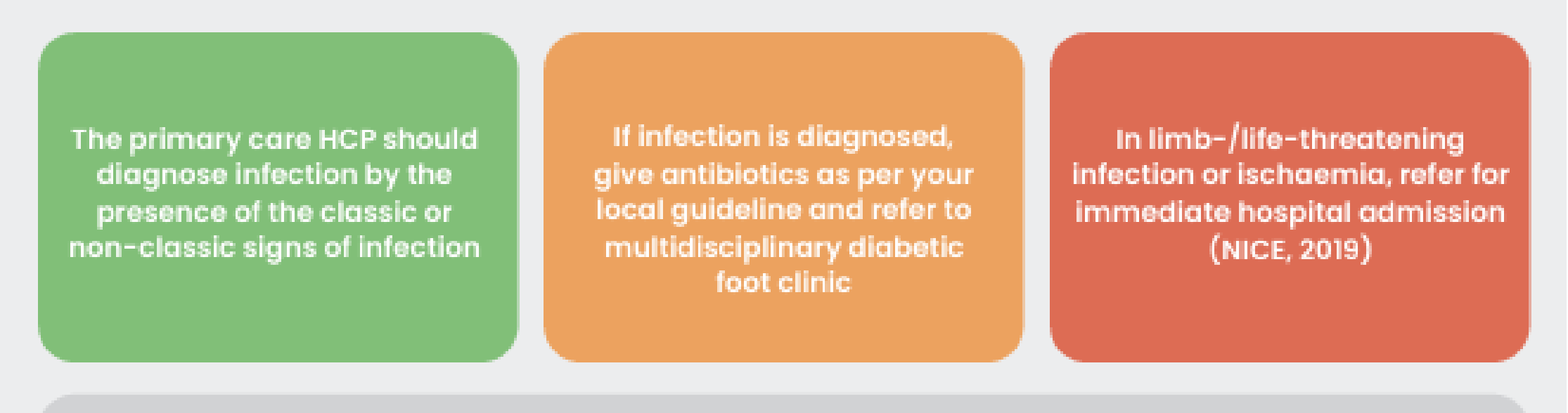
- “If you have any suspicions that a DFI may be occurring, act fast and refer to the MDFT.”

- Microbiology samples should be taken if infection is suspected. This can be actioned by any appropriately trained HCP with access to facilities for taking and processing wound swabs/tissue samples.

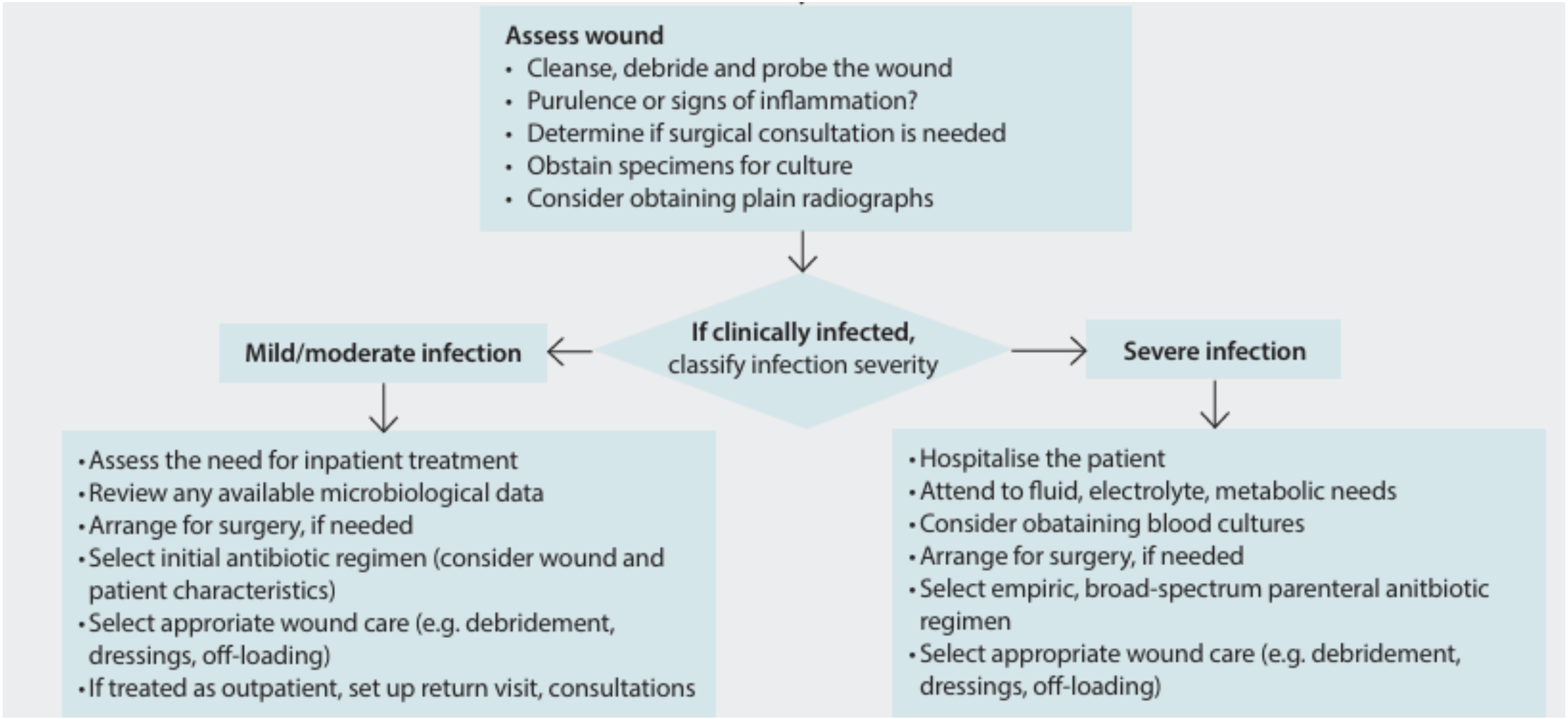
Immediate steps in DFI management

- As per local guidelines, start with the appropriate dose recommended for the infection stage (mild, moderate, severe) following your assessment
- Ensure that the dose is appropriate for the level of infection and the person with diabetes.
- In some cases, topical antibiotics may be applied to the ulcer
- Severe infections will require urgent hospitalisation.

Immediate steps in DFI management



Management in Secondary Care (IWGDF/IDSA guideline(2023))



Gaining access to MDFT and seeking help with confidence

- There is a need for HCPs at all levels, specialists or otherwise, to be confident in speaking with their senior or specialist colleagues.
- Developments to improve this confidence should be supported.

The SBAR tool is advised to structure the referral

- Situation,
- Background,
- Assessment,
- Recommendation

An effective communication tool to help HCPs escalate a DFI (NHS, 2010).

Immediate steps in DFI management

- “Regarding immediate antibiotic therapy, if you are not a prescriber, reach out to your local prescriber immediately (e.g. GP, 111 helpline or MDFT).”

- If you are a prescriber, using your local guidelines for antimicrobial prescribing, start antibiotics as soon as you suspect a DFI”

- Remember that antibiotics should be given empirically until microbiology cultures and sensitivities are available

Antimicrobial stewardship

Two documents are recommended.

- The ‘Start Smart Then Focus’ (SSTF) guideline which advises to ‘assess, investigate, prescribe and document’ (UK Health Security Agency, 2023).

- The antimicrobial prescribing and stewardship (APS) competency framework from the UK Department of Health & Social Care and the UK Health Security Agency
- Which provides guidance on improving antimicrobial prescribing and stewardship (GOV.UK, 2023).

Demystifying infection in the diabetic foot

For all HCPs

- Primary
- Community
- Secondary care

To give confidence

- Prompt identification of DFIs

- Provide timely initial treatment of infection