VANDERBILT UNIVERSITY MEDICAL CENTER

Vanderbilt Adult Antimicrobial Stewardship Program

Diabetic Foot Infection Discharge/Final Recommendations Quick Fact Sheet

This quick fact sheet is a supplement to VASP guidance on this topic. For further details on this clinical infectious condition, please refer to VASP Diabetic Foot Infection & Diabetic Foot Osteomyelitis – Inpatient Management.

Specifically, this document outlines patient candidacy for an all oral (PO) program to decrease PICC line use/exposure as well as associated complications in addition to limiting OPAT burden for clinical syndromes amendable to PO antimicrobials without intensive monitoring for final/discharge recommendations for patients after microbiologic information is obtained and no further intervention is being planned.

For patients who are candidates for PO antimicrobials, listed within this document are both empiric and pathogen-directed approaches to treatment with preferred PO antimicrobials and intravenous (IV) alternative options for diabetic foot infection (DFI) based on extent of involvement (informing duration).

The antimicrobial choices below reflect choices that adequately treat skin/soft tissue infections and osteomyelitis.

Patient Selection Criteria for PO antimicrobial treatment of Diabetic Foot Infection (DFI) including Osteomyelitis:

- Clinically stable
- No ongoing need for surgical intervention
    - Other infectious processes not needing treatment with IV antimicrobial therapy via PICC line.
- Able to absorb PO medications from a functional GI tract.
- No issues with agent allergy/intolerance.
- No concerns for drug-drug interactions precluding the use of a PO regimen
- Not morbidly obese precluding dosing of PO antimicrobial therapy.
    - If there are concerns, please speak directly with ID pharmacy for obesity dosing recommendations.

Duration of Therapy:

Depth of Infection/Extent of Involvement	**Duration**
Skin/Soft Tissue Infection	7-14 days (depending on extent of soft tissue involvement)
Bone/Joint Infection	
Resection/Amputation Recommend to base on clear gross operative margins rather than waiting for histopathology	24-48 hours
Debridement with residual skin/soft tissue infection	7-10 days
Debridement with residual osteomyelitis	21 days
No surgery	28-42 days

Empiric Regimen:

- Cefadroxil 1g PO BID*

OR

- Amoxicillin/Clavulanate 875/125mg PO BID

OR

- Levofloxacin 750mg Q24h (if beta-lactam allergy)

+

- Doxycycline 100mg PO BID if MRSA coverage in indicated as below

IV Alternatives:

- Vancomycin (PK Dosing) if MRSA coverage in indicated as below

+

- Ceftriaxone 2g daily

Consider MRSA Coverage (Doxycycline or Vancomycin) if:

- Previous MRSA infection or colonization
- Hospitalization within previous 90 days where IV antibiotics were given
- History of IV drug use
- Patients on chronic hemodialysis.

Consider including anaerobic coverage (amoxicillin/clavulanate or metronidazole) if:

- Gas producing infections
- Necrotic infections

Most DFI infections are polymicrobial and the pathogenic organisms are typically Staphylococci and Streptococci but gram negatives may play a role such as *Escherichia coli* and *Pseudomonas aeruginosa*. Organisms such as *Candida spp.*, *Enterococcus*, and anaerobes may not require treatment. The following table is a suggestion on targeting treatment towards specific organisms when culture data is available.

Suggested Antibiotics for DFI, including for Osteomyelitis (if susceptible)*:

Organism	Preferred Antibiotics	Alternative Antibiotics
MRSA	Doxycycline 100mg PO BID TMP-SMX PO (5-8 mg/kg/day divided into 2-3 doses) Linezolid 600mg PO BID	Vancomycin IV (Pharmacy Dosing) Daptomycin IV (8 mg/kg/day) Recommend against use of levofloxacin
MSSA	Cefadroxil 1g PO BID Cephalexin 1g PO QID Amoxicillin-Clavulanate 875mg/125mg PO BID	Cefazolin IV (2g every 8 hours) Daptomycin IV (8 mg/kg/day) Beta lactam allergy: Linezolid 600mg BID Doxycycline 100mg BID TMP-SMX PO (5-8 mg/kg/day divided into 2-3 doses) Recommend against use of levofloxacin
Enterococcus (may not be pathogenic when isolated)	Amoxicillin 500mg or 1g PO TID Linezolid 600mg PO BID	Vancomycin IV (Pharmacy Dosing) Daptomycin IV (10-12 mg/kg/day)
Streptococci	Amoxicillin 500mg or 1g PO TID Cefadroxil 1g PO BID Cephalexin 1g PO QID Levofloxacin 750mg PO daily TMP-SMX PO (5-8 mg/kg/day divided into 2-3 doses)	Cefazolin IV 2g every 8 hours Ceftriaxone IV 2g daily
Gram-Negative Rods	Amoxicillin-Clavulanate 875mg/125mg PO BID Cefadroxil 1g PO BID Cephalexin 1g PO QID (if cefazolin susceptible) Levofloxacin 750mg PO daily	Ceftriaxone IV 2g daily
Pseudomonas (water exposure)	Levofloxacin 750mg daily Ciprofloxacin 750mg BID	Piperacillin-Tazobactam IV 4.5g every 8 hours Cefepime IV 2g every 8 hours
Anaerobes (consider in necrotic or gas forming infections)	Metronidazole 500mg PO BID Amoxicillin-Clavulanate 875mg/125mg PO BID	

**For full antimicrobial dosing recommendations, please see VUAH Antimicrobial Dosing Recommendations 8.13.24.pdf*

This document was reviewed and endorsed by the Vanderbilt Adult Antimicrobial Stewardship Committee on 7/17/2025

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