

NICE Foot care Guideline (Revision): Algorithm

On diagnosis of type 2 diabetes, and at annual review thereafter

- ♦ examine patient's feet and lower legs to detect risk factors – include:
 - ♦ testing of foot sensation using 10 g monofilament or vibration
 - ♦ palpation of foot pulses
 - ♦ inspection for any foot deformity
 - ♦ inspection of footwear

Is person at **low current risk** of foot ulcer?
(normal sensation, palpable pulses)

No

Yes

- ♦ Agree management plan including foot care education
- ♦ Arrange recall and annual review as part of ongoing care

Does the individual have a foot ulcer?

No

Yes

Refer urgently to multidisciplinary foot care team

- ♦ Promptly refer patients who may benefit from revascularisation
- ♦ Wound management:
 - ♦ closely monitor wounds and change dressings regularly
 - ♦ carefully remove dead tissue from foot ulcers (unless revascularisation is required)
 - ♦ use intensive systemic antibiotic therapy for non-healing or progressive ulcers with clinical signs of active infection
- ♦ Consider total contact casting (unless there is severe ischaemia)
- ♦ Try to achieve optimal glucose levels and control of risk factors for cardiovascular disease
- ♦ Manage as 'at high risk' when ulcer is healed

Refer to foot protection team for classification

after ulcer heals

Is person at **high risk** of foot ulcer?
(risk factor + deformity or skin changes or previous ulcer)

No

Yes

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

IF NEW

- ♦ **ulcer (wound)**
- ♦ **swelling**
- ♦ **discolouration**

THEN REFER TO

- ♦ **multidisciplinary foot care team within 24 hours**

Is person at **increased risk** of foot ulcer?
(neuropathy or absent pulses or other risk factor)

No

Yes

- ♦ Management by foot protection team
- ♦ Inspect patients' feet 3–6 monthly
 - ♦ review need for vascular assessment
 - ♦ evaluate footwear
 - ♦ enhance foot care education

IF SUSPECTED CHARCOT OSTEOPATHY REFER TO:

- ♦ **multidisciplinary foot care team immediately for immobilisation of the affected joint and long-term management of offloading to prevent ulceration**

