

Edinburgh Centre for Endocrinology and Diabetes Management of inpatients with Acute Diabetic Foot

EXPOSE BOTH FEET : ASSESS AND DOCUMENT

- Ulceration: size, depth, exposed bone/fascia
- signs of infection: discharge, swelling, erythema, warmth, pain
- neuropathy (touch toes test)
- Deformity
- Check bloods including FBC inflammatory markers and HbA1c.

ASSESS INFECTION SEVERITY

- **Mild** - local infection with 0.5 to less than 2 cm erythema
- **Moderate** - local infection with more than 2 cm erythema or involving deeper structures (such as abscess, osteomyelitis, septic arthritis or fasciitis)
- **Severe** - local infection with signs of a systemic inflammatory response
- **Take soft tissue or bone sample from base of ulceration (swab if not possible)**

Rest pain
or extensive necrosis
or abscess suspected
or non healing ulcer despite 4-6 weeks optimal therapy

no

yes

Request urgent vascular surgical assessment

SEVERE INFECTION

- **Check for recent micro sensitivities**
- Start IV antimicrobial therapy (check Microguide)
- Cover with non adherent dressing
- Admit
- Consider urgent vascular assessment

MILD/MODERATE INFECTION

- Advise to off load foot
- Refer to outpatient diabetes podiatry clinic and consider discharging.
- **Check for recent micro sensitivities**
- Prescribe oral anti microbial therapy (see Microguide)
- Give appropriate dressings (absorbent if high discharge). Advise 48 hourly dressings at GP practice until OPD appt

ONGOING INPATIENT MANAGEMENT

- Refer for OPD2 podiatry assessment (below)
- Offload foot (prescribe prolevo or similar inflatable boots to wear at night)
- Bloods including inflammatory markers at least 2 x weekly
- Modify antibiotics as per microbiology results when available (focus on deep tissue/bone)
- Optimise glycaemic control
- Dressing change every 2 days or with strikethrough
- Treat anaemia as per local guidance
- Manage overall cardiovascular risk (consider clopidogrel/statin)
- Review complication screening and update where appropriate (eye screening, urine ACR, lipids)
- consider x-ray but **do not** routinely request MRI to diagnose or rule out osteomyelitis

Complete form manually and deliver or preferably, find on intranet (Directory > A-Z> Podiatry >access the service) and email to appropriate address below stating patient inpatient/outpatient status and location.

HOSPITAL DIABETES FOOT ULCER REFERRAL



The diabetic foot clinic is a specialist clinic for treatment of the following:

- Diabetic Foot Ulceration/Infection
- Suspected Active Charcot Arthropathy (RIE or St John's)
- Painful Diabetic Neuropathy not responding to first line therapy

Patients with critical limb ischemia should be fast tracked to the vascular department. All other referrals should be made directly to the appropriate service. Please refer a diabetic foot ulcer or foot problem as soon as possible but do not wait longer than 4 weeks if no sign of improvement with treatment.

Please complete and e-mail/scan referrals to one of these Diabetes Foot clinics:

Multidisciplinary Foot Team

Diabetic Foot Clinic, Metabolic Unit

Diabetic Foot Clinic

OPD2, Royal Infirmary of Edinburgh

Western General Hospital

OPD1, St John's Hospital

Tel: 0131 242 1453

Tel: 0131 537 1297

Tel: 01506 523 175

RIE.PodiatryDiabetes@nhslothian.scot.nhs.uk

WGH.PodiatryDiabetes@nhslothian.scot.nhs.uk

WL.PodiatryDiabetes@nhslothian.scot.nhs.uk

DATE OF REFERRAL:

Patient Details (or affix CHI label)		Contact Details	
Name:		Home Telephone:	
CHI:		Mobile:	
DoB:		Permission to leave voicemail: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address:		Transport Needs:	
GP:		Referring Clinic:	
Address:		Referring Clinician:	
Telephone:		Telephone:	
Ulcer History:		Antibiotics: <input type="checkbox"/> YES <input type="checkbox"/> NO	Name:
Date of Onset:			
Site(s):			
Texas Grade:		Duration:	Dose:
Ulcer recorded on SCI- Diabetes <input type="checkbox"/> YES <input type="checkbox"/> NO		Swab Taken: <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Neuropathic <input type="checkbox"/> Ischaemic <input type="checkbox"/> Neuroischaemic		Result (if known):	
Amputation History: <input type="checkbox"/> YES <input type="checkbox"/> NO		X-Ray Taken: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Previously Attended Vascular: <input type="checkbox"/> YES <input type="checkbox"/> NO		Result (if known):	
Date(s):			
Smoker: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Ex			
Footwear:		Renal Status:	
Current Medication:			
Summary of Treatment/Concerns:			

References:

- 1) A Best Practice Clinical Care Pathway for Peripheral Arterial Disease. Vascular Society, March 2019. www.vascularsociety.org.uk
- 2) Diabetic foot problems: prevention and management: NICE guideline [NG19]
Published date: August 2015 Last updated: October 2019
- 3) Barwell ND, Devers MC, Kennon B, Hopkinson HE, McDougall C, Young MJ, Robertson HMA, Stang D, Dancer SJ, Seaton A, Leese GP; Scottish Diabetes Foot Action Group. Diabetic foot infection: Antibiotic therapy and good practice recommendations. *Int J Clin Pract*. 2017 Oct;71(10). doi: 10.1111/ijcp.13006. Epub 2017 Sep 11. PMID: 28892282.