



Preventing Foot Complications in Diabetes

Background

Foot problems account for much of the morbidity, amputations and hospitalisations in people with diabetes. Most foot problems are preventable when identified early, treated appropriately and when people are educated to avoid these problems.

Aims

1. To identify the 'high risk' foot using as indicators:

- history of previous foot ulceration or amputation
- peripheral neuropathy
- peripheral vascular disease
- foot deformity

2. To identify active foot problems checking for:

- infection
- ulcerations
- calluses or corns
- any skin breaks
- nail disorders

3. To prevent amputations

Screening

1. Ask the patient if they have experienced :

- *previous foot problems*
- *symptoms of neuropathy*
- *intermittent claudication*

2. Look at both feet to find any active problems

3. Check foot pulses

4. Test for neuropathy by assessing protective sensation (with a 10 gram monofilament)

5. Assess footwear

6. Assess education need

7. Assess self care capacity including vision, mobility, social factors

All people with diabetes need to have their feet examined using these 7 simple steps every 12 months or more often if problems are identified.



Action

The patient's General Practitioner or Local Medical Officer will usually be responsible for co-ordinating the patient's care and should be informed of referrals, interventions and progress.

If the 7 step screening identifies:

1. Ulceration or significant infection

- requires urgent care from multidisciplinary team

2. 'High risk' foot

- requires education and routine foot care and education from podiatrist experienced in diabetes and/or multidisciplinary team
- requires medical assessment at least every 6 months and foot examination every 3 months

3. Active foot problem

- requires care from podiatrist experienced in diabetes

4. Symptomatic peripheral vascular disease

- requires consultation with vascular surgeon
- involve endocrinologist or physician specialising in diabetes

5. Symptomatic peripheral neuropathy

- requires consultation with endocrinologist or physician specialising in diabetes

6. Foot deformity or abnormality

- requires care from podiatrist experienced in diabetes

7. Inadequate knowledge or foot care practices

- provide or refer for foot care education

The availability of the above resources may vary according to locality. Alternative arrangements should be discussed with workshop facilitators - the primary local resource for managing high risk foot conditions.



Basic Foot Screening Checklist

1. Ask the patient	neuropathic symptoms	Y	N	
	intermittent claudication		Y	N
	previous foot ulcer	Y	N	
	amputation	Y	N	
	specify SITE _____			DATE ____/____/____

2. Look at both feet	infection	Y	N
	ulceration	Y	N
	calluses or corns	Y	N
	skin breaks	Y	N
	nail disorders	Y	N
	foot deformity	Y	N

3. Check foot pulses	Dorsalis pedis	LEFT		RIGHT	
		Y	N	Y	N
	Posterior tibial	Y	N	Y	N
4. Test for neuropathy	Monofilament <i>detected at sites marked - o</i>	LEFT		RIGHT	
		Y	N	Y	N



5. Assess footwear	style	Good	Poor
	condition	Good	Poor
	fit	Good	Poor

6. Assess education need	<i>Does the patient understand the effects of diabetes on foot health?</i>	Y	N
	<i>Can the patient identify appropriate foot care practices?</i>	Y	N
	<i>Are the patient's feet adequately cared for?</i>	Y	N

7. Assess self care capacity	<i>Does the patient have impaired vision?</i>	Y	N
	<i>Can the patient reach own feet for safe self care?</i>	Y	N
	<i>Are there other factors influencing ability to safely care for own feet?</i>	Y	N

All people with diabetes need to have their feet screened with these 7 simple steps every 12 months or more often if problems are identified



Action Plan following Basic Foot Screening

DATE OF REFERRAL ____/____/____

PATIENT NAME _____ SERVICE PROVIDER _____

Is the foot high risk ? Yes No (re-check in 12 months)

- If yes, why ?
- history of previous foot ulceration or amputation
 - peripheral neuropathy
 - peripheral vascular disease
 - foot deformity
 - other _____

Action*

Record details of personnel referred to. Where resources are unavailable, indicate and describe alternative care provision

1. **Ulceration or significant infection**
 - referred to multidisciplinary team : _____
2. **'High risk' foot**
 - referred to podiatrist and/or multidisciplinary team : _____
 - referred for medical assessment at least every 6 months and foot examination every 3 months : _____
3. **Active foot problem**
 - referred to podiatrist _____
4. **Symptomatic peripheral vascular disease**
 - referred to vascular surgeon : _____
 - involving endocrinologist / physician : _____
5. **Symptomatic peripheral neuropathy**
 - referred to endocrinologist : _____
6. **Foot deformity or abnormality**
 - referred to podiatrist : _____
7. **Inadequate knowledge or foot care practices**
 - referred to : _____
 - or education provided Yes

**The patient's General Practitioner or Local Medical Officer will usually be responsible for coordinating the patient's care and should be informed of referrals, interventions and progress*