

WHISTON HOSPITAL ADULT INPATIENT ACUTE DIABETES FOOT PATHWAY

Ver5.10/04/25

<p>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.</p> <p>Refer <u>all</u> patients to the Inpatient Diabetes Foot Team (Whiston, St Helens & Newton) via Careflow Connect (including patients with foot ulcers admitted for another reason).</p>	<p>Addressograph / patient details</p> <p>Name:</p> <p>Hospital no:</p> <p>D.O.B / /</p>
	<p>Clinician: Ward:</p> <p>Date & time:</p>

<p>Foot assessment: Examine <u>both</u> feet. Remove dressings / socks. Document ulcers, cellulitis, deformity & evidence of ischaemia. Request medical photography.</p>		<p>Observations / investigations:</p> <p>Temp: RR:</p> <p>Pulse: O2 Sat:</p> <p>BP: NEWS₂:</p> <p>Blood glucose: mmol/l</p> <p>Request: FBC <input type="checkbox"/> U&E <input type="checkbox"/> LFT <input type="checkbox"/> CRP <input type="checkbox"/></p> <p>X-ray of affected area(s): <input type="checkbox"/></p> <p>X-ray impression:</p> <p>.....</p> <p>.....</p> <p><u>If signs of clinical infection:</u></p> <p><u>Antibiotics:</u></p> <p>Swab <input type="checkbox"/> Blood Cultures <input type="checkbox"/></p>																										
<table border="0"> <tr> <td></td> <td>Right</td> <td></td> <td>Left</td> </tr> <tr> <td>Ulcer</td> <td>yes / no</td> <td></td> <td>yes / no</td> </tr> <tr> <td>Cellulitis</td> <td>yes / no</td> <td></td> <td>yes / no</td> </tr> <tr> <td>Deformity</td> <td>yes / no</td> <td></td> <td>yes / no</td> </tr> </table>		Right		Left	Ulcer	yes / no		yes / no	Cellulitis	yes / no		yes / no	Deformity	yes / no		yes / no	<table border="0"> <tr> <td>Foot pulses</td> <td>Dorsalis pedis</td> <td>yes / no</td> <td>Dorsalis pedis</td> <td>yes / no</td> </tr> <tr> <td>Present?</td> <td>Post. tibial</td> <td>yes / no</td> <td>Post. tibial</td> <td>yes / no</td> </tr> </table>	Foot pulses	Dorsalis pedis	yes / no	Dorsalis pedis	yes / no	Present?	Post. tibial	yes / no	Post. tibial	yes / no	
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<p>Illustrate area(s) of ulceration below:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>R L</p> </div> <div style="text-align: center;"> <p>R L</p> </div> </div>																												

<p>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).</p>
<p>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.</p>
<p>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.</p>

ADULT ACUTE DIABETES FOOT TRIAGE AND MANAGEMENT PATHWAY

