

MANAGEMENT OF CELLULITIS ASSOCIATED WITH ACTIVE ULCERATION IN PATIENTS WITH DIABETIC FOOT DISEASE

Over the last 12 months POAC claims have been made in seven cases where IV antibiotics were administered to patients with active diabetic foot ulceration who have then required hospital admission. Five of these admissions resulted in amputation.

POAC aligns its funding with the best practice, regionally agreed Auckland Regional HealthPathways. The [Cellulitis in Adults](#) pathway recommends against primary care administration of IV antibiotics in cellulitis associated with active ulceration in the diabetic foot and instead recommends discussion with/referral to secondary services. See also [Foot Screening and Management in Diabetes](#) HealthPathway. This guidance is to help prevent exactly the poor outcomes detailed above. Please follow this guidance.

The POAC Clinical Governance Group is working with the Diabetes Foot Advisory Group (DFAG) to review these cases and provide a framework for assessing and reporting such cases moving forward. During the review it has been noted that several cases have documented the patient's refusal to be admitted for ongoing care when recommended. The refusals have resulted in administration of IV antibiotics in primary care instead of admission.

The following criteria have been agreed by the POAC Clinical Governance Group: Where a patient clearly requires admission to hospital but refuses to go, POAC will fund the administration of IV antibiotics when the following are evidenced within the case notes:

1. A primary care practitioner has spoken to a relevant specialist for advice. If pulses are present discuss with general medicine (ADHB/WDHB) or General Surgery (CMH). Where no pulses are detected, discuss with vascular service
2. The patient has been fully informed of the possible consequences of refusing to go to hospital, including the possibility of amputation as an outcome