

# WHISTON HOSPITAL ADULT INPATIENT ACUTE DIABETES FOOT PATHWAY

Ver5.10/04/25

Use this pathway to guide initial assessment and management of ACUTE DIABETES FOOT PROBLEMS (e.g. ulceration / infection / abscess / Charcot) – complete and file in medical record.  Refer all patients to the Inpatient Diabetes Foot Team (Whiston, St Helens & Newton) via Careflow Connect (including patients with foot ulcers admitted for another reason).			Addressograph / patient details  Name:  Hospital no:  D.O.B / / /	
<b>Foot assessment:</b> Examine <u>both</u> feet. Remove dressings / socks Document ulcers, cellulitis, deformity & evidence of ischaemia. Request medical photography.				Observations / investigations:  Temp: RR:
Ulcer Cellulitis Deformity Foot pulses Present?	Right yes / no yes / no yes / no  Dorsalis pedis yes / no Post. tibial yes / no	Left yes / no yes / no yes / no  Dorsalis pedis ye Post. tibial		Pulse: O2 Sat:  BP: NEWS <sub>2</sub> :  Blood glucose:
Illustrate area(	s) of ulceration below:  R L R R	R L		X-ray of affected area(s):   X-ray impression:

Antimicrobial management: Follow current version of Trust Antibiotic Policy for first line management (consult microbiology for guidance if required). If features of SEPSIS follow the Trust Sepsis Pathway (Sepsis screening and action tool).

**Glycaemic management:** Aim for blood glucose 6-12 mmol/l (insulin may be required if infection present). Follow MWL Adult Diabetes Guidelines (found via the intranet) or contact Inpatient Diabetes Nurses for advice via Careflow Connect if required.

**General care for all diabetes foot inpatients:** Ensure adequate pressure relief. E.g. air mattress, minimal weight bearing & heel protection (Hydrofilm, Parafricta or Prolevo boots). For suspected Charcot – strict non-weight bearing & refer to **Inpatient Diabetes Foot Team** via Careflow Connect for Aircast boot. Avoid anti-embolic stockings if neuropathy / ischaemia present.

#### ADULT ACUTE DIABETES FOOT TRIAGE AND MANAGEMENT PATHWAY

# **EMERGENCY MANAGEMENT OF ACUTE DIABETES FOOT PROBLEMS**

## **URGENT ACTION REQUIRED**

Addressograph or patient details				
Hospital no:				
/				

## Is there evidence of limb-threatening ischaemia?

- skin necrosis / gangrene?
- acute or critical ischaemia
- absent pulses / cold limb or foot
- known critical ischaemia
- acute pain in a neuropathic patient

YES

YES

Hospital via switchboard and inform inpatient YES vascular services via Careflow Connect.

**OBTAIN IMMEDIATE SENIOR VASCULAR** 

**ADVICE** – contact on-call Vascular at Aintree

Prescribe Antibiotics as per Trust Antibiotic Policy if indicated.

IMMEDIATE ORTHOPAEDIC REVIEW – refer to

orthopaedic on-call team via switchboard for

## NO

## Is there evidence of abscess / limb threatening infection?

- -Pus / collection / abscess / MRI evidence of collection
- -Crepitus or gas in soft tissues on X-ray
- -Spreading infection despite treatment

surgical debridement / drainage.

Prescribe Antibiotics as per Trust Antibiotic Policy if indicated.

If ischaemia present also request URGENT INPATIENT **VASCULAR REVIEW via Careflow Connect.** 

NO

#### Is there moderate or severe infection?

(i.e. systemic symptoms, cellulitis >2cm from ulcer and / or osteomyelitis suspected?

Admit via MEDICAL TEAM and triage to ward 3C. Refer to the Inpatient Diabetes Foot Team via Careflow Connect

Antibiotic therapy, glycaemic management, and general care as per page 1, consider SEPSIS pathway.

NO

Consider oral antibiotics as per Trust Antibiotic Policy and refer to Outpatient:

#### (1) DIABETES FOOT CLINIC

Inpatient Diabetes Foot Team (Whiston, St Helens & Newton) via Careflow Connect

### (2) COMMUNITY PODIATRY

Advise patient to contact their podiatry service if known, or inform **Inpatient Diabetes Foot Team** via Careflow Connect

Consider **VASCULAR REVIEW** refer via Careflow Connect if known peripheral arterial disease (PAD), evidence of ischaemia, nonpalpable foot pulses or toe pressure < 60 mmHg). Request Arterial Doppler of affected leg(s), with toe pressure measurement if not already performed.

Consider ORTHOPAEDIC REVIEW (Foot & Ankle team) if osteomyelitis or Charcot suspected using orthopaedic foot referral form: e-mail to Whiston Orthopaedic Secretaries to.footankle@sthk.nhs.uk.

IMPORTANT: If known PAD and / or evidence of ischaemia, request VASCULAR assessment <u>prior</u> to ORTHOPAEDIC review (unless abscess or limb threatening infection is present).