|  |  |
| --- | --- |
| **Factors** | **Examples** |
| Intrinsic | Peripheral neuropathy (dysfunction of the nerves in the lower limbs) |
| Ischemia (a reduced blood supply) |
| Hyperglycemia |
| Extrinsic | Wound infection |
| Abnormal foot pressures and callus formation |

**Table 1:** Intrinsic and Extrinsic Causes of Foot Ulcers in Patients with Diabetes

|  |  |  |
| --- | --- | --- |
| **Type of Diabetic Foot** | **Characteristic** | **Clinical Features** |
| Neuropathic foot | Peripheral neuropathy predominates but the arterial supply to the foot is not affected | Deficit in touch, vibration, temperature, and pain sensation within the foot and lower limb |
| Neuroischaemic foot | Peripheral neuropathy is coupled with a reduced arteria supply, often due to peripheral arterial disease | A cold foot on palpation which may be pale or cyanosed in colour and pulses may be weak or absent |

**Table 2:** Characteristics and Clinical Features of Different Types of Diabetic Foot

|  |  |  |
| --- | --- | --- |
| **Risk Status** | **Review** | **Recommended assessments/treatment** |
| Low risk (normal sensation, normal foot pulses) | Annual review | * Negotiate and agree on a foot management plan with the patient * Patient education |
| Increased risk (loss of sensation or absent foot pulses or other risk factors) | Review every 3-6 months | * Assess patient’s feet * Determine the need for vascular assessment * Assess footwear * Patient education |
| High risk (loss of sensation or absent foot pulses plus other risk factors, e.g., skin changes or deformity) | Review every 1-3 months | If required, ensure appropriate provision of:   * Footwear and insoles * Skin and nail care * Patient education |
| Current ulcer | Emergency situation: to be seen by the multi-professional foot care team within 24 hours | * Urgent assessment and management of the ulceration |

**Table 3:** Identifying Risk Status of the Diabetic Foot