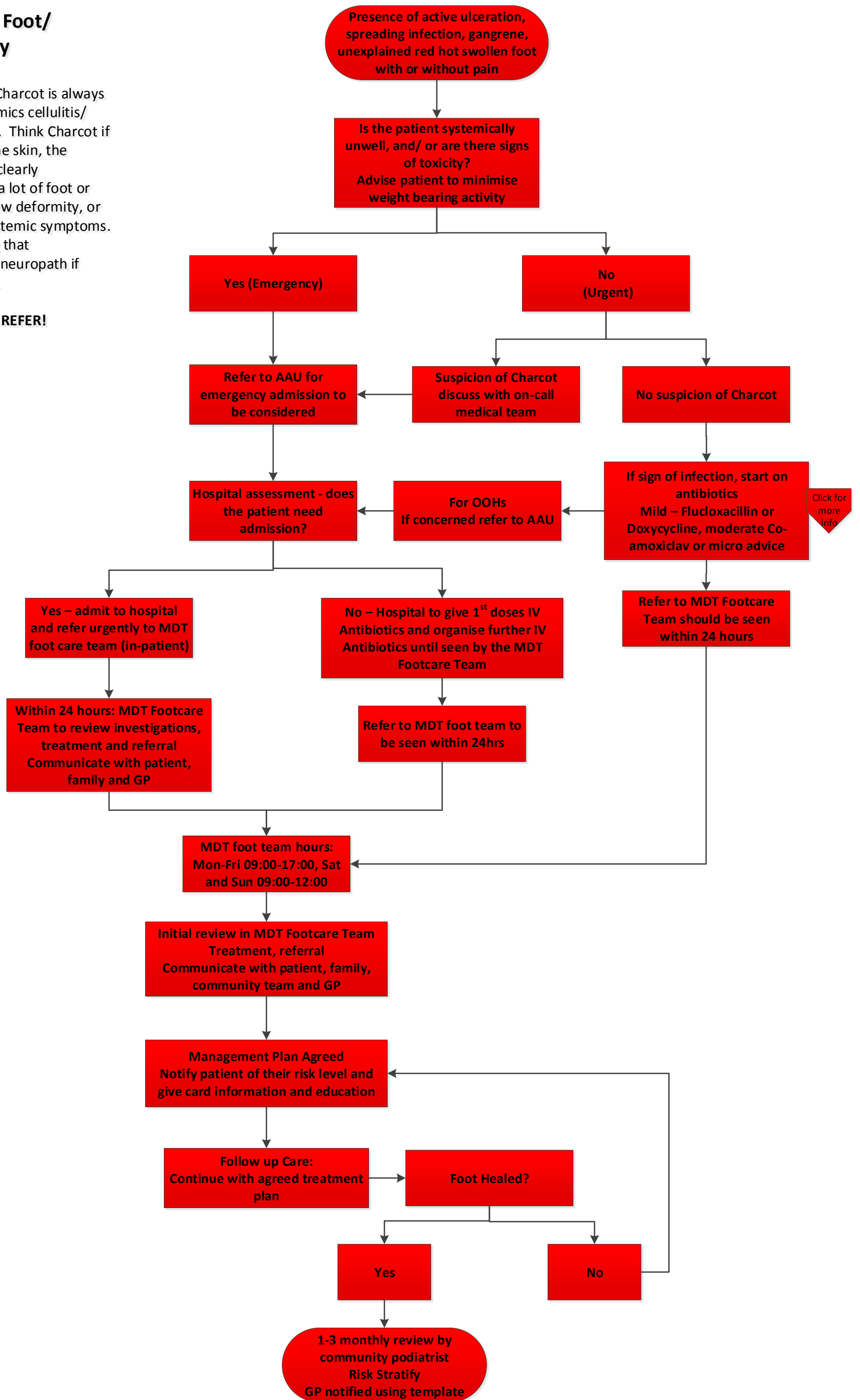


## Urgent Diabetic Foot/ Charcot pathway

NB: The diagnosis of Charcot is always difficult and often mimics cellulitis/ foot infection initially. Think Charcot if there is no break in the skin, the erythema is not very clearly demarcated, there is a lot of foot or ankle swelling, any new deformity, or the patient has no systemic symptoms. It is also worth noting that Charcot occurs in the neuropath if previously diagnosed.

**If there is ANY doubt REFER!**



Click for more info

**If sign of infection, start on antibiotics**

**First line:**

**Mild infections:**

Flucloxacillin 1g Qds po. Duration 7-10 days

**Moderate infections:**

Co-amoxiclav 625mg TDS 7-10 days

**Severe infections:**

Needs consultant microbiologist input – refer to acute medical/ diabetes team for further advice

**Cellulitis:**

See HMMC guidelines

**Second line:**

**Penicillin allergy:**

Doxycycline 100mg bd

For penicillin allergy Teicoplanin 400mg every 12 hours for 3 doses then 400mg daily plus Doxycycline 100mg bd

Contact consultant microbiologist

7-14 days

Discuss with local microbiology team