

PUTTING FEET FIRST

A footcare pathway for people with diabetes

Annual Foot Review

Foot examination with shoes and socks/stockings removed

- Test foot sensations using 10g monofilament or vibration
- Palpate foot pulses
- Inspect for any deformity
- Inspect for significant callus
- Check for signs of ulceration
- Ask about any previous ulceration
- Inspect footwear
- Ask about any pain

DIABETIC FOOT RISK STRATIFICATION AND TRIAGE/IDENTIFICATION OF RISK STATUS

ACTION

Rapid referral to and management by a member of a multidisciplinary Foot Team (see over). Agreed and tailored management/treatment plan according to patient needs. Provide written and verbal education with emergency contact numbers. Referral for specialist intervention when required.

Annual assessment or 1-3 monthly according to need* by a specialist podiatrist or member of a foot protection team*. Agreed and tailored management/treatment plan by a specialist podiatrist or the FPT* according to patient needs. Provide written and verbal education with emergency contact numbers. Referral for specialist intervention if/when required.

Annual assessment or 3-6 monthly according to need* by a podiatrist or member of a foot protection team*. Agreed and tailored management/treatment plan by podiatrist or the FPT* according to patient needs. Provide written and verbal education with emergency contact numbers. Referral for specialist intervention if/when required.

Annual screening by a suitably trained Healthcare Professional. Agreed self management plan. Provide written and verbal education with emergency contact numbers. Appropriate access to podiatrist if/when required.

DEFINITION

Presence of active ulceration, spreading infection, critical ischaemia, gangrene or unexplained hot, red, swollen foot with or without the presence of pain, painful peripheral neuropathy, acute Charcot foot*

Previous ulceration or amputation or more than one risk factor present eg loss of sensation or signs of peripheral vascular disease with callus or deformity.

One risk factor present eg loss of sensation or signs of peripheral vascular disease without callus or deformity.

No risk factors present eg no loss of sensation, no signs of peripheral vascular disease and no other risk factors.

ACTIVE

HIGH

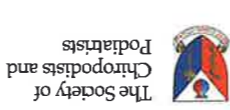
MODERATE (INCREASED*)

LOW

Risk status should be documented and the patient informed.

These risk categories relate to the use of the SCI-DC foot risk stratification tool. *NICE Guidance

Produced by the Scottish Diabetes Foot Action Group



ADVISE THE PATIENT TO:

- Check their feet every day
- Be aware of loss of sensation
- Look for changes in the shape of their foot
- Not use corn removing plasters or blades
- Know how to look after their toenails
- Wear shoes that fit properly
- Maintain good blood glucose control
- Attend their annual foot review