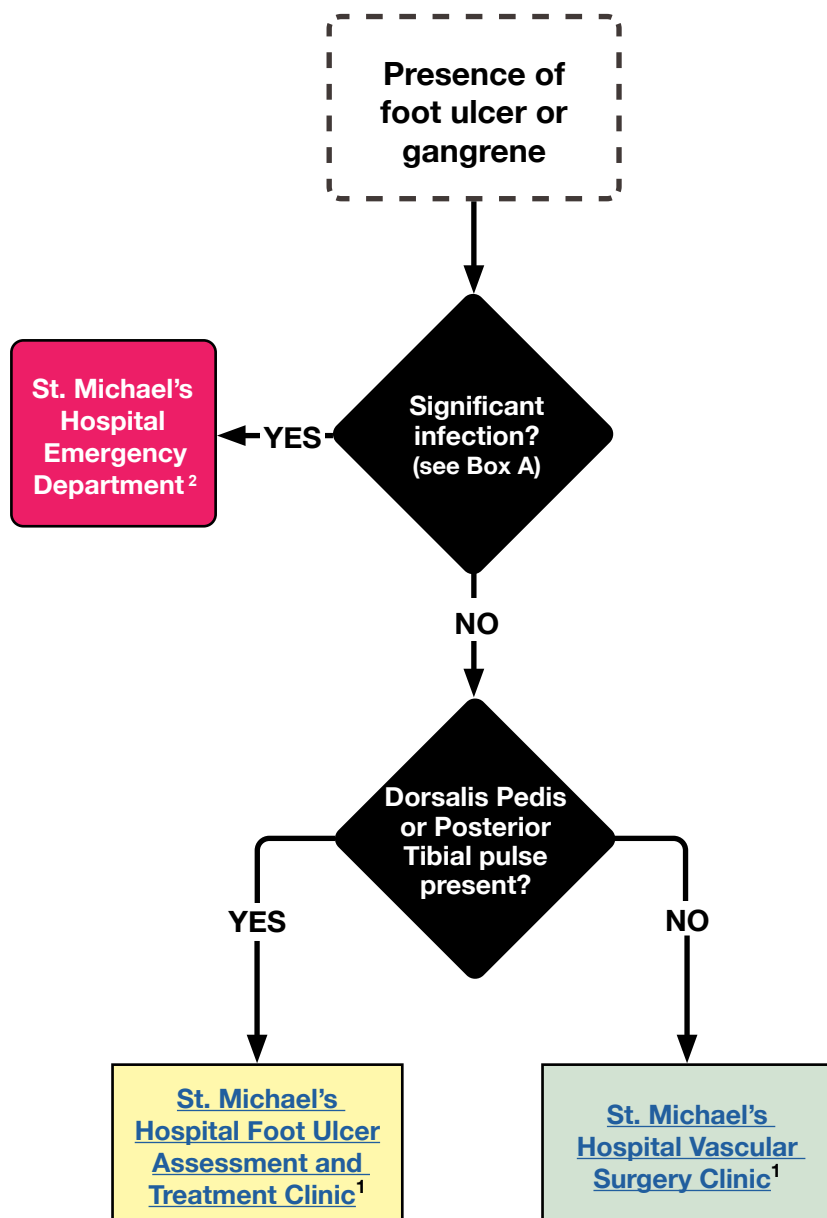


Downtown East OHT Lower Limb Preservation (LLP) Escalation of Care Pathway (Foot Ulcer or Gangrene Found)



Box A - Significant Infection

A) Meets Definition of Diabetic Foot Infection
([International Working Group on the Diabetic Foot](#))

i. At least 2 of these features are present:

1. Local swelling or induration
2. Erythema > 0.5cm around the wound
3. Local tenderness or pain
4. Local increased warmth
5. Purulent discharge

ii. No other causes of skin inflammation
(e.g. trauma, gout, Charcot arthropathy, fracture, thrombosis or venous stasis)

AND

B) Any of the following denoting significant infection

1. Erythema extending \geq 2cm from the wound margin
2. Infection involving tissue deeper than skin and subcutaneous tissues (e.g., tendon, muscle, joint, bone)
3. Systemic signs of infection (i.e. systemic inflammatory response syndrome)

Footnotes

1. While awaiting clinic assessment, (i) order wound care – “paint with betadine and cover with dry gauze daily” via [Home care and Community Support Services Sherbourne-Wellesley Community Care Clinic](#) (ii) treat any non-significant foot infection if present (guideline recommended agents: Cloxacillin, Amoxicillin-clavulanic acid, Cephalexin, SMX-TMP, Clindamycin, Doxycycline)
2. ED referral can also be considered if hospital admission warranted to ensure timely assessment and treatment based on social factors (e.g. unstable housing) or medical comorbidity (e.g. psychiatric disease, multi-morbidity, visual impairment).