

Procalcitonin

- **Probability of Bacterial Sepsis based on Procalcitonin levels**

- <0.5 ng/mL - sepsis not likely, localized bacterial infection possible
- $0.5-2$ ng/mL - sepsis or other conditions possible
- >2.0 ng/mL - high risk of sepsis/septic shock

*if bacterial sepsis is of high clinical suspicion but PCT <2 ng/mL, consider rechecking PCT in 6-24 hrs after the initial test

- **Special considerations**

- Patients with CKD or medical/surgical trauma may have elevated PCT >0.5 ng/mL in the absence of bacterial infection
- If a bacterial infection is suspected, consider repeating PCT in 2-4 days to guide de-escalation or discontinuation of antibiotic therapy

IDSA Guideline for Diabetic Foot Infections • CID 2012:54 (15 June) • e143

rate [ESR], C-reactive protein [CRP]). An elevated level of procalcitonin has recently been found to be a useful adjunct to diagnosing various bacterial infections, including DFI. Two prospective studies [43, 57] of patients with a diabetic foot ulcer have shown that procalcitonin levels (using reported cutoff values of 17 mg/L and 0.08 ng/mL, respectively) correlate more accurately with clinical evidence of infection (using the IDSA criteria) than levels of white blood cells, ESR, or CRP. Levels of CRP and procalcitonin, especially when these values were combined, accurately distinguished clinically uninfected ulcers from those with mild or moderate infections [43]. We would welcome additional large studies of this biomarker in DFIs.