Management of Diabetic Foot Disease in Inpatients at UHB

- **Always examine the feet** in a diabetic patient. This is even more important if they present with a fever or an unexplained diagnosis.
- If a diabetic patient presents with any of the following features in the foot: ulcer (breakdown of skin), swelling, infection (redness, warmth, pain, swelling, pus, foul odour, discolouration), acute pain, Charcot's arthopathy (redness, swelling, warmth, with or without pain in the foot or ankle) or evidence of trauma, proceed with the following **action plan**:

1. History:

- Detailed history of the diabetic foot presentation
- PMH: Duration of diabetes, any previous ulcers, peripheral neuropathy or peripheral vascular disease (including, any vascular interventions), any amputations, other diabetes complications (e.g., eyes, kidneys, cardiovascular events) and other risk factors
- Medication and allergies, including any recent or ongoing antimicrobial therapy (include name of antibiotic(s), dose, frequency, duration)
- Smoking and social history

2. Examination:

- **Remove all dressings from the feet**
- Examine both feet for new and/or old problems:
- Skin changes (colour, warmth, swelling, infection, ischaemia, gangrene)
- Ulcer (e.g., location(s), size, margins, base, surrounding infection, discharge, abscess, malodour)
- Foot deformity (e.g., previous amputations, Charcot's)
- Peripheral vascular disease (skin colour, check posterior tibial and dorsalis pedis arteries)
- Peripheral neuropathy (use the 'Ipswich Touch Test')
- Any symptoms or signs of systemic sepsis (temperature >38 or <36 °C, heart rate >90/min, respiratory rate >20 breaths/min)
- Footwear (e.g., inappropriate footwear, nails or other objects in or penetrating the footwear)
- Arrange for clinical photography

3. Investigations:

- U&Es, LFTs, CRP, **HbA1c**, lipids, FBC and urinary ACR (spot urine)
- **Swab** the ulcer and/or purulent material for MC&S and MRSA (if the ulcer is debrided, or toe(s)/foot amputated, send the tissue/bone)
- Blood cultures
- **X-ray foot** to rule out osteomyelitis (an MRI will be decided by the Diabetic Foot Team)

4. Management:

- If there is a diabetic foot infection, give antibiotics promptly (follow the **Trust guidelines**: 'Antimicrobial prescribing' → 'Diabetic Foot Infections')
- Do a PICS referral ('Requests' tab → 'Support Teams' → 'New' → 'Support Teams' → 'Diabetes foot' → 'Diabetic Foot referral')
- Please note, the **diabetic foot team** works from 9am to 5pm (Mon–Fri) and do a **multidisciplinary diabetic foot round** on Mon (2 to 4 pm)
- You can contact Mr. Ian Wilson (Head of Podiatry) on ext. 16419 or the diabetes SpR (via switch) for urgent advice
- The **Waterlow score** should be assessed and documented on PICS by the nursing staff, who should also offer off-loading & pressure-relieving support surfaces and remove the foot end rail of the bed to minimise the risk of hospital-acquired pressure sores
- For all diabetic foot-related presentations do a PICS referral and if this is the main reason for admission to the hospital, arrange a bed on **ward 513** under Dr. Saeed / Dr. Webber, and, if no beds, on the same ward under Dr. Ghosh / Dr. Hanif
- If the main issue is vascular (e.g. abscess, limb ischaemia or gangrene) promptly inform the on-call Vascular SpR (0121 3716155)

5. Prior to Discharge:

- **Arrange** a foot x-ray if an amputation took place during admission to serve as a baseline image and organise a **follow up** via a PICS referral

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