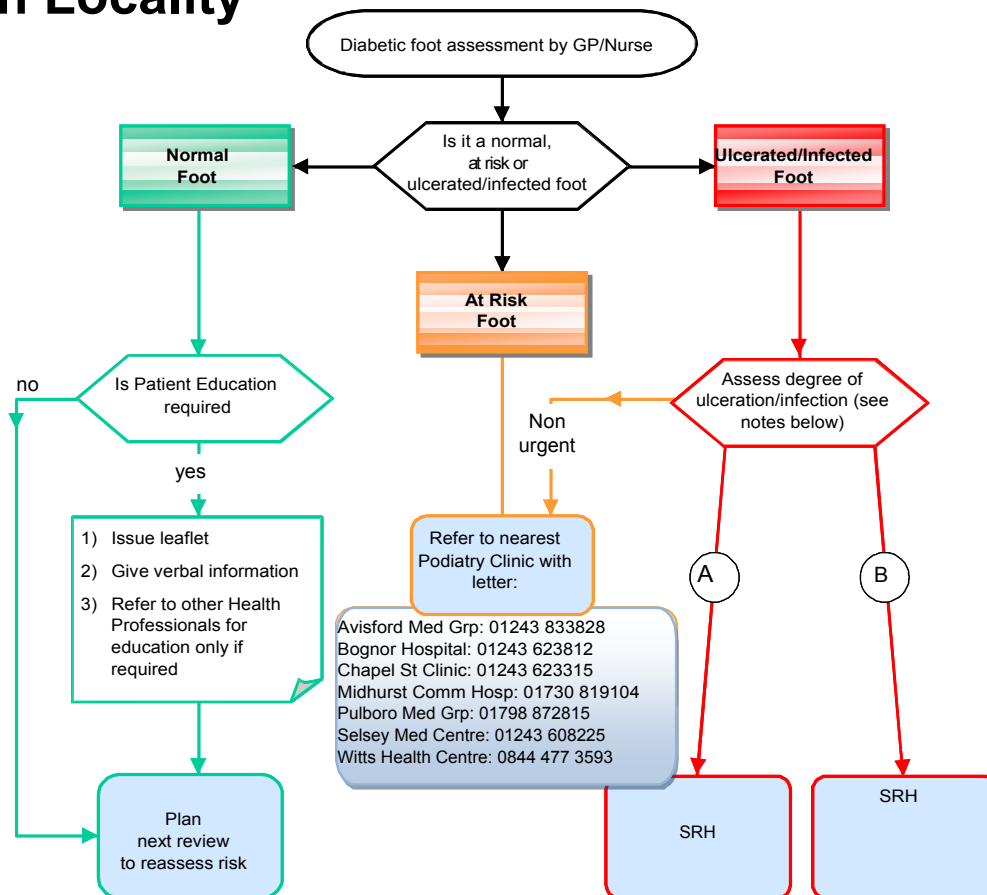


# Diabetic Foot Assessment Pathway Western Locality



<b>Definition of a Normal foot</b>	<ul style="list-style-type: none"> <li>No risk factors</li> <li>Palpable pedal pulses</li> <li>No neuropathy</li> <li>No structural foot problems</li> </ul>	<b>Predictors of future foot problems:-</b> <ul style="list-style-type: none"> <li>Poor footwear</li> <li>Smoking</li> <li>Poor mobility</li> <li>Registered blind or partially sighted with no carer</li> <li>Callus</li> <li>Nephropathy</li> <li>Social deprivation and isolation</li> <li>Concurrent pathologies affecting lower limb and feet</li> <li>Poor glycaemic control</li> <li>Alcoholism</li> <li>Old age – duration of diabetes</li> </ul>	<b>Contact points for referral to DFC:</b> <ol style="list-style-type: none"> <li>Via emergency answerphone Direct line: 01243 831614 Or 01243 788122 ext 3740</li> <li>Fax referral to consultant</li> <li>Contact Dr Bosman's secretary at SRH 01243 788122 ext.2560</li> <li>Via fax 01243 831565.</li> </ol> <p>Phone and bleep on call reg. Contact One Call for admission under medical for acute admission</p>
<b>Definition of an At Risk Foot</b>	<ul style="list-style-type: none"> <li>Impaired/absent pulses</li> <li>Foot or digital deformity.</li> <li>Neuropathy</li> <li>Previous ulceration/amputation</li> </ul>		
<b>Assessment of degree of Ulceration/Infection</b>	<b>Hospital referral required for:-</b> (A) <ul style="list-style-type: none"> <li>Spreading cellulitis (&gt; 2cm)</li> <li>Charcot joint</li> <li>Gangrene</li> <li>Exposed bone</li> <li>Oedema</li> <li>Fever +/-</li> <li>Smell from ulcer</li> <li>Purulent discharge</li> <li>Ischaemic changes</li> </ul>	<b>Urgent cases to DFC:</b> (B) <ul style="list-style-type: none"> <li>Superficial to deep ulcer management</li> <li>Antibiotic therapy as appropriate</li> <li>Provide footwear if required</li> <li>Arrange urgent X-ray</li> <li>Arrange admission</li> <li>Initiate referrals to vascular/orthopaedic consultants</li> <li>Monitor and treat Charcot neuroarthropathy</li> </ul>	<b>Referral to Podiatry Department for superficial/non-urgent ulceration and post-acute phase:-</b> <ul style="list-style-type: none"> <li>&lt; 2cm cellulitis</li> <li>No bone joint involvement</li> <li>Mild infection</li> <li>No systemic toxicity</li> <li>No significant ischaemia</li> </ul>

**ANY DEGREE OF ULCERATION NEEDS TO BE REFERRED ON IMMEDIATELY**

# Why Refer On?

## Podiatry Department

1. 15% of people with diabetes develop a foot ulcer <sup>1-3</sup>
2. 50% of all major lower limb amputations occur in diabetics <sup>4</sup>
3. 85% of amputations were preceded by the development of a foot ulcer <sup>5</sup>
4. Foot ulcers are associated with increased mortality – less than 40% of patients survive for 5 years or longer following lower limb amputation <sup>6</sup>
5. 70% of ulceration will recur unless footwear is prescribed

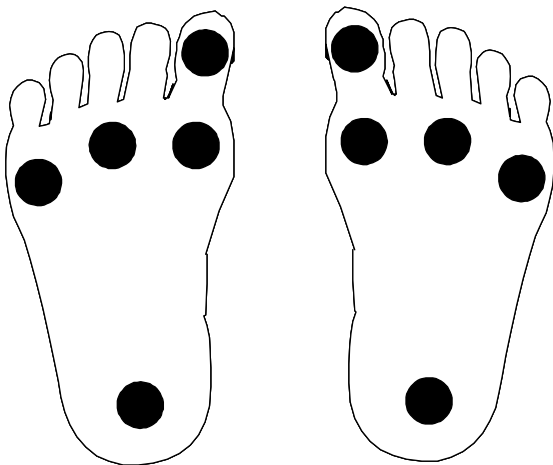
## Diabetic Annual Review should include the following foot examination:

- |   |   |
|---|---|
| ③ Visual inspection of foot for any deformity | ③ Any unusual skin discolouration                         |
| ③ Visual indicators of PVD                    | ③ Inspection of footwear                                  |
| ③ Presence of callus                          | ③ Palpation of Dorsalis Pedis and Posterior Tibial pulses |
| ③ Any skin breakdown                          | ③ Test for neuropathy with a 10g monofilament             |
| ③ Any swelling                                |   |
| ③ Any infection or necrosis                   |   |

## The Podiatry Department will:

- |                             |   |
|-----------------------------|---|
| ③ Provide Patient Education | ③ Undertake general care for foot pathology |
| ③ Give footwear advice      | ③ Treat ulceration                          |
| ③ Provide orthoses          |   |

## Diagram of Sites to Test for Neuropathy



1. Demonstrate on the patient's forearm, so they know what the sensation feels like.
2. Place the tip of the monofilament on the skin and apply pressure until it bows.
3. Use the monofilament to examine all the test sites on the feet – ask the patient to close their eyes and say “yes” when they feel the filament.
4. Do not test over callus – sensation will be reduced
5. Neuropathy is present if sensation is lost at any site.

### References:

1. Palumbo PJ, Melton LJ, III. Peripheral vascular disease and diabetes. In: *Diabetes in America*, Harris MI, Hamman RF (eds). Washington, DC: US Government Printing Office, 1985; 1-21.
2. Reiber GE. The epidemiology of diabetic foot problems. *Diabet Med* 1996; **13**: S6-S11.
3. US Dept of Health EaW. *Report of the National Commission on Diabetes*. Washington, DC: Government Printing Office, 1976.
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6. Reiber GE, Boyko EJ, Smith DG. Lower extremity foot ulcers and amputations in diabetes. In: Harris MI, Cowie CC, Reiber G, Boyko E, Stern M, Bennett P, eds. *Diabetes in America*. Washington, DC: U.S. Government Printing Office 1995, 409-28