

Issue date: January 2004

Quick reference guide

Type 2 diabetes

Prevention and management of foot problems*

Implementation

Local health communities should review their existing service provision for people with diabetes against this guideline. The review should consider the resources required to implement the recommendations set out in Section 1 of this guideline, the people and processes involved and the timeline over which full implementation is envisaged. It is in the interests of people with diabetes that the implementation timeline is as rapid as possible.

Relevant local clinical guidelines, care pathways and protocols should be reviewed in the light of this guidance and revised accordingly.

The implementation of this guideline will build on the National Service Frameworks for Diabetes and the Diabetes Information Strategy in England and Wales and should form part of the service development plans for each local health community in England and Wales.

Suggested criteria for audit are included in Appendix D of the NICE guideline (see www.nice.org.uk/CG010NICEguideline).

Further information

Distribution

The distribution list for this quick reference guide is available from www.nice.org.uk/CG010distributionlist

NICE guideline

The NICE guideline is available from www.nice.org.uk/CG010NICEguideline

It contains the following sections: Key recommendations; 1 Guidance; 2 Notes on the scope of the guidance; 3 Implementation in the NHS; 4 Research recommendations; 5 Full guideline; 6 Related NICE guidance; 7 Review date. It also gives details of the grading scheme for the evidence and recommendations, the Guideline Development Group, the Guideline Review Panel and technical detail on the criteria for audit. It also contains the Guideline Development Group's suggested framework for patient education.

Information for the public

NICE has produced a version of this guidance for people with type 2 diabetes, their families and carers, and the public. The information is available from www.nice.org.uk/CG010publicinfoenglish (English version) and www.nice.org.uk/CG010publicinfoWelsh (version in English and Welsh). Printed versions are also available – see below for ordering information.

Related guidance

This guideline is one of a series on the management of type 2 diabetes. Other guidelines in the series cover retinopathy (screening and early management), renal disease (prevention and early management), management of blood glucose, and management of blood pressure and blood lipids. For information about these guidelines and other NICE guidance on diabetes and wound care that has been issued or is in development, see www.nice.org.uk

Review date

The process of reviewing the evidence is expected to begin 4 years after the date of issue of this guideline. Reviewing may begin earlier than 4 years if significant evidence that affects the guideline recommendations is identified sooner. The updated guideline will be available within 2 years of the start of the review process.

This guidance is written in the following context:

This guidance represents the view of the Institute, which was arrived at after careful consideration of the available evidence. Health professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of health professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Ordering information

Copies of this quick reference guide can be obtained from the NICE website at www.nice.org.uk/CG010quickrefguide or from the NHS Response Line by telephoning 0870 1555 455 and quoting reference number N0409. *Information for the Public* can be obtained by quoting reference number N0410 for the English version and N0411 for a version in English and Welsh.

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Key priorities for implementation

General management approach

- Effective care involves a partnership between patients and professionals, and all decision making should be shared.
- Arrange recall and annual review as part of ongoing care.
- As part of annual review, trained personnel should examine patients' feet to detect risk factors for ulceration.
- Examination of patients' feet should include:
 - testing of foot sensation using a 10 g monofilament or vibration
 - palpation of foot pulses
 - inspection of any foot deformity and footwear.
- Classify foot risk as:
 - at low current risk
 - at increased risk
 - at high risk
 - ulcerated foot.

Care of people at low current risk of foot ulcers (normal sensation, palpable pulses)

- Agree a management plan including foot care education with each person.

Care of people at increased risk of foot ulcers (neuropathy or absent pulses or other risk factor)

- Arrange regular review, 3–6 monthly, by foot protection team.
 - At each review:
 - inspect patient's feet
 - consider need for vascular assessment
 - evaluate footwear
 - enhance foot care education.
- NB If patient has had previous foot ulcer or deformity or skin changes manage as high risk (see below).

Care of people at high risk of foot ulcers (neuropathy or absent pulses plus deformity or skin changes or previous ulcer)

- Arrange frequent review (1–3 monthly) by foot protection team.
- At each review:
 - inspect patient's feet
 - consider need for vascular assessment
 - evaluate and ensure the appropriate provision of
 - intensified foot care education
 - specialist footwear and insoles
 - skin and nail care.
- Ensure special arrangements for those people with disabilities or immobility.

Care of people with foot care emergencies and foot ulcers

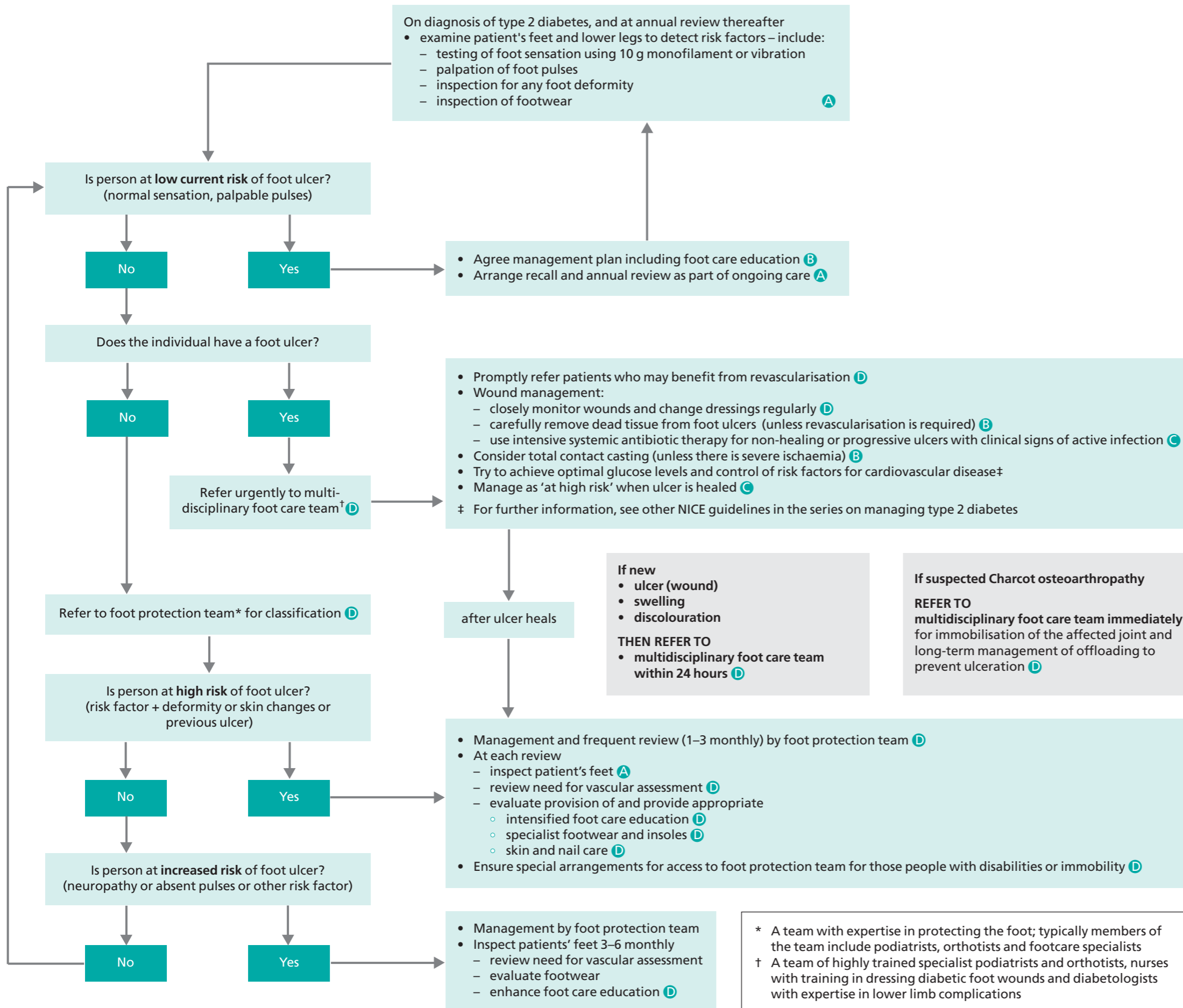
- Foot care emergency (new ulceration, swelling, discolouration)
 - Refer to multidisciplinary foot care team within 24 hours.
- Expect that team, as a minimum, to:
 - investigate and treat vascular insufficiency
 - initiate and supervise wound management
 - use dressings and debridement as indicated
 - use systemic antibiotic therapy for cellulitis or bone infection as indicated
 - ensure an effective means of distributing foot pressures, including specialist footwear, orthotics and casts
 - try to achieve optimal glucose levels and control of risk factors for cardiovascular disease.

Clinical Guideline 10

Developed by the National Collaborating Centre for Primary Care

* Update of the guideline entitled *Clinical Guidelines and Evidence Review for Type 2 Diabetes: Prevention and Management of Foot Problems* published by the Royal College of General Practitioners in 2000.

Foot care for people with type 2 diabetes: pathway of care



General management approach

- Share decision making with patients **D**
- Adequately train healthcare professionals and other personnel involved in assessment of diabetic feet **D**
- Be extra vigilant in caring for people aged over 70, or who have had diabetes for a long time, have poor vision, smoke, are socially deprived or live alone **C**
- If necessary, make special arrangements for people who are housebound, live in care or nursing homes **D**
- Encourage patients to inspect their feet and monitor their condition **D**

Patient education

- Make available structured patient education at initial diagnosis and as required, based on a regular, formal assessment of need **N**
- Offer patient education on an ongoing basis **A**
- Use different approaches **B**
- For patients with foot ulcers or previous amputation, consider offering graphic visualisations of the sequelae of disease, and providing clear, repeated reminders about foot care **B**

Note:

The Guideline Development Group produced a framework of key points that might provide a useful starting point for patient education. See Appendix E in the NICE guideline for details.

Recommendation grading

- A** directly based on category I evidence (meta-analysis of randomised controlled trials [RCTs] or at least one RCT)
- B** Directly based on category II evidence (at least one study without randomisation or at least one other type of quasi-experimental study) or extrapolated from category I evidence
- C** Directly based on category III evidence (non-experimental descriptive studies) or extrapolated from category I or II evidence
- D** Directly based on category IV evidence (expert committee reports or opinions and/or clinical experience of respected authorities) or extrapolated from category I, II or III evidence
- N** Drawn from NICE 2003 appraisal of patient education models for diabetes

See the NICE guideline for further information (www.nice.org.uk/CG010NICEguideline)