North West Coast Strategic Clinical Network

Diabetes Footcare Blueprint

October 2018 (to be reviewed June 2019)

Primary Care Blueprint

- ❑ At first diabetic visit
- ❑ Ad hoc GP appointment
- ❑ Annual foot review
- ❑ GP out of hours

(Click here)

Community Podiatry Blueprint (Foot Protection Service)

- ❑ Initial assessment
- ❑ Referral from GP
- ❑ Referral other professional
- ❑ Referral from hospital/ MDFT

(Click here)

Overall footcare pathway

(Click here)

MDFS/ Diabetic Foot Clinic Blueprint

- ❑ GP referral
- ❑ Attends A&E
- ❑ Sent to A&E from MDFT
- ❑ Sent to A/E from Outpatients
- ❑ Referred to MDFT from ward

(Click here)

Risk Stratification Tool

(Click here)

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Primary Care Footcare Blueprint

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Contents:

Blueprint key:

Colour code for responsible organisation:

- *GP / Practice*
- *Primary Care Foot Team*
- *Foot Protection Service*
- *Secondary Care*
- *MDFT*

Type of blueprint action:

- *Starting point*
- *A process step*
- *A decision point*
- *A sub-process*
- *A Document or Template*

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Diabetes Footcare Blueprint 2018

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To view/download forms, please click the appropriate number/letter

Click here to access the Claudication and Neuropathic Pain Assessment

GP

Patient attends primary/community care appt

Initial diagnosis of diabetes confirmed at consultation with the patient in **primary** care

Patient attends with **foot problem** or **foot problem** detected at Annual Review

Does the patient have any IMMEDIATE foot problems?

Yes

No

1 Carry out a full foot assessment immediately

Complete initial foot assessment within 12 weeks

(either GP or community podiatry team/ foot protection service)

Arrange up to 3 contact sessions with the practice nurse to include:
footcare education within 1 week

Hospital Entry

Referred from GP/other healthcare practitioner

Referred via Foot Protection Service

Patient presents with foot problem at A&E

1 **Patient with diabetes admitted for any other reason**

Legs and feet **MUST** be checked within 24 hours

Problem detected? — Yes → Assessment of patients feet (as per Trust decision aid)

No → Monitor as part of pressure area care

Admission **not required** for foot disease

Admission required for foot disease

7 Initiate management/ treatment, if any required

Refer to MDFT with local/ standard discharge summary plus form 7

4 **Inpatient stay for management of foot ulcer** (must be seen by MDFT within 72 hours before or after discharge)

Admission required for foot disease

8 Discharged back to GP and FPS with standard discharge summary plus form 8

Outpatient management of foot ulcer (must be seen by MDFT within 1 working day)

5 Assessment of patients feet (as per Trust policy)

Hospital entry via MDFT Clinic

Referred from GP
Referred from FPS

Admission not required for foot disease

6 Discharged back to GP and FPS

2 *Complete Risk stratification form, document risk and follow risk stratification pathway*

Foot screening and risk stratification tool

GP/Primary Care

Low

- No neuropathy AND
- No limb ischaemia AND
- No skin changes or foot deformity AND
- No previous ulcer or amputation AND
- Not on renal replacement therapy

3 A
- Administer Footcare bundle & provide leaflet A-H as appropriate
- Annual Foot Review - Ensure this is arranged

- Recall for annual foot screening
- Administer Foot Care Bundle

Community Podiatry (Foot Protection Service)

Moderate

- Neuropathy OR
- Non critical limb ischaemia OR
- Foot deformity OR
- Skin changes other than callus

3 B
- Refer to Community Podiatry/Foot Protection Service if not already known to them.
- Administer Foot Care Bundle & leaflet A-H as appropriate

Guidance note: Ensure patient has appointment within 6-8 weeks. If already under Foot Protection Service then recall for assessment in 3-6 months

Quality standard QS6 quality statement 5

High

- Neuropathy + non critical limb ischaemia OR
- Neuropathy + callus/deformity OR
- Non critical limb ischaemia + callus/ deformity OR
- Previous ulceration or amputation OR
- On renal replacement therapy
- high risk of foot ulceration, amputation and/ or premature death

3 C
- Refer to Community Podiatry/ Foot Protection Service if not already known to them.
- Administer Foot Care Bundle & leaflet A-H as appropriate

Guidance note: Ensure patient has appointment within 2-4 weeks. If already under Foot Protection Service, then recall for assessment in 1-2 months (1-2 weeks if there is immediate concern)

2
- ***Use local Community Podiatry/ Foot Protection Service Referral method***

And/OR

- ***Copy of Form 2 to GP***

ALERT

If concerns of vascular compromise, in the absence of foot ulcer - follow vascular pathway (click here)

MDFT/ Diabetic Foot Clinic

Quality standard QS6 quality statement 6

Active foot disease

- Ulceration
- Suspected Charcot neuroarthropathy
- Cellulitis or spreading infection

D
- Same day referral to Hospital Multidisciplinary Foot/Diabetic Foot Clinic. Patient to be seen by MDFT within 1 working day. Provide leaflet D

2 ***Risk Stratification and Referral Form to MDFT***

Acute foot attack

- Active foot disease AND systemically ill
- Ulceration with limb ischaemia
- Critical limb ischaemia or gangrene
- Deep seated infection including abscess or osteomyelitis

D
- Refer IMMEDIATELY to acute services A/E and provide leaflet D

FPS

Local Community Podiatry/ Foot Protection Service Referral method

Referral received from GP to Community Podiatry/ FPS:

1 Carry out a full foot assessment

6 Discharge Summary received from MDFT to Community Podiatry/ FPS:
Step down high or moderate risk, continued foot screening, Continued management of stable foot ulcer

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North West Coast Strategic Clinical Networks

NICE GUIDANCE NG19
annotated on Primary Care, Community/FPS, Hospital Blueprints & Forms/guidance & Patient Information

October 2018 revision

Primary Care Footcare Blueprint 2018

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Patient attends primary/ community care appt.

Patient attends with **foot problem** or **foot problem** detected at Annual Review

Initial diagnosis of diabetes confirmed at consultation with the patient in **primary** care

Does the patient have any IMMEDIATE foot problems?

Yes

No

NG19 1.3.3 — Carry out a full foot assessment immediately (1)

NG19 1.3.3 — Complete initial foot assessment within 12 weeks

(either GP or community podiatry team/ foot protection service)

Arrange up to 3 contact sessions with the practice nurse to include: footcare education within 1 week

Complete Risk stratification form, document risk and follow risk stratification pathway (2)

NG19 1.3.6

Foot screening and risk stratification tool

GP/Primary Care

Low

- ❑ No neuropathy AND
- ❑ No limb ischaemia AND
- ❑ No skin changes or foot deformity AND
- ❑ No previous ulcer or amputation AND
- ❑ Not on renal replacement therapy

→ ❑ Administer Footcare bundle & provide leaflet A-H as appropriate (3 A) NG19 1.3.7
❑ Annual Foot Review - Ensure this is arranged

Community Podiatry (Foot Protection Service)

Moderate

- ❑ Neuropathy OR
- ❑ Non critical limb ischaemia OR
- ❑ Foot deformity OR
- ❑ Skin changes other than callus

→ ❑ Refer to Community Podiatry/Foot Protection Service if not already known to them. (3 B)
❑ Administer Foot Care Bundle & leaflet A-H as appropriate

Guidance note: Ensure patient has appointment within 6-8 weeks. If already under Foot Protection Service then recall for assessment in 3-6 months

NG19 1.3.8 → ❑ *Use local Community Podiatry/ Foot Protection Service Referral method*
❑ *Copy of Form 2 to GP*

High

- ❑ Neuropathy + non critical limb ischaemia OR
- ❑ Neuropathy + callus/deformity OR
- ❑ Non critical limb ischaemia + callus/deformity OR
- ❑ Previous ulceration or amputation OR
- ❑ On renal replacement therapy

high risk of foot ulceration, amputation and/ or premature death

→ ❑ Refer to Community Podiatry/ Foot Protection Service if not already known to them. (3 C)
❑ Administer Foot Care Bundle & leaflet A-H as appropriate

Guidance note: Ensure patient has appointment within 2-4 weeks. If already under Foot Protection Service, then recall for assessment in 1-2 months (1-2 weeks if there is immediate concern)

NG19 1.3.9

ALERT

If concerns of vascular compromise, in the absence of foot ulcer - follow vascular pathway (click here)

MDFT/ Diabetic Foot Clinic

Active foot disease

- ❑ Ulceration
- ❑ Suspected Charcot neuroarthropathy
- ❑ Cellulitis or spreading infection

→ ❑ Same day referral to Hospital Multidisciplinary Foot/Diabetic Foot Clinic. Patient to be seen by MDFT within 1 working day. Provide leaflet D (D)

NG19 1.4.2

Risk Stratification and Referral Form to MDFT (2)

Acute foot attack

- ❑ Active foot disease AND systemically ill
- ❑ Ulceration with limb ischaemia
- ❑ Critical limb ischaemia or gangrene
- ❑ Deep seated infection including abscess or osteomyelitis

→ Send directly to emergency services A/E and provide leaflet D (D)

NG19 1.4.1

Roles and Responsibilities

GP

- ❑ To assess new diabetes patients feet
- ❑ Utilise risk stratification tool
- ❑ READ code appropriate activity

FPS *as per NG19 - 1.2.2*

- ❑ Receive and act upon the GP referral within appropriate timescales
- ❑ Provide discharge information as required - Inform GP practice

MDFT *as per NG19 - 1.2.3*

- ❑ Receive and act upon the GP referral within appropriate timescales
- ❑ Provide discharge information as required - Inform GP practice

Patient

- ❑ Inform the GP of any foot problems
- ❑ Attend any appointment
- ❑ Receive information leaflets

Forms and Guidance & Patient Information

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To view/download forms, please click the appropriate number/letter

Click here to access the Claudication and Neuropathic Pain Assessment

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Community Podiatry/ Foot Protection Service Footcare Blueprint 2018

Foot screening and risk stratification tool

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To view/download forms, please click the appropriate number/letter

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Roles and Responsibilities

GP

- ❑ Refer appropriate patients
- ❑ To receive patient discharge summary and code on GP clinical system.

FPS *as per NG19 - 1.2.2*

- ❑ Review patient within appropriate timescales
- ❑ Receive and act upon discharge information or referral

MDFT/Hospital *as per NG19 - 1.2.3*

- ❑ Manage active foot ulceration
- ❑ Discharge mod /high back to FPS
- ❑ Provide discharge information to GP/FPS

Patient

- ❑ Ensure that appointments are kept
- ❑ Contact GP or FPS if any new problems occur

Local Community Podiatry/ Foot Protection Service Referral method *as per NG19 - 1.2.1*

Referral received from GP to Community Podiatry/ FPS: *as per NG19 – 1.3.8*

Discharge Summary received from MDFT to Community Podiatry/ FPS: Step down high or moderate risk, continued foot screening, Continued management of stable foot ulcer and housebound *as per NG19 - 1.2.1 & 1.3.8* (6)

(1) Carry out a full foot assessment

(2) *Risk stratify and document risk* — NG19 1.3.6

GP/Primary Care

Low

- ❑ No neuropathy AND
- ❑ No limb ischaemia AND
- ❑ No skin changes or foot deformity AND
- ❑ No previous ulcer or amputation AND
- ❑ Not on renal replacement therapy

→ (3) (A)
- ❑ Adminster Footcare bundle & leaflet A-H as appropriate
- ❑ Annual Foot Review - Ensure this is arranged

NG19 1.3.7 | NG19 1.3.11

Community Podiatry (Foot Protection Service)

Moderate

- ❑ Neuropathy OR
- ❑ Non critical limb ischaemia OR
- ❑ Foot deformity OR
- ❑ Skin changes other than callus

NG19 1.3.10

→ (3) (B)
- ❑ Recall for assessment in 3-6 months
- ❑ Administer Foot Care Bundle & leaflet A-H as appropriate

NG19 1.3.11

High

- ❑ Neuropathy + non critical limb ischaemia OR
- ❑ Neuropathy + callus/deformity OR
- ❑ Non critical limb ischaemia + callus/deformity OR
- ❑ Previous ulceration or amputation OR
- ❑ On renal replacement therapy

high risk of foot ulceration, amputation and/ or premature death

→ (3) (C)
- ❑ Recall for assessment in 1-2 months the frequency might be increased to 1-2 weeks if there is immediate concern for those at higher risk
- ❑ Administer Foot Care Bundle & leaflet A-H as appropriate

NG19 1.3.11

→ ❑ *Copy of Form 2 to GP* (2)

ALERT

If concerns of vascular compromise, in the absence of foot ulcer - follow vascular pathway (click here)

MDFT/ Diabetic Foot Clinic

Active foot disease

- ❑ Ulceration
- ❑ Suspected Charcot neuroarthropathy
- ❑ Cellulitis or spreading infection

→ NG19 1.4.2 (D)
- ❑ Same day referral to Hospital Multidisciplinary Foot/Diabetic Foot Clinic. Patient to be seen by MDFT within 1 working day. Provide leaflet D
- ❑ Or, if stable ulcer, continue ongoing monitoring

→ (2) *Risk Stratification and Referral Form to MDFT*

Acute foot attack

- ❑ Active foot disease AND systemically ill
- ❑ Ulceration with limb ischaemia
- ❑ Critical limb ischaemia or gangrene
- ❑ Deep seated infection including abscess or osteomyelitis

→ NG19 1.4.1 (D) Send directly to emergency services A/E and provide leaflet D

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Hospital Care Footcare Blueprint 2018

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Hospital Entry via A&E/AMU

1

Patient with diabetes admitted for any other reason

Legs and feet **MUST** be checked within 24 hours

NG19 1.3.4.

Problem detected?

NG19 1.3.3.

No → Monitor as part of pressure area care

Yes

Referred from GP/other healthcare practitioner

Referred via Foot Protection Service

Patient presents with foot problem at A&E

Assessment of patients feet (as per Trust decision aid)

NG19 1.1.3: assessment within 24hrs and MDT within 24hrs of examination

NG19 1.1.3: transfer responsibility to a consultant member of the MDFT service if a diabetic foot problem is the dominant factor for inpatient care

NG19 1.1.2: named consultant for overall care

Admission required for foot disease

Admission **not required** for foot disease

7

Initiate management/ treatment, if any required

Refer to MDFT with local/standard discharge summary plus form 7

NG19 1.6.8

4

Inpatient stay for management of foot ulcer (must be seen by MDFT within 72 hours before or after discharge)

NG19 1.1.1 *NG19 1.6.8* *NG19 1.7.3*

8

Discharged back to GP and FPS with standard discharge summary plus form 8

Hospital entry via MDFT Clinic

Referred from GP
Referred from FPS

Outpatient management of foot ulcer (must be seen by MDFT within 1 working day)

Assessment of patients feet (as per Trust policy)

5

Admission not required for foot disease

6

Discharged back to GP and FPS

Admission required for foot disease

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Click here to access the Claudication and Neuropathic Pain Assessment

Roles and Responsibilities

GP

- ❑ Receive patient discharge summary and code on GP clinical system.

FPS *as per NG19 - 1.2.2*

- ❑ Review patient within appropriate timescales
- ❑ Receive an act upon discharge information or referral

MDFT *as per NG19 - 1.2.3 & accessing other services according to 1.2.4*

- ❑ Identify a named consultant for patient care
- ❑ Provide timely follow-up appointment
- ❑ Completion of referral/ discharge forms
- ❑ Refer to FPS for ongoing management/ continued screening on discharge

Patient

- ❑ Ensure that appointments are kept
- ❑ Contact GP or Foot protection service if any new problems occur

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RISK STRATIFICATION TOOL

Supporting NG19 1.3.6

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LEVEL OF RISK	DEFINITION	ACTION
Low Risk	• No neuropathy AND • No limb ishaemia AND • No skin changes or foot deformity AND • No previous ulcer or amputation • Not on renal replacement therapy	• Administer Foot Care Bundle • Recall for Annual Foot Screening NG19 1.3.7.
Moderate Risk	• Neuropathy OR • Non critical limb ischaemia OR • Foot deformity Or • Skin changes other than callus	• Administer Foot Care Bundle • Refer to Foot Protection Service – Ensure patient has appointment within 6-8 weeks NG19 1.3.8 & 1.3.9
High Risk	• Neuropathy + non critical limb ischaemia OR • Neuropathy + callus/deformity OR • Non critical limb ischaemia + callus/deformity OR • Previous ulceration or amputation OR • On renal replacement therapy	• Administer Foot Care Bundle • Refer to Foot Protection Service – Ensure patient has appointment within 2-4 weeks NG19 1.3.8 & 1.3.9
Active Foot Disease	• Ulceration • Suspected Charcot neuroarthropathy • Cellulitis or spreading infection	• Administer Foot Care Bundle • Refer to Foot Protection Service – Ensure patient has appointment within 1 working day
Acute Foot Attack	• Active foot disease AND systemically ill • Ulceration with limb ischaemia • Critical limb ischaemia or gangrene • Deep seated infection including abscess or osteomyelitis	• Administer Foot Care Bundle • Refer IMMEDIATELY to acute services

FOOT CARE BUNDLE

- Document risk level for each foot individually
- Inform patient of risk for each foot individually
- Provide general foot care advice
- Provide Foot Care Information Leaflets based on individual risk
- Provide emergency contact numbers in case of development of acute foot problems

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North West Coast Strategic Clinical Networks

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Individual advice

Your next screening is due:

Month: ..... 20 .....

Local contact numbers

Podiatry department:

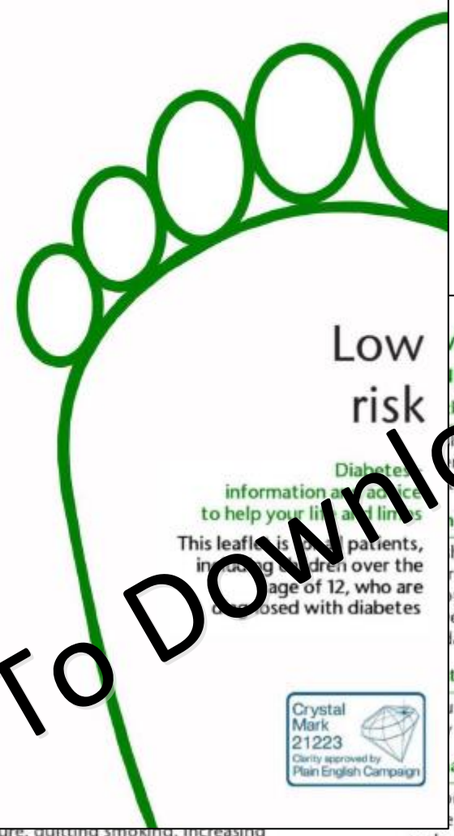
.....

GP clinic:

.....

Based on the original leaflet produced by the Scottish Diabetes Group - Foot Action Group, with help from service users

Published date: July 2016
Review date: July 2019
We would welcome your feedback on this leaflet
Please send it to the College of Podiatry at
footlit@scpod.org
www.scpod.org/foot-health/



Low risk

Diabetes
information and advice
to help your legs and limbs

This leaflet is for patients, including children over the age of 12, who are diagnosed with diabetes

Crystal Mark 21223 Clarity approved by Plain English Campaign

blood pressure, quitting smoking, increasing cardiovascular exercise and controlling weight helps to reduce the risk of these life- and limb-threatening problems.

As your feet are in good condition, you may not need regular podiatry treatment.

If you follow the simple advice in this leaflet, you should be able to carry out your own foot care unless you develop a specific problem.

...vice to keeping ...r feet healthy

...k you... feet ... day

...nould ... your feet every day for any ...rs, ...eaks in the skin, pain or any signs of ... such as swelling, heat or redness.

...n your feet every day

...hould wash your feet every day in warm ... and with a mild soap. Rinse them ...oughly and dry them carefully, especially ...een the toes. Do not soak your feet as this ...damage your skin.

...turise your feet every day

...r skin is dry, apply a moisturising cream ... day, avoiding the areas between your toes.

...ails

...r file your toenails regularly, following the ... of the end of your toe. Use a nail file to make sure that there are no sharp edges which could press into the next toe. Do not cut down the sides of your nails as you may create a 'spike' of nail which could result in an ingrown toenail.

Socks, stockings and tights

You should change your socks, stockings or tights every day. They should not have bulky seams and the tops should not be elasticated.

Check your shoes

Check the bottom of your shoes before putting them on to make sure that nothing sharp such as a pin, nail or glass has pierced the outer sole. Also, run your hand inside each shoe to check that no small objects such as small stones have fallen in.

Badly-fitting shoes

Badly-fitting shoes are a common cause of irritation or damage to feet. The professional who screened your feet may give you advice about buying new shoes.

Minor cuts and blisters

If you check your feet and discover any breaks in the skin, or minor cuts or blisters, you should cover them with a sterile dressing and check them every day. Do not burst blisters. If the problems do not heal within a few days or if you notice any signs of infection (swelling, heat, redness or pain), contact your local Health and Care Professions Council (HCPC)-registered chiropodist or podiatrist, Podiatry Department or GP (their contact numbers are over the page).

Over-the-counter corn remedies

Do not use over-the-counter corn remedies. They are not recommended for anyone with diabetes as they can cause damage to the skin that can create problems.

Appointments

It is important that you attend all of your appointments with an HCPC-registered chiropodist or podiatrist or local Podiatry Department, as well as all of your other regular diabetes review appointments. This will reduce the risk of problems developing.

Note: At the very least, you should have a diabetes review from your GP every year.

If you have any concerns or discover any problems with your feet, it is important that you contact your GP, diabetes healthcare team or local Podiatry Department for advice as soon as possible.

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Supporting NG19 1.3.13 & 1.4.3

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Minor cuts and blisters

If you check your feet and discover any breaks in the skin, or minor cuts or blisters, cover them with a sterile dressing. Do not burst blisters. Contact your Podiatry Department or GP immediately (their contact numbers are over the page).

Hard skin and corns

Do not try to remove hard skin or corns yourself. Your podiatrist will provide treatment and advice where necessary.

Over-the-counter corn remedies

Never use over-the-counter corn remedies. They are not recommended for anyone with diabetes as they can damage the skin and create ulcers.

Avoid high or low temperatures

If your feet are cold, wear socks. Never sit with your feet in front of the fire to warm them up. Always remove hot-water bottles or heating pads from your bed before getting in.

Appointments

It is important that you attend all of your appointments with the Foot Protection Team or specialist podiatrist, as well as your other regular diabetes review appointments. This will reduce the risk of problems developing.

If you have any concerns or discover any problems with your feet, contact your local Podiatry Department, Foot Protection Team or GP for advice immediately.

For more advice and information on how to reduce the risk of future problems, ask your healthcare professional for the Diabetes UK pamphlet 'How To Spot a Foot Attack'.

Individual advice

Your next screening/assessment is due:

Month: _____ 20 _____

Local contact numbers

Podiatry department:

GP clinic:

Based on the original leaflet produced by the Scottish Diabetes Group - Foot Action Group, with help from service users

Published date: July 2016
Review date: July 2019

We would welcome your feedback on this leaflet. Please send it to the College of Podiatry at
footlit@scpod.org
www.scpod.org/foot-health/

Moderate risk

This leaflet is for all patients, including children over the age of 12, who are diagnosed with diabetes

Crystal Mark 21224
Clarity approved by Plain English Campaign

- The shape of your foot has changed
- Your vision is affected
- You cannot look after your feet yourself

Foot ulcers are breaks in the skin that struggle to heal. The development of foot ulcers in people with diabetes is serious as they are linked to an increased risk of heart attacks, strokes and amputations of the foot or leg.

Controlling your diabetes, cholesterol and blood pressure, quitting smoking, increasing cardiovascular exercise and controlling weight helps to reduce the risk of these life- and limb-threatening problems.

ABCD · The College of Podiatry · DIABETES UK

You may be at further risk of cardiovascular problems if you have a family history of heart disease.

Your feet are at moderate risk of developing problems, you will need to take extra care of them. You may need treatment by a podiatrist or podiatry technician.

If you follow the advice and information in this booklet, it will help you take care of your feet between visits to your podiatrist. Hopefully it will help to reduce the problems in the future.

Advice on keeping your feet healthy

Check your feet every day

You should check your feet every day for any cuts, breaks in the skin, pain or any signs of infection such as swelling, heat or redness.

If you cannot do this yourself, ask your partner or friend to help you.

If your skin is dry and cracks, use a 25% urea cream once a day until this improves.

Wash your feet every day

You should wash your feet every day in warm water and with a mild soap. Rinse them thoroughly and dry them carefully, especially between the toes. Do not soak your feet as this can damage your skin. Because of your diabetes, you may not be able to feel hot and cold very well. You should test the temperature of the water with your elbow, or ask someone else to test the temperature for you.

Moisturise your feet every day

If your skin is dry, apply a moisturising cream every day, avoiding the areas between your toes.

DISN UK Group · NHS Scotland

Toenails

Cut or file your toenails regularly, following the curve of the end of your toe. Use a nail file to make sure that there are no sharp edges which could press into the next toe. Do not cut down the sides of your nails as you may create a 'spike' of nail which could result in an ingrown toenail.

Socks, stocking and tights

You should change your socks, stockings or tights every day. They should not have bulky seams and the tops should not be elasticated.

Avoid walking barefoot

If you walk barefoot you risk injuring your feet by stubbing your toes and standing on sharp objects which can damage the skin.

Check your shoes

Check the bottom of your shoes before putting them on to make sure that nothing sharp such as a pin, nail or glass has pierced the outer sole. Also, run your hand inside each shoe to check that no small objects such as small stones have fallen in.

Badly-fitting shoes

Badly-fitting shoes are a common cause of irritation or damage to feet. The podiatrist who screened your feet may give you advice about the shoes you are wearing and about buying new shoes. They may suggest that you are measured for special shoes you can get on prescription.

Prescription footwear and insoles can reduce the risk of ulcers but cannot remove the risk altogether.

PCDS Primary Care Diabetes Society · Royal College of Nursing · WEDS

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Supporting NG19 1.3.13 & 1.4.3

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Minor cuts and blisters

If you check your feet and discover any breaks in the skin, or minor cuts or blisters, cover the area with a sterile dressing. Do not burst blisters. Contact your Podiatry department or GP immediately (their contact numbers are over the page). If these people are not available and there is no sign of healing after one day, go to your local accident and emergency department.

Hard skin and corns

Do not try to remove hard skin or corns yourself. Your podiatrist will provide treatment and advice where necessary.

Over-the-counter corn remedies

Never use over-the-counter corn remedies. They are not recommended for anyone with diabetes as they can damage the skin and create ulcers.

Avoid high or low temperatures

If your feet are cold, wear socks. Never sit with your feet in front of the fire to warm them up. Always remove hot-water bottles or heating pads from your bed before getting in.

A history of ulcers

If you have had an ulcer before, or an amputation, you are at high risk of developing more ulcers. If you look after your feet carefully, with the help of a podiatrist, you will reduce the risk of more problems.

Appointments

It is important that you attend all of your appointments with the Foot Protection Team or specialist podiatrist, as well as your other diabetes review appointments. This will reduce the risk of problems developing.

If you have any concerns or discover any problems with your feet, contact your local Podiatry Department or GP for advice immediately.

If they are not available, go to your nearest accident and emergency department. Remember, any delay in getting advice or treatment when you have a problem can lead to serious problems.

For more advice and information on how to reduce the risk of future problems, ask your healthcare professional for the Diabetes UK pamphlet 'How To Spot a Foot Attack'.

Individual advice

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.....

Your next screening is due:

Month: ..... 20.....

Local contact numbers

Multi-Disciplinary Foot Care Team:

.....

Podiatry Department or Foot Protection Team:

.....

GP clinic:

.....

Orthotics:

.....

Based on the original leaflet produced by the Scottish Diabetes Group - Foot Action Group, with help from service users

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Published date: July 2016
Review date: July 2019
We would welcome your feedback on this leaflet
Please send it to the College of Podiatry at:
footlit@scpod.org
www.scpod.org/foot-health/

High-risk feet

Diabetes – information and advice to help your feet and limbs

This leaflet is for all patients, including children over the age of 12, who are undiagnosed with diabetes

Crystal Mark 21225 Clarity approved by Plain English Campaign

- You have had ulcers before
- You have had an amputation
- You are on renal replacement therapy (dialysis)

Foot ulcers are breaks in the skin that struggle to heal. The development of foot ulcers in people with diabetes is serious as they are linked to an increased risk of heart attacks, strokes and amputations of the foot or leg.

Controlling your diabetes, cholesterol and blood pressure, quitting smoking, increasing cardiovascular exercise and controlling weight helps to reduce the risk of these serious life- and limb-threatening problems.

Note: You may be at further risk of cardiovascular problems if you have a family history of heart disease.

ABCD · The College of Podiatry · Diabetes UK

r feet are at high risk of foot ulcers, you will
o take extra c of them. You will need
r treatment b odiatrist.

ollow advice d information in this
it will h you take care of your feet
en sit r your podiatrist. Hopefully this
p t reduce problems in the future.

ce on keeping your feet healthy

your feet every day

ould check your feet every day for any
, breaks in the skin, pain or any signs of
n such as swelling, heat or redness.

cannot do this yourself, ask your partner or
o help you.

skin is dry and cracks, use a 25% urea
once a day until this improves.

your feet every day

uld wash your feet every day in warm
nd with a mild soap. Rinse them thoroughly and dry them carefully, especially between the toes. Do not soak your feet as this can damage your skin. Because of your diabetes, you may not be able to feel hot and cold very well. You should test the temperature of the water with your elbow, or ask someone else to test the temperature for you.

Moisturise your feet every day

If your skin is dry, apply a moisturising cream every day, avoiding the areas between your toes.

Toenails

Do not cut your toenails unless your podiatrist advises you to.

DISN UK Group · PDUK · GIG CYMRU NHS Wales · NHS Scotland

Socks, stocking and tights

You should change your socks, stockings or tights every day. They should not have bulky seams and the tops should not be elasticated.

Avoid walking barefoot

If you walk barefoot you risk injuring your feet by stubbing your toes and standing on sharp objects which can damage the skin.

Check your shoes

Check the bottom of your shoes before you put them on to make sure that nothing sharp such as a pin, nail or glass has pierced the outer sole. Also, run your hand inside each shoe to check that no small objects such as small stones have fallen in.

Badly-fitting shoes

Badly-fitting shoes are a common cause of irritation or damage to feet. The podiatrist who assessed your feet may give you advice about the shoes you already own and on buying new shoes. They may suggest that you are measured for special shoes you can get on prescription.

Prescription shoes

If you have been supplied with shoes, they will have been made to a prescription. You should follow the instructions your podiatrist or orthotist (the person who prescribed or designed your shoes) gives you. These should be the only shoes you wear. Shoes will normally be prescribed with insoles. These are an important part of your shoes and you should only remove them if your orthotist or podiatrist advises you to. Whoever provided your shoes will advise you about any repairs or alterations to make sure that they will match your prescription. Prescription footwear and insoles can reduce the risk of ulcers but cannot remove the risk altogether.

PCDS Primary Care Diabetes Society · Royal College of Nursing · WEDS

D

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Footwear

You may be asked to wear a cast, a device to relieve pressure or a temporary shoe until your ulcer has healed. You should not wear any other footwear until your podiatrist tells you that you can wear your own shoes again.

It is important that you wear these shoes at all times when indoors and outdoors to relieve pressure on your foot.

Podiatry appointments

Always attend your appointments to have your ulcer treated. You may need regular appointments until the wound has healed. Your appointment may be with a district nurse, a practice nurse, a treatment room nurse or your podiatrist.

Antibiotic treatment

You may be prescribed antibiotics if there are signs of infection in the wound or in the nearby tissue. Report any problems you have with the antibiotics (rashes, nausea or diarrhoea) to the person who prescribed them for you. If this person is not available, contact your GP immediately. Do not stop taking your antibiotics unless the person treating you or your GP tells you to do so. Make sure you have enough antibiotics to finish the course so your treatment isn't interrupted.

If the infection is spreading, you may need to go to hospital. Here you would have antibiotics straight into your bloodstream to treat the infection quickly. This only happens rarely.

Operations

Sometimes, if an infection becomes severe, you may need a small operation to clean out the wound. If an infection is very severe, an amputation may be needed to save healthy parts of the foot.
If your circulation is reduced, you may be referred for a small operation to increase blood supply to the ulcerated area.

If you discover any more problems, or if you are concerned about the treatment of your foot ulcer, contact your local Podiatry Department or GP for advice immediately.

Individual advice

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Your next screening is due:

Month: ..... 20.....

Local contact numbers

Multi-Disciplinary Foot Care Team:

.....

Podiatry Department or Foot Protection Team:

.....

GP clinic:

.....

Based on the original leaflet produced by the Scottish Diabetes Group - Foot Action Group, with help from service users
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footlit@scpod.org
www.scpod.org/foot-healthy/

Looking after your diabetic foot ulcer

Diabetes - information and advice to help your life and limbs

This leaflet is for all patients, including children over the age of 12, who are diagnosed with diabetes

Crystal Mark 21228 Clarity approved by Plain English Campaign

A foot ulcer can become infected and the infection may become severe. It is important that you look after your foot ulcer to reduce the risk of an infection.

The development of foot ulcers in people with diabetes is serious as they are linked to an increased risk of heart attacks, strokes and foot amputation. Controlling your diabetes, cholesterol and blood pressure, as well as quitting smoking, increasing cardiovascular exercise and controlling weight helps to reduce the risk of these serious life- and limb-threatening problems.

ith foot ulcers will need to ask their Team about on-weight-bearing cular exercise as not to risk further he d foot

further risk of cardiovascular have a family history of heart

ve a diabetic foot ulcer, you will need odiatry treatment. Your podiatrist will a treatment plan for you.

on footwear and insoles can reduce f ulcers but cannot remove the risk er.

try treatment for your tic foot ulcer

foot ulcers are sometimes hidden hard skin and can gather dead tissue hem. The podiatrist will need to remove lp your ulcer to heal. This can cause to bleed a little but this is completely normal. Do not try to treat the ulcer yourself.

How to look after your diabetic foot ulcer

Do not touch the dressing unless you have been properly shown how to remove and replace it and you have suitable dressings to replace the one you are changing.

Continue to check your feet every day

Continue to check your feet every day for any other problem areas or danger signs.

Danger signs

You should pay close attention to any of the following **danger** signs when checking your feet:

- Is there any new pain or throbbing?
- Does your foot feel hotter than usual?
- Are there any new areas of redness, inflammation or swelling?
- Is there any discharge?
- Is there a new smell from your foot?
- Do you have any flu-like symptoms?

Do not get the dressing wet

Getting the dressing wet may prevent healing or allow bacteria to enter the ulcer. This will cause more problems. Your podiatrist may be able to supply you with a dressing protector to keep the dressing dry, or they may give you a form to take to your GP to get a dressing protector on prescription. The dressing protector will allow you to have a bath or shower safely while keeping your dressing dry.

Moisturise the surrounding area of your feet

If your skin is dry, apply a moisturising cream every day, avoiding areas of broken skin and the areas between your toes.

Do not stand or walk on the affected foot

Avoid any unnecessary standing or walking. A wound cannot heal if it is constantly under pressure. Rest as much as possible and keep your foot up to help it to heal. Use anything your podiatrist recommends or gives you to relieve pressue on your foot.

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FOCUSSED FOOT EXAMINATION

Remove foot wear including socks/ stockings to examine the feet

Step 1: ASK

Is there pain in the legs or feet? If so, please complete assessment tool (see Further Information)
Is there a history of previous amputation or ulcer?

Step 2: INSPECT each foot

Is there callus formation?
Are there skin changes of infection or inflammation?
Is there deformity i.e bony foot prominence?
Is the footwear appropriate?
Is there ulceration?
Is there gangrene?

Step 3: EXAMINE each foot

Are sensations intact?
Are pulses present on palpation?

Step 4: RISK STRATIFY each foot

Low risk
Moderate risk
High risk
Active foot disease
Emergency foot attack

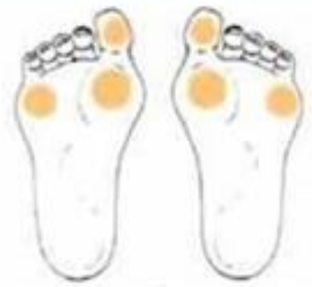
Further Information

Please refer to the following:

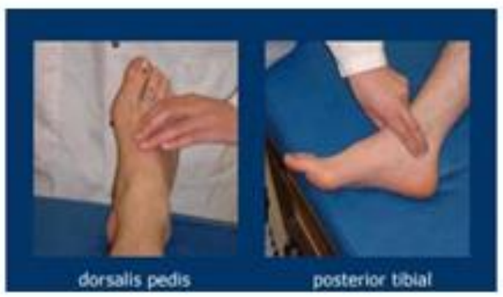
- Diabetic Peripheral Neuropathic Pain Screening Tool
- Edinburgh Claudication Questionnaire

Check sensations using a 10 g monofilament. The patient should perceive sensations in all 3 sites on each foot. Each site should be tested 3 times, patients should feel 2 out of 3 for each site.

Please ensure monofilament is replaced according to manufacturer's instructions



Check for dorsalis pedis and posterior tibial pulses. Both pulses on both feet should be palpable. Any absent pulse may indicate arterial insufficiency



2

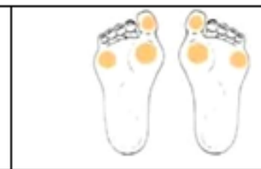
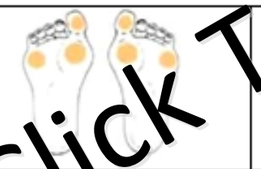
Supporting NG19 1.5.1

Foot Screening and Risk Stratification Form

(Use this form as an MDFT referral form for active foot disease)

(Forward a copy to the GP if this is done by the Foot Protection Service)

Patient Details	GP Details	Foot Protection Team Details
Name:	Name:	Name:
DOB:		
NHS number:	Address	Address
Address		
	Postcode:	Postcode:
Postcode:	Telephone:	Telephone:
Telephone:		

RIGHT FOOT			LEFT FOOT
Neuropathic pain ☐			Neuropathic pain ☐
Claudication pain ☐		Step 1: ASK	Claudication pain ☐
Previous foot ulcer or amputation ☐			Previous ulcer or amputation ☐
Callus ☐			Callus ☐
Skin changes ☐			Skin changes ☐
Deformity ☐			Deformity ☐
Ulceration ☐		Step 2: INSPECT	Ulceration ☐
Gangrene ☐			Gangrene ☐
Charcot's neuroarthropathy – Acute ☐			Charcot's neuroarthropathy – Acute ☐
Charcot's neuroarthropathy – Chronic ☐			Charcot's neuroarthropathy – Chronic ☐
Foot wear appropriate ☐			Foot wear appropriate ☐
SENSATIONS 	Check sensations using a 10 g monofilament. The patient should perceive sensations in all 5 sites on each foot. Each site should be tested 3 times, patient should feel 2 out of 3 for each site.		SENSATIONS 
PULSES Dorsalis pedis: Palpable ☐ Detectable on doppler ☐ *(monophasic/ biphasic/ triphasic)* Posterior tibial: Palpable ☐ Detectable on doppler ☐ *(monophasic/ biphasic/ triphasic)*	Step 3: EXAMINE Check for dorsalis pedis and posterior tibial pulses. At least 1 pulse should be palpable or picked up on Doppler examination in each foot.		PULSES Dorsalis pedis: Palpable ☐ Detectable on doppler ☐ *(monophasic/ biphasic/ triphasic)* Posterior tibial: Palpable ☐ Detectable on doppler ☐ *(monophasic/ biphasic/ triphasic)*

Step: 4 - RISK STRATIFY - Left Foot (please tick as appropriate)	Low	Moderate	High	Active	Acute
Step: 4 - RISK STRATIFY - Right Foot (please tick as appropriate)	**Low**	**Moderate**	**High**	**Active**	**Acute**

Details of ulceration:	Is there?	Has the patient received any antibiotics for this episode of ulceration: ☐ Y ☐ N
Location of main ulcer? Date of onset (approx):	☐ Cellulitis ☐ Suspected osteomyelitis/Bone exposure visible ☐ Suspected Charcot	Which antibiotic: When (approx dates):

Additional Comments:

OUTCOME:	√	Assessment completed by:
Annual Screening – arranged / GP to arrange (please circle)		Signature:
Foot Protection Service (3-6 months) – appointment made		
Foot Protection Service (1-2 months) – appointment made		Name:
24 hour referral to Foot MDT completed		Designation:
Immediate referral to Hospital completed		Date:
Refer to Vascular		Contact details:
Foot care Bundle administered		

RISK STRATIFICATION	DEFINITION	ACTION
Low Risk	• *No neuropathy AND* • *No limb ischaemia AND* • *No skin changes or foot deformity AND* • *No previous ulcer or amputation* • *Not on renal replacement therapy*	• *Administer Foot Care Bundle* • *Recall for Annual Foot Screening*
Moderate Risk	• *Neuropathy OR* • *Non critical limb ischaemia OR* • *Foot deformity Or* • *Skin changes other than callus*	• *Administer Foot Care Bundle* • *Refer to Foot Protection Service – Ensure patient has appointment within 6-8 weeks*
High Risk	• *Neuropathy + non critical limb ischaemia OR* • *Neuropathy + callus/deformity OR* • *Non critical limb ischaemia + callus/deformity OR* • *Previous ulceration or amputation OR* • *On renal replacement therapy*	• *Administer Foot Care Bundle* • *Refer to Foot Protection Service – Ensure patient has appointment within 2-4 weeks*
Active Foot Disease	• *Ulceration* • *Suspected Charcot neuroarthropathy* • *Cellulitis or spreading infection*	• *Administer Foot Care Bundle* • *Refer to Foot Protection Service – Ensure patient has appointment within 1 working day*
Acute Foot Attack	*Active foot disease AND systemically ill* *Ulceration with limb ischaemia* *Critical limb ischaemia or gangrene* *Deep seated infection including abscess or osteomyelitis*	*Administer Foot Care Bundle* *Refer IMMEDIATELY to acute services*

FOOT CARE BUNDLE
- Document risk level for each foot individually
- Inform patient of risk for each foot individually
- Provide general foot care advice
- Provide Foot Care Information Leaflets based on individual risk
- Provide emergency contact numbers in case of development of acute foot problems

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1.3.7

The Foot Care Bundle

- ✓ Document risk level for each foot individually
- ✓ Inform patient of risk level for each foot individually
- ✓ Provide general foot care advice
- ✓ Provide Foot Care Information Leaflets based on individual risk
- ✓ Provide emergency contact numbers in case of development of acute foot problems

General Foot Care Advice

1) Make sure your diabetes is well controlled.
2) Check your bare feet every day, looking for cuts, blisters, skin changes or swelling. Use a mirror or enlist the help of a relative if you have trouble looking at the soles of your feet. Set a time to check your feet every day.
3) Wash your feet daily with warm water and dry your feet well, taking extra care to dry between the toes.
4) Use a pumice stone to smooth corns and calluses.
5) Apply a small amount of skin cream over the tops and soles of your feet, but avoid applying cream between the toes.
6) Trim your toe nails straight across and file the edges with an emery board. Do this weekly or when needed
7) Wear comfortable shoes that fit well and protect your feet. Make sure there are no objects inside your shoes before wearing them. Do not walk barefoot.
8) Protect your feet from extreme temperature. For example, wear socks at night if your feet get cold, wear shoes at the beach.
9) Be more active. Wiggle your toes and move your ankles up and down for 5 minutes 2-3 times daily.
10) Do not smoke.

The following Patient Information Leaflets are available to hand out to patient according to their risk level and as required:

1. Low Risk Leaflet
2. Medium Risk Leaflets
3. High Risk Leaflets
4. Healthy Feet Leaflet
5. Advice about your Footwear Leaflet

Example of contact information:

If you develop blistering, redness, swelling, deformity or ulceration of your feet contact your GP surgery for an urgent doctor's appointment.
The contact number for your GP surgery is: 000 0000 0000

If you are already receiving care for a diabetic foot problem (from a podiatrist in the community or at the hospital) and you notice a deterioration in your foot problem, but are unable to access this service, then contact your GP surgery for an urgent doctor's appointment.

If you have either of the above and feel unwell, especially with fever, vomiting or very high blood sugar readings, then attend the Accident and Emergency department at your local hospital.
Your local hospital is: ACBD Hospital NHS Trust
XYZ Road
Postcode

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1.1.1, 1.5.1
& supporting
1.5.4, 1.6.1, 1.6.2

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

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 2 Send the following investigations:

FBC	☐	HbA1c	☐
U&E	☐	Serum Urate	☐
CRP	☐	Ulcer swab	☐
LFT	☐	Blood Cultures	☐

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.

NG19 1.6.8

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

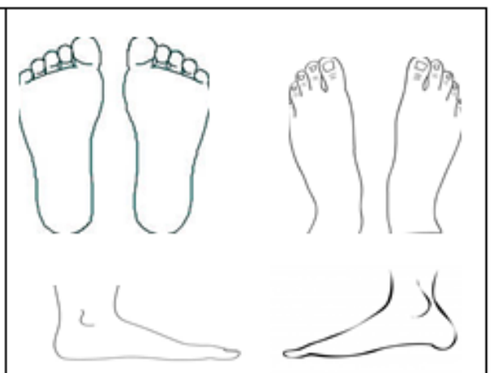
Acute Charcot: Y ☐ N ☐	If yes, strict non-weight bearing ☐

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

NG19 1.7.1 1.7.4

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

SINBAD Ulcer Classification	Score
1. Site	
a. ☐ Forefoot	0
b. ☐ Mid/Hind foot	1
2. Ischaemia	
a. ☐ Pedal blood flow intact: at least one pulse palpable	0
b. ☐ Clinical evidence of reduced blood flow	1
3. Neuropathy	
a. ☐ Protective sensation intact	0
b. ☐ Protective sensation lost	1
4. Bacterial infection	
a. ☐ None	0
b. ☐ Present	1
5. Area	
a. ☐ Ulcer < 1cm²	0
b. ☐ Ulcer ≥ 1cm²	1
6. Depth	
a. ☐ Ulcer confined to skin or subcutaneous tissue	0
b. ☐ Ulcer reaching tendon or deeper	1
Total Score	



Investigation results:	Investigations ordered:	Referrals made:
WCC	X-ray R L	
Creat	MRI R L	
eGFR	Arterial Doppler R L	Signed: Date & Time:
Swab	CT angiogram R L	Designation:
Bld c/s		

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

Notes:

Management

Signed: Date & Time: Designation:

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

Notes:

Management:

Signed: Date & Time: Designation:

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	☐	HbA1c:
PVD	☐	Chol:
CVA/ TIA	☐	TG:
Dyslipidaemia	☐	HDL:
Obesity	☐	eGFR:
CKD	☐	Creat:
Microalbuminuria	☐	ACR:
Retinopathy	☐	BP:
Periph Neuropathy	☐	BMI:
Gastroparesis	☐	Last eye screen:

Notes:

Management Plan:

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

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

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

Signed:

Date & Time:

Designation:

SECTION 6: To be filled in by Microbiology

Swab/ Culture results:

Management Plan:

Total duration of antibiotics:

Signed: Date & Time: Designation:

Features of limb threatening ischaemia:

- Skin necrosis/gangrene?
- White cold pulseless foot
- Acute or Critical Ischaemia
- Acute pain in neuropathic patient
- Patient is known to have critical ischaemia

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 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

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

NG19 1.7.1 1.7.4

	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 hours Teicoplanin loading dose = 12mg/kg every 12 hours for 2 days. See guidelines for maintenance dose Gentamicin 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 hours Gentamicin 5mg/kg every 24 hours. Dose and frequency according to calculator – maximum 450mg in 24 hours.
Route	IV	IV Teicoplanin and Gentamycin PO Ciprofloxacin and Metronidazole
Duration	Review at 48 to 72 hours	

NG19 1.7.2

North West Coast Strategic Clinical Networks

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Outpatient Record sheet

Medical History

- ☐ T1DM ☐ T2DM ☐ Other
- ☐ Retinopathy ☐ Nephropathy
- ☐ P.Neuropathy ☐ PVD
- ☐ ↑ BP ☐ ↑ ACR
- ☐ IHD ☐ CVA
- ☐ Previous amputation ☐ ↑ Lipids
- ☐ Smoker
- ☐ Patient information leaflet given

MDT members present

Diabetes _____
Orthopaedics _____
Vascular _____
Podiatry _____
Radiology _____
Microbiology _____
DSN _____
Date_____

Patient Details

Name:
RQ No:
NHS No.
Date of Birth:

Medication

Laboratory results

- ☐ HbA1c _____ ☐ eGFR_____
- ☐ ACR _____ ☐ CRP _____
- ☐ Chol _____ ☐ LDL/HDL_____
- ☐ Hb _____ ☐ WCC_____
- ☐ MRSA colonised ☐ Y ☐ N ☐ NK
- ☐ Ulcer Sig. +ve result _____

Sample type
☐Superficial ☐Deep ☐Intraop. ☐Tissue Bx

Foot Assessment

	R Y	R N	L Y	L N
Ulcer	☐	☐	☐	☐
Deformity	☐	☐	☐	☐
Skin/nail abnormal	☐	☐	☐	☐
Footwear assessed	☐	☐	☐	☐
Charcot	☐	☐	☐	☐

SINDBAD Ulcer Classification

		Score
1.	**Site**	
a.	☐ Forefoot	0
b.	☐ Mid/Hind foot	1
2.	**Ischemia**	
a.	☐ Pedal blood flow intact: at least one pulse palpable	0
b.	☐ Clinical evidence of reduced blood flow	1
3.	**Neuropathy**	
a.	☐ Protective sensation intact	0
b.	☐ Protective sensation lost	1
4.	**Bacterial infection**	
a.	☐ None	0
b.	☐ Present	1
5.	**Area**	
a.	☐ Ulcer < 1cm²	0
b.	☐ Ulcer ≥ 1cm²	1
6.	**Depth**	
a.	☐ Ulcer confined to skin & subcutaneous tissue	0
b.	☐ Ulcer reaching muscle, tendon or deeper	1
	Total Score	

Foot Imaging

	R Y	R N	L Y	L N
X-ray Foot	☐	☐	☐	☐
MRI Foot	☐	☐	☐	☐
Arterial Doppler	☐	☐	☐	☐
CT Angiogram	☐	☐	☐	☐

Comments

Podiatry/Footwear & other advice

Diabetes & CV management

Orthopaedic/Vascular management

Microbiology management

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Discharge Summary – Multidisciplinary Foot Clinic

(Fax a copy to patient's GP, Foot Protection team and any relevant members of the Foot MDT)

Patient Details	GP Details	Foot Protection Service Details
Name:	Name:	Name:
NHS Number:	Surgery:	Address:
DOB:	Address:	
Address:		
	Post Code:	Post Code:
Post Code:	Contact number:	Contact number:
Contact number:	Fax:	Fax:

Diagnosis:

Type of diabetes:
Known Peripheral Neuropathy ☐
Known Peripheral Vascular Disease ☐

Other cardiovascular complications:
HTN ☐ Obesity ☐ IHD ☐ CVA/TIA ☐
CKD ☐ Dyslipidaemia ☐

Treatment given:

Modifiable Risk factors:
HbA1C: BMI: BP:
ACR: Tot chol: Trig:
HDL: LDL: Smoker:

Cardiovascular Risk Modifications Undertaken:

Antibiotics at the time of discharge:
☐ This patient is not being discharged on antibiotics

☐ This patient is being discharged on
_____
_____
_____
with a stop date of __/__/__.

☐ This patient is being discharged on
_____
_____
_____
to be continued till review on __/__/__
by _____

Changes to usual medication:

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Actions for GP:

Actions for Orthopaedic Surgeon:

Actions for Foot Protection Service / Community Podiatry:

Actions for Vascular Surgeon:

Actions for Orthotist:

Actions for Diabetologist:

Risk Stratification:

R FOOT:

L FOOT:

Continued Foot care:
Dear: Foot Protection Service

Please take over the diabetes Foot Care for this patient.

Continued Diabetes care:
☐ Referred to community diabetes clinic
☐ Continue to see in secondary care diabetes clinic
☐ GP to take over diabetes care

The consultant responsible for the care of this patient's diabetic foot disease is:

Tel: Fax:
Email:

Completed by:

Print name:
Designation:
Date:
Contact number:

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Supporting NG19 1.5.13

Additional information to be included in standard hospital discharge summary for patients being discharged from A&E/ Admissions Unit with Diabetic Foot Disease

Investigations ordered:

- □ Swab
- □ X-ray
- □ MRI
- □ Doppler
- □ Other

Actions for GP:

Follow up has been arranged in:

- □ Diabetic foot clinic/ MDT Foot clinic in .....
- □ Diabetes Clinic in .....
- □ Orthopaedic clinic in .....
- □ Vascular foot clinic in .....

Antibiotics at the time of discharge:

□ This patient is not being discharged on antibiotics

□ This patient is being discharged on oral

.....

.....

.....

with a stop/ review (delete as appropriate) date of __/__/__.
To be reviewed by: _____ / NA □

□ This patient is being discharged on intravenous

.....

.....

.....

to be administered by the Out Patient Antibiotic Team
with a stop/ review (delete as appropriate) date of__/__/__ .
To be reviewed by: _____ / NA □

Contact details for Foot MDT:

Name: **Designation:**

Tel: **Fax:** **Email:**

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Supporting NG19 1.5.13

Additional information to be included in standard hospital discharge summary after inpatient stay for diabetic foot disease

The consultant responsible for the care of this patient's diabetic foot disease:

Antibiotics at the time of discharge:

□ This patient is not being discharged on antibiotics

□ This patient is being discharged on

.....

.....

.....

with a stop date of __/__/__.

□ This patient is being discharged on

.....

.....

.....

to be continued till review on __/__/__ by

.....

Actions for GP:

Follow up:

□ F/u in Diabetic foot clinic in .....

□ F/u in Diabetes Clinic in .....

□ F/u in Orthopaedic clinic in .....

□ F/u in Vascular foot clinic .....

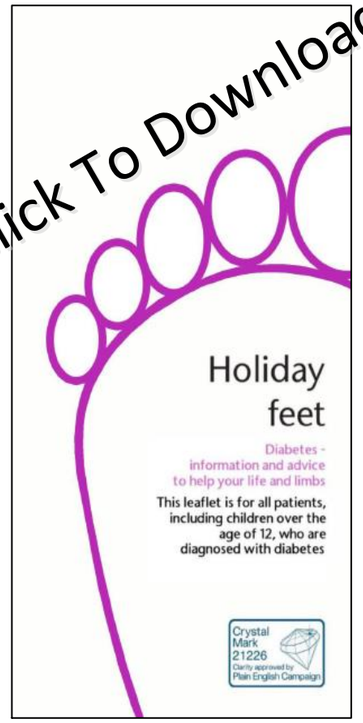
□ F/u in Podiatry clinic in .....

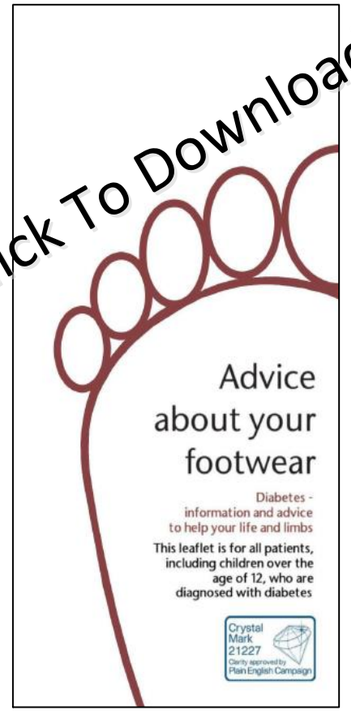
For any queries about this patient's foot disease contact:

Tel:

Fax:

Email:





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Diabetic Peripheral Neuropathy (DPN)

The most common type of diabetic peripheral neuropathy (DPN) is a bilaterally symmetrical (involving both lower limbs), sensory (involving sensations), distal (starts from the feet and ascends upwards) neuropathy.

Pharmacological Management of pain*

1st line: use any one of

- Amitriptyline 10 mg OD
- Duloxetine 60 mg OD
- Gabapentin 300mg TDS
- Pregabalin 50 mg TDS

2nd line: offer any one of the remaining three

3rd line: offer any one of the remaining two

*Dose adjustment may be required for renal or hepatic dysfunction. Be aware of contraindications and side effects when prescribing each medication.

Treatment considerations:

- Assess severity of pain and impact on lifestyle
- Discuss risks and benefits of pharmacological treatment
- Take into account overlap of treatment, avoid deterioration in pain.
- Review early for dose titration and tolerability.
- Review regularly for pain control, impact on lifestyle, side effects and need for continued treatment.
- Taper dose when withdrawing or switching treatment.
- Improve glycaemic control

Consider Capsaicin cream for localised neuropathic pain in those who wish to avoid/ cannot tolerate oral treatment.

Consider Tramadol for acute rescue therapy ONLY

Specialist Pain Team Referral for:

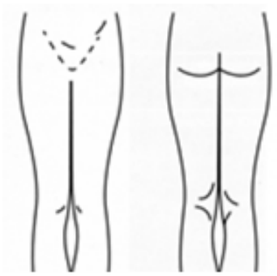
- Severe pain
- Limitation of activities of daily living
- Deterioration in health

Assessment of Foot Pain or Discomfort in Patient with Diabetes

(Please undertake assessments 1 and 2)

Assessment 1: The Edinburgh Claudication Questionnaire: CAD/PVD

- A positive questionnaire diagnosis of claudication is made only if the "correct" answer is given to all questions. This means that each answer must match

Questions	Expected Answer	Patient Answer
1. Do you get pain or discomfort in your leg (s) when you walk? =Yes =No =Unable to walk • If you answered "yes" to question 1, please answer the following questions	Yes	
2. Does the pain ever begin when you are stan[illegible] or sitting still?	No	
3. Do you get it when you walk uphill or in a hurry?	Yes	
4. Do you get it when you walk at an ordinary pace on the level?	Yes	
5. What happens if you stand still? • Usually continues for more than 10 minutes? • Usually disappears in 10 minutes or less?	No Yes	
6. Where do you get the pain or discomfort? Mark the leg(s) with an "X" on the diagram		
		
Action: Refer to vascular team for assessment		

Assessment 2: Assessment for Neuropathic Pain

		Answer
1) Does the patient complain of ANY of the following in their feet?	o Pain caused by stimulus that does not usually cause pain	
	o Severe pain in response to a stimulus that usually causes some pain	
	o Unpleasant, abnormal sensation such as numbness, pins and needles or burning	
	o Abnormal sensation which is not unpleasant	

If the answer is "YES", then the symptoms are likely to be due to peripheral neuropathy.
Peripheral neuropathy due to diabetes usually involves both feet symmetrically. If the symptoms of neuropathy are unilateral, then causes other than diabetes must be considered.

Action	If neuropathic pain is suspected refer to a clinician for treatment. Follow advised treatment guide on page 2 of this document.

NB- neuropathy and claudication can co-exist

If the patient's symptoms are not characteristic of either neuropathic pain or claudication pain, then refer to the GP for further investigation.

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