Although most early classification systems were solely based on expert clinicians’ experiences, three of these systems were validated with patient data (10,26,29). Mayfield et al. (29) validated their classification for amputations, Lavery et al. (10) validated their classification for ulcerations, and Rith-Najarian et al. (26) validated their classification for both ulcers and amputations. The consensus classification differs from earlier classification systems because clinicians and researchers from various parts of the world and from various fields of work were involved in its conceptualization...  Armstrong DG, Lavery LA, Harkless LB: Treatment-based classification system for assessment and care of diabetic feet. J Am Podiatr Med Assn 86:311–316, 1996.

Table 3 explains the classification system in further detail; however, presenting symptoms can be varied. In fact, more than half of patients with a limb-threatening infection do not have systemic symptoms. Thus, pharmacists should refer patients with grade 2 or above to a specialist. Initial empiric therapy is based on infection severity. Mildly infected wounds may only require topical antibiotics. A relatively narrow spectrum of agents may need to be covered (gram-positive cocci, the predominate organism) for mild-to-moderate infections. Some pharmacists maintain foot care services for patients with diabetes, providing proper footwear and monitoring for problems. Diagnosis and treatment of diabetic foot infections. Clin Infect Dis. 2004;39:885-910.