

Infections

Podiatry

REAL PATIENT CASE podiatry clinic
92y female

Domicillary visit.
Lt hallux wound deteriorated.
Sloughy, ischaemic, necrotic, probing to bone at the base.
Toe is red, ward and infected but systemically well.

Pedal pulses not palpable and blood flow to the wound is clearly compromised.

I will liaise with diabetic foot team to see if anything more we can do with regards her vascularity, but I understand is difficult given is housebound.

I will review in 2/52.

Action for GP:
Cefalexin 500mg QDS AND Metronidazole 400mg TDS
for 14/7.