

An audit to review the supply of Flucloxacillin by podiatrists, under Prescription Only Medicines exemption (POM-S), in cases of mild foot infection within Belfast Health and Social Care Trust

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Background

Timely prescription of antibiotics for diabetes foot infections is key in avoiding the rapid progression of infection, unnecessary hospital admissions and amputation¹. Antibiotic therapy is necessary for all diabetes foot infections². Podiatrists with HCPC POM-S annotation can supply Flucloxacillin 500mg, one four times a day for seven days, for mild foot infections³.

Aim

The aim of this audit was to review the issue of 500mg of Flucloxacillin, QID for seven days, and assess patient outcomes within community foot protection teams.

Methods

- The records of all patients diagnosed with mild foot infection according to IWGDF classification¹, and issued Flucloxacillin, during 23/8/19 – 11/09/20, by a podiatrist working in a Community Wellbeing and Treatment Centre within BHSC were included.
- All podiatrists were required to adhere to the Safe Operating Procedure for supply of 500mg Flucloxacillin, QID for seven days, to patients.
- Information for each patient supplied 500mg of Flucloxacillin, QID for seven days, was recorded in the log book at the individual community wellbeing and treatment centres. The data from these six log books was collated. The electronic records of those patients issued Flucloxacillin 500mg, QID for seven days, were then reviewed.
- Data analysis was performed using Microsoft Excel 2016®.

Results

A total of thirty five patients were supplied 500mg of Flucloxacillin, QID for seven days, by a community podiatrist during 23/8/19 – 11/09/20.

Twenty one cases of infection completely resolved.

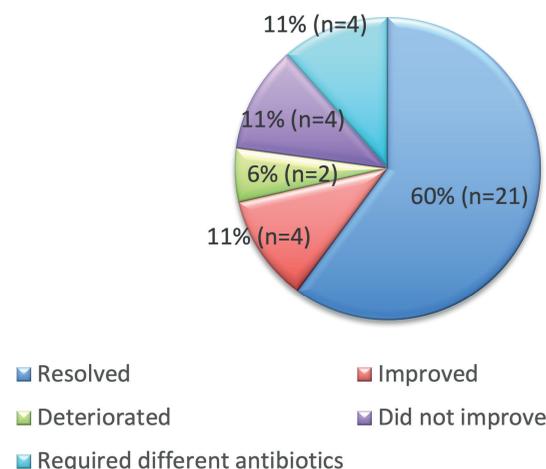


Figure 1. Outcome for mild foot infection following treatment with 500mg of Flucloxacillin, QID for seven days (August 2019-September 2020)

Table 1. Information surrounding each issue of Flucloxacillin including; source of infection, medical history and clinical outcome

Outcome	% of patients	Number of patients
Confirmed infection	100	35
Diagnosis of diabetes	89	31
Diagnosis of peripheral arterial disease and diabetes	29	10
Issued antibiotics for onychocryptosis	6	2
Issued antibiotics for foot ulceration	94	33
Wound completely healed	37	13
Wound healing or reduced in size	26	9
Wound remained static or stable	20	7
Needed surgical drainage or amputation	17	6

Discussion and conclusions

This audit has highlighted the benefits of timely supply of Flucloxacillin 500mg, QID for seven days, under POM-S exemption by foot protection team podiatrists, in cases of mild foot infection.

Initiation of antibiotic therapy by podiatrists can:

- Improve and resolve mild foot infection.
- Facilitate prompt treatment of diabetes foot infections.
- Reduce the risk of complications including hospital admission and lower extremity amputation.
- Enable podiatrists to make more effective use of their knowledge and skills⁴.
- Enable general practitioners and podiatrists to make more efficient use of their time and resources, which has important implications at a time of constraint in the NHS⁵.

Podiatrists with HCPC POM-S annotation should utilise supplying antibiotics for mild foot infection where appropriate. Podiatrists without HCPC annotation should be encouraged to undertake the required additional training to become POM-S annotated on the HCPC register.

References

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