Diabetic foot infection: antimicrobial prescribing - guideline consultation

NICE National Institute for Health and Care Excellence

Consultation on draft guideline – deadline for comments 17.00 on 16/05/2019 **email:** infections@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly. We would like to hear your views on the draft recommendations We would like to hear your views on these questions: 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) 3. For the **guideline**: ○ Are there any recommendations that will be a significant change to practice or will be difficult to implement? If so, please give reasons why. ○ What are the key issues or learning points for professional groups? See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Royal Pharmaceutical Society
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	
Name of commentator person completing form:	Rachel Quinlan
Type	[office use only]

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Comment number	Document (**guideline**, **evidence review** or the **visual summary**)	Page number Or **'general'** for comments on the whole document	Line number Or **'general'** for comments on the whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
1	Draft guideline	14	7	Why should antibiotics should start as soon as possible? If the patient is well and otherwise stable, the priority is to obtain a good quality sample to allow targeted antibiotic therapy.
2	Draft guideline	14	9	To support AMS there should be mention of rationalisation/ narrowing spectrum following microbiology results.
3	Draft guideline	15	4	We suggest preferential use of oral metronidazole given its good oral bio-availability.
4	Draft guideline	15	table	For moderate infection - There is potentially quite a different spectrum of activity as a patient could be on very narrow spectrum flucloxacillin or +/- gentamicin +/- metronidazole – how is the decision made to go with very narrow spectrum flucloxacillin alone or broader spectrum flucloxacillin + gentamicin + metronidazole?
5	Draft guideline	15	table	For moderate infection - when is co-amoxiclav +/- gentamicin preferred over the flucloxacillin/ gentamicin/ metronidazole.
6	Draft guideline	15	table	For moderate infection - it states first choice antibiotics for a minimum of 7 days (up to a maximum of 6 weeks) patients could potentially remain on 6 weeks of gentamicin which has both ototoxicity and nephrotoxicity concerns.
7	Draft guideline	15	table	For moderate infection – it would be useful to have information on time for IV to Po switch specified in the heading (similar to severe infection).
8	Draft guideline	15	table	For severe infection – it would be useful to have a recommendation for patients with anaphylaxis to penicillin.
9	Draft guideline	16	table	For suspected MRSA infection - could teicoplanin IV also be an option? Also linezolid has 100% oral bioavailability- could this not be oral from outset- would need a warning re interactions and thrombocytopenia and the monitoring that is required for this drug. Linezolid not licensed for osteomyelitis and both SPC and evidence review only using for 4 weeks, do prescribers need warning that going off label?
10	Draft guideline	16	table	For MRSA infection - Cautions around linezolid use as in diabetic foot infection course lengths may be long and there are many interactions/ contraindications plus monitoring requirements due to toxicity.
11	Draft guideline	16	table	Annotation 5 notes 'Give oral antibiotics first-line if the person can take oral medicines, and the severity of their condition does not require intravenous antibiotics' - It would be useful to have advice on suitable Po regimens given the move for more treatment in primary care to avoid admission.

Insert extra rows as needed

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Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.