



# An audit of foot clinic antibiotic protocol: Rationalised prescribing, appropriate anti-microbial cover and no additional cost

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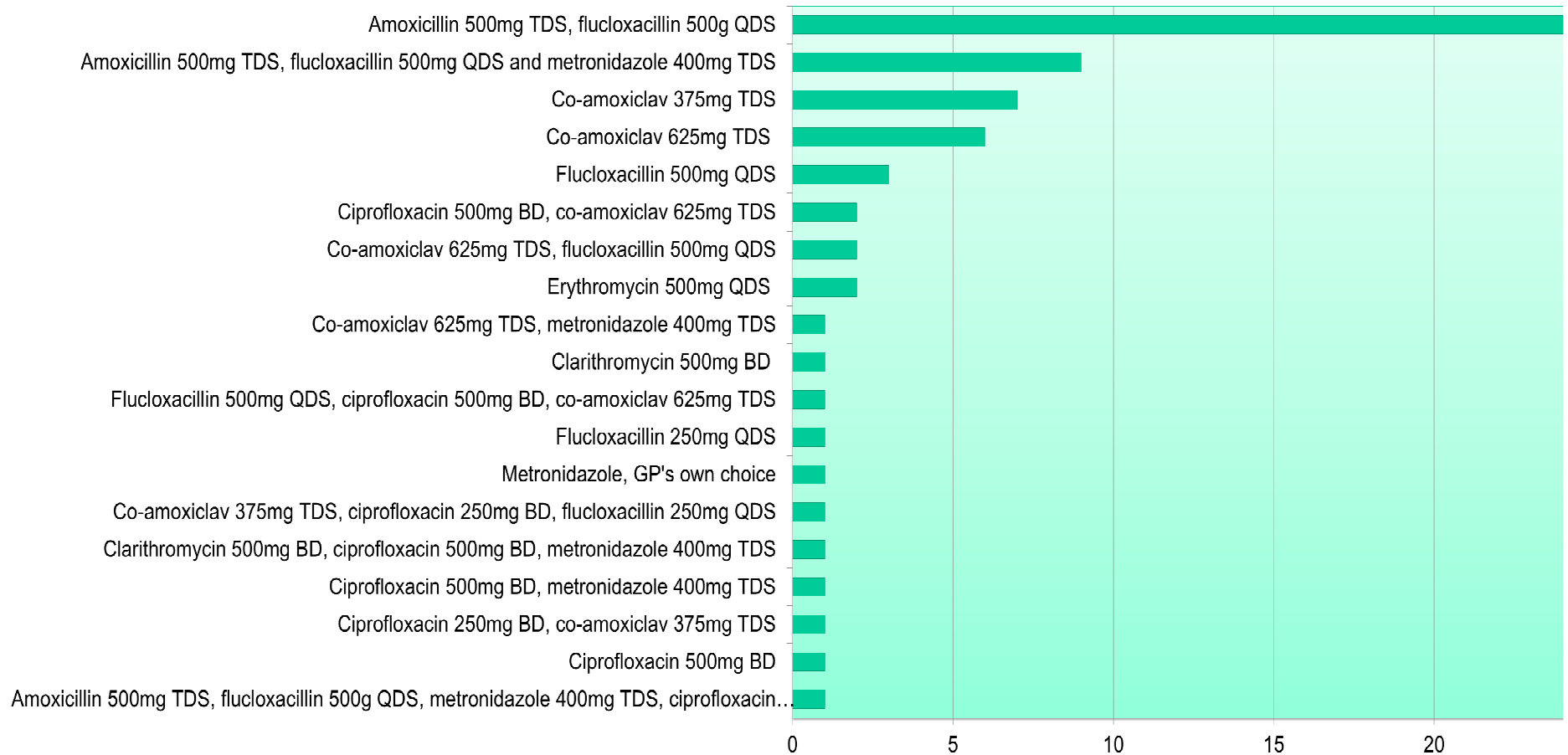
Ketan Dhatariya



# Background

- In 2008 our team recognised that we needed a cohesive approach to empirical antimicrobial prescribing
- We had 19 different regimens being used, with no clear reasons for this
- We audited our antibiotic use

# Our Previous Empirical Regimens



# Costs

- We analysed 144 patient details
- Based on 2010 BNF prices for an average 3 week course, the average cost of treatment was £17.12 per patient

# What We Did Next

- We gathered together all interested parties
  - Diabetologists
  - Vascular surgeons
  - Orthopaedic surgeons
  - Microbiologists
  - Podiatrists
  - Pharmacists
- We developed
  - A rationalised antibiotic formulary specifically for the inpatient and outpatient diabetic foot

# Our Foot Infection Protocol

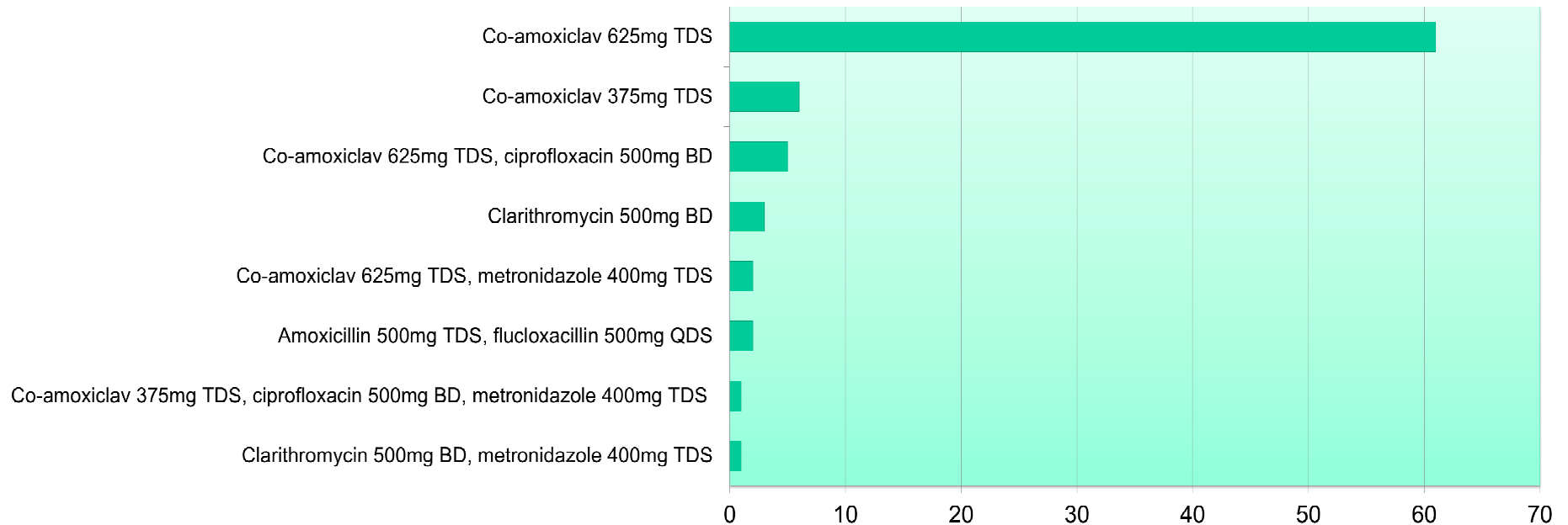
	FIRST CHOICE		PENICILLIN ALLERGY		DURATION
	PARTIAL OR FULL THICKNESS	EXTENDING TO UNDERLYING SOFT TISSUE/BONE	PARTIAL OR FULL THICKNESS	EXTENDING TO UNDERLYING SOFT TISSUE/BONE	
MILD	Co-amoxiclav 625mg TDS	Co-amoxiclav 625mg TDS	Clarithromycin 500mgs BD	Clarithromycin 500mgs BD Metronidazole 400mgs TDS	1-2 weeks
MODERATE	Co-amoxiclav 625mgs TDS	Co-amoxiclav 625mgs TDS +/- Ciprofloxacin 500mgs BD	Clindamycin 150mg-300mg QDS	Clindamycin 150mg-300mg QDS +/- Ciprofloxacin 500mgs BD	2-4 weeks
SEVERE - BORDERLINE ADMISSION	Ceftriaxone 1-2g OD IM Ciprofloxacin 500mgs BD Metronidazole 400mg TDS		Ceftriaxone 1-2g OD IM Ciprofloxacin 500mgs BD Metronidazole 400mg TDS		2-4 weeks
SEVERE - NEEDS ADMISSION	Piperacillin/tazobactam 4.5g TDS IV		Clarithromycin 500mg BD IV Metronidazole 400mg TDS IV Ceftazidime 1-2g TDS IV		2-4 weeks

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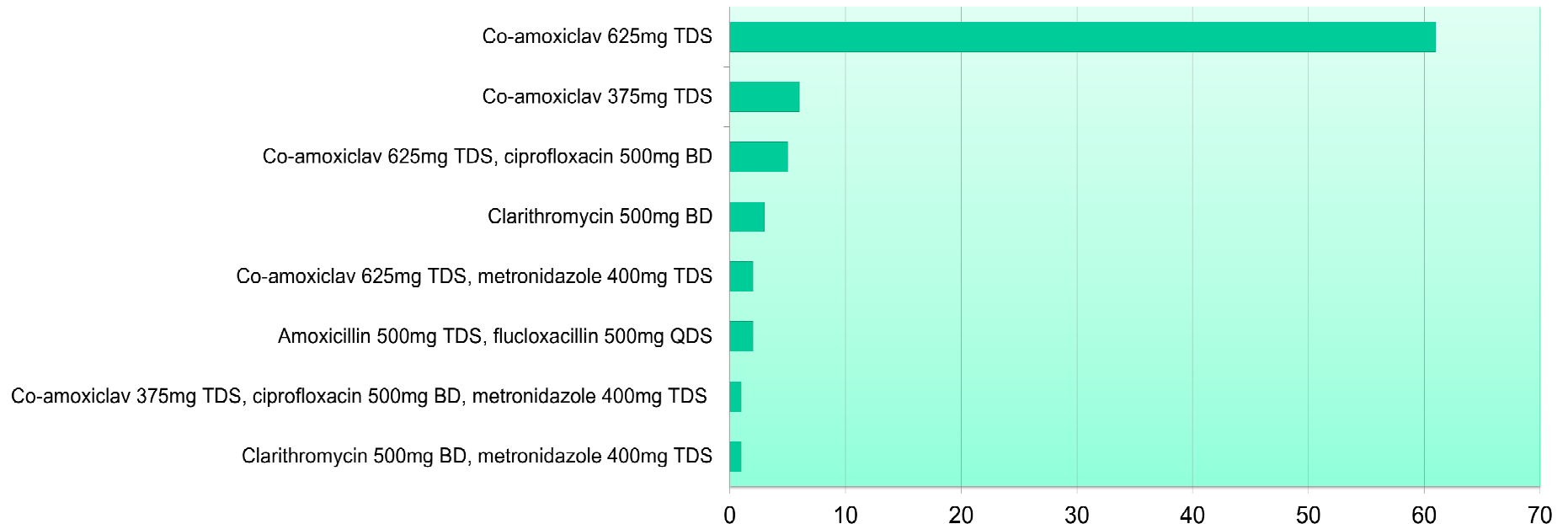
- We then analysed the next 80 patients

# Rationalisation of the Foot Infection Protocol - Results





# Rationalisation of the Foot Infection Protocol - Results



- Based on 2010 BNF prices for an average 3 week course, the average cost of treatment was £16.42 per patient (down from £17.12)
- We had 94% clinical adherence to the protocol

# Summary

- We have rationalised the prescribing of antibiotics in our diabetic foot clinic
- **No** additional drug cost. This is despite a significant increase in use of co-amoxiclav which has a relatively high purchase cost
- We have also simplified regimens resulting in improved prescribing compliance



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