affix patient label

 **CARE PATHWAY FOR THE MANAGEMENT OF FOOT ULCERS IN INPATIENTS WITH DIABETES**

**Instructions for Use/ Useful Tips**

|  |
| --- |
| 1. All patients with diabetes who have a foot ulcer MUST be on this pathway |
| 2. This pathway should be used alongside the usual clerking proforma, or the case notes if patient is already an inpatient |
| 3. All patients with diabetes who develop a foot ulcer MUST be seen by a member of the Inpatient Multidisciplinary Foot Team (IMFT) (Diabetologist/ Foot and Ankle Orthopaedic Surgeon/ Vascular Surgeon/ Diabetes Specialist Nurse/ Diabetes Specialist Podiatrist/ Microbiologist) |
| 4. If these patients do not have acute lower limb ischaemia or confirmed osteomyelitis, triage them to Wards 7A or 7B |
| 5. Emergency contact numbers:

|  |  |
| --- | --- |
| Diabetes SPR on call: Mobile | Microbiologist: |
| Orthopaedics SPR on call: bleep | Diabetes Specialist podiatrist: bleep |
| Vascular Surgery SPR on call: bleep |  |

 |

**SECTION 1: To be filled in by the clerking doctor, or if already an inpatient, the first doctor to assess the feet** ulcer

**Step 1 Assess both feet as follows:**

|  |  |  |
| --- | --- | --- |
|  | RIGHT | LEFT |
| Ulcer | Y □ N □ | Y □ N □ |
| Cellulitis | Y □ N □ | Y □ N □ |
| Abscess/ Discharge | Y □ N □ | Y □ N □ |
| Previous amputation | Y □ N □ | Y □ N □ |
| Previous Charcot foot | Y □ N □ | Y □ N □ |
| Possible Osteomyelitis | Y □ N □ | Y □ N □ |

**Step 4 Assess for presence of limb threatening ischaemia (see page 4):**

|  |  |
| --- | --- |
| Limb threatening ischaemia: Y □ N □ | If yes, **URGENT** referral to Vascular Surgeon: Referred □ NA □ |
| Signature: | Name & Designation: |

**Step 5 Assess for presence of limb threatening infection (see page 4):**

|  |  |
| --- | --- |
| Limb threatening infection: Y □ N □ | If yes, **URGENT** referral to Orthopaedics:Referred □ NA □ |
| Signature: | Name & Designation: |

**Step 2 Send the following investigations:**

|  |  |
| --- | --- |
| FBC □ | HbA1c □ |
| U&E □ | Serum Urate □ |
| CRP □ | Ulcer swab □ |
| LFT □ | Blood Cultures □ |

**Step 6 Assess for presence of acute Charcot foot (see page 4):**

|  |  |
| --- | --- |
| Acute Charcot: Y □ N □ | If yes, strict non-weight bearing □ |

**Step 3 Prescribe antibiotics if evidence of infection:**

|  |  |
| --- | --- |
| Antibiotics: Y □ NA □ | Prescription time: |
| Signature: | Name & Designation: |

|  |
| --- |
| Antibiotics **MUST** be administered within 6 hours of ulcer detection. It is the prescriber’s responsibility to ensure that this happens.  |

**Refer this patient to the INPATIENT DIABETES TEAM, as soon as possible, and within 24 hours. This is mandatory.**

**SECTION 2: To be filled in by the 1st member of the IMFT to assess the foot ulcer**

|  |  |  |
| --- | --- | --- |
| **SINDBAD Ulcer Classification** 1. **Site**
	1. □ Forefoot
	2. □ Mid/Hind foot
2. **Ischemia**
	1. □ Pedal blood flow intact: at least one pulse palpable
	2. □ Clinical evidence of reduced blood flow
3. **Neuropathy**
	1. □ Protective sensation intact
	2. □ Protective sensation lost
4. **Bacterial infection**
	1. □ None
	2. □ Present
5. **Area**
	1. □ Ulcer < 1cm2
	2. □ Ulcer ≥ 1cm2
6. **Depth**
	1. □ Ulcer confined to skin & subcutaneous tissue
	2. □ Ulcer reaching muscle, tendon or deeper

 **Total Score** | **Score** **0****1****0****1****0****1** **0****1** **0****1****0****1** |  http://photos.gograph.com/thumbs/CSP/CSP992/k14299997.jpg http://pad3.whstatic.com/images/b/b8/Outline-Step-8-12.jpghttp://pad3.whstatic.com/images/thumb/9/95/Draw-Human-Feet-Step-13.jpg/670px-Draw-Human-Feet-Step-13.jpg http://cdn.imgs.steps.dragoart.com/how-to-draw-an-easy-person-step-12_1_000000035543_3.png |

**SECTION 3: To be filled in by Vascular Surgery on 1st assessment**

**Referrals made:**

Signed: Date & Time:

Designation**:**

**Investigation results:**

WCC

Creat

eGFR

Swab

Bld c/s

**Investigations ordered:**

X-ray R L

MRI R L

Arterial Doppler R L

CT angiogram R L

Notes:

Management

Signed: Date & Time: Designation:

**SECTION 4: To be filled in by Orthopaedic Surgery on 1st assessment**

**Section 5: To be filled in by the Inpatient Diabetes Team on 1st assessment**

T1 DM □ T2 DM □ Other □

Duration of DM:

Diabetes Medications:

BP Medications:

Statins:

Smoking cessation advice: Y □ N □ Non-smoker □

Advice on alcohol intake: Y □ N □ Non-drinker □

IHD □

PVD □

CVA/ TIA □

Dyslipidaemia □

Obesity □

CKD □

Microalbuminuria □

Retinopathy □

Periph Neuropathy □

Gastroparesis □

HbA1c:

Chol:

TG:

HDL:

eGFR:

Creat:

UACR:

BP:

BMI:

Last eye screen:

Advice to GP: (To be included in discharge summary)

Signed:

Date & Time:

Designation:

Notes:

Management:

Signed: Date & Time: Designation**:**

Notes:

Management Plan:

Diabetes advice given to patient: Y □ N □ NA □

Foot care advice given to patient: Y □ N □ NA □





|  |  |  |
| --- | --- | --- |
|  | **1st Line** | **2nd Line** |
| Antimicrobial | Piperacillin/tazobactam +/-Teicoplanin (if MRSA colonised) +/-Gentamicin (if associated with sepsis) | Teicoplanin +Ciprofloxacin + Metronidazole +/- Gentamicin (if associated with sepsis) |
| Dose  | Piperacillin/tazobactam 4.5g every 8 hoursTeicoplanin loading dose = 12mg/kg every 12 hours for 2 days. See guidelines for maintenance doseGentamicin 5mg/kg every 24 hours. Dose and frequency according to calculator – maximum 450mg in 24 hours.  | Teicoplanin loading dose = 12mg/kg every 12 hours for 2 days. See guidelines for maintenance dose.​Ciprofloxacin 500mg every 12 hours Metronidazole 400mg every 8 hoursGentamicin 5mg/kg every 24 hours. Dose and frequency according to calculator – maximum 450mg in 24 hours.  |
| Route  | IV | IV Teicoplanin and GentamycinPO Ciprofloxacin and Metronidazole |
| Duration | Review at 48 to 72 hours |

**Features of acute Charcot neuroarthropathy:**

* Warm, swollen but painless foot
* Misshapen foot
* Broken bones on foot XR
* Loss of bones on XR
* Previous history of Charcot foot

**Features of limb threatening ischaemia:**

* Skin necrosis/gangrene?
* White cold pulseless foot
* Acute or Critical ischaemic limb
* Acute pain in a neuropathic patient
* Patient is known to have critical ischaemia

**Features of limb threatening infection:**

* Unexplained red hot swollen foot
* Boggy tissue when pressed
* Pus/collection/abscess
* Crepitus or gas in tissues or fractures on X ray
* Patient says foot now worse than before
* Spreading discoloration/erythema
* Previous history of foot surgery

Swab/ Culture results:

Management Plan:

Total duration of antibiotics:

Signed: Date & Time: Designation:

**Care for All Diabetes Foot Patients**

* Air mattress
* Consider minimal weight bearing
* Consider heel cups/heel protectors
* No anti-embolic stockings if neuropathy or impaired foot pulses