

**SALFORD DIABETES CARE**  
**GUIDELINES FOR THE MANAGEMENT OF DIABETIC FOOT PROBLEMS**

*VERSION 4: May 2007*

**ALL CASES**

- Commence Salford Diabetic Foot Ulcer forms and a Patient Held Record (instructions on back). Enter the initial ulcer form on to the patients electronic patient record (EPR).
- Identify any physical cause( e.g. tight footwear; hot water bottle; inappropriate self treatment)
- Assess for infection refer to 'Management of diabetic foot infections' as appropriate.
- Assess circulation. Any patient who does not have palpable pedal pulses or who has palpable pedal pulses and complains of lower limb symptoms of ischaemia should be referred for doppler assessment to the high risk podiatry team (see below). Consideration should also be given to best medical management in addressing risk factors for peripheral/cardiovascular disease.
- Refer to Podiatrist for comprehensive foot assessment and removal of callus.
- Consider referral to District Nurse.
- Select dressing regime appropriate to state of ulcer (consult PCT wound care formulary for guidance)
- Provide appropriate pressure relief and footwear. (Refer to pressure relief guidelines as appropriate)
- Educate patient / carer regarding care of ulcer
- Early review appointment appropriate to the problem
- Ascertain when last had diabetes annual review and most recent HBA1c, blood pressure, lipids (see LTCII). Refer to Salford Diabetes Guidelines for current targets and management as appropriate.  
Consider liaising with others to optimise metabolic control (eg. GP; Diabetes Specialist Nurse)
- When ulcer healed, assess future podiatric needs and implement a plan to prevent further ulceration (e.g. Increase frequency of review, consider biomechanical/footwear referral, education)
- Review within one month of healing
- If a person undergoes an amputation, they should be referred back to podiatry immediately post-operatively

**RAPID REFERRAL TO COMMUNITY "HIGH RISK" PODIATRY TEAM**  
**(Contact via the podiatry department at local health centres)**

- Failure to improve within any two weeks of treatment (e.g. size, depth, infection, pain)
- Diagnostic uncertainty
- Non-urgent, ischaemic ulceration
- Deteriorating claudication and/or rest pain
- Antibiotics prescribed by General Practitioner
- Swelling or discolouration or pain or discharge **if not requiring immediate referral to hospital**
- Antibiotics required beyond initial two week period

**IMMEDIATE REFERRAL TO HOPE HOSPITAL PODIATRY TEAM**  
**Dept. of Podiatry & Foot Health : direct line 206 4710 : 9.00am - 4.45 pm \***

- Potential delay in provision of antibiotics for **any** reason
- Inability to tolerate antibiotics
- Community 'High Risk' Podiatry Team not available
- New redness extending beyond 2cm from wound periphery
- Failure to respond to antibiotic therapy
- Patients with doppler values below 0.5 (remember calcification may give elevated values and therefore this figure is only a guide)
- X-Ray request/opinion required
- New discolouration / development of gangrene
- Doubt regarding appropriate action

- Uncontrolled neuropathic pain
- Confirmed or suspected osteomyelitis
- Suspected charcot foot
- Any patient with foot fracture

- **When an urgent problem occurs outside normal podiatry hours please send patient to Hope Emergency Department with their Patient Held Record.**

- The following important guidelines can be located on Salford Primary Care Trust Intranet, (Location: Clinical → Diabetes → Guidelines → Screening & Management → Feet)

- **MANAGEMENT OF DIABETIC FOOT INFECTIONS**
- **PRESSURE RELIEF FOR PEOPLE WITH DIABETIC FOOT PROBLEMS**
- **INPATIENT MANAGEMENT FOR DIABETIC PATIENTS WITH AT RISK FEET**
- **MANAGEMENT OF CHARCOT NEUROARTHROPATHY**