

Based on Diabetes UK/NICE "Putting Feet First" & RD&E Foot clinic. Written June 2015 vr 1
Authors: NDDH foot clinic, Northern Devon Healthcare NHS Trust (Podiatry Services)
More info on NDHT website (search "Diabetes")

Primary care annual foot review

Foot examination with shoes and socks removed

- Test sensation using 10g monofilament/ The Ipswich Touch Test
- Inspect for significant callus
- Ask about previous ulceration
- Check footwear
- Ask about pain
- Feel for foot pulses
- Check for ulceration
- Inspect for deformity
- Provide Diabetes Foot Education & literature

Grade

Active

HIGH

MODERATE
(INCREASED)

LOW

Ulceration
Infection
Critical ischaemia or gangrene
Unexplained red, hot, swollen foot
Suspected Charcot
Severe neuropathic pain

Previous ulceration or previous amputation
Or more than one risk factor, e.g.
Loss of sensation with callus
Peripheral vascular disease with deformity

One risk factor present, e.g.
Loss of sensation
or signs of peripheral vascular disease
but without callus or deformity

No risk factors present:
Normal sensation
No sign of peripheral vascular disease
No other risk factors

Refer to NDDH Diabetes on call Foot Team (Mon-Fri) 01271 322424

- Ulcer with spreading infection/swelling/discolouration - **to be referred within 24 hours.**
 - For anything out of hours via Vascular on call via Musgrove Park Hospital 01823 333444.
- Refer to NDDH foot clinic: Email ndht.diabeteshotfoot@nhs.net**
- For ulcer not responding within 2/3 weeks therapy
 - Suspected Charcot
 - Severe neuropathic pain

Refer to Community Podiatry (01271 341509, or email ndht.podiatry@nhs.net)

- Non-infected ulcers
- Ulcers with mild infection (start antibiotics, refer to N&E Devon Formulary, refer to Podiatry ulcer clinics/NDDH foot clinic if not responding within 2-3 wks)

Refer to Community Podiatry (01271 341509, or email ndht.podiatry@nhs.net)

- Assessment 1-3 monthly, or according to need

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- Assessment 3-6 monthly, or according to need

Continue primary care annual review
Provide education about foot protection

- Appropriate access to podiatrist if risk identified