

Annual Foot Review Assumed patient receiving ongoing care and education

Foot examination with shoes and socks/stockings removed

Test foot sensation Palpate foot pulses

Active Problem

Ulcer – wound below the ankle, even minor
Infection – red/hot/swollen/shiny foot
Critical Limb ischaemia – severe pain at rest or new cold
red/blue/purple foot
Gangrene – Black toe/wound/foot
Could it be Charcot's? – unexplained warmth/swelling/unusual

Admission to secondary care if systemically unwell or vascular hub if critical limb ischaemia

Rapid referral to

(MDFT)

High Risk Previous ulcer or amputation or on Dialysis or with a kidney transplant or any TWO of the following:

No pulses felt in the foot

pain in just one foot

Neuropathy (numbness or unpleasant

tingling/sensation/burning or painless blisters/wounds)

Significant hard skin/callus

Abnormal Foot shape/change in foot shape

Refer to local Foot Protection Team : Confirm risk status

1-3 monthly foot checks

Acute Multidisciplinary Foot Team

Moderate Risk Any ONE of the following:

No pulses felt in the foot

Neuropathy (numbness or unpleasant

tingling/sensation/burning or painless blisters/wounds)

Significant hard skin/callus

Abnormal Foot shape/change in foot shape

Refer to local Foot Protection Team: Confirm risk status 3-6 monthly foot checks

Low Risk

Healthy Foot – no foot shape change, no significant callus, no skin breaks, normal skin colour

No neuropathy

Pulses felt in the foot

Footcare advice
Daily self checks
Annual foot screening in primary care

Risk Status

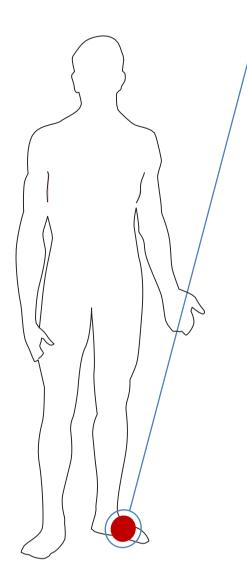
Document and explain risk status to patient and/or carer.

Provide written and verbal education and emergency contact numbers

Risk status may go up or down

Provide patient information leaflets:

- <u>Ulcer</u>
- Charcot's Foot
- High Risk
- Moderate risk
- Low risk



/	FINDING		
History	Previous ulcer or amputation (toe/foot leg)		
	Kidney Transplant or Dialysis		
	Impaired vision		
Inspection	Significant callus or corns		
	Abnormal foot shape: High arch/bunion/flat foot		
	Abnormal toes:: Claw toes/Hammer toes/overriding toes		
	Change in foot shape in one foot		
Neuropathy	Neuropathic pain (tingling/burning/electric shock)		
	Painless blister or wound		
	Score 8 or less on 10g monofilament testing		
Vascular Disease	Claudication (calf or buttock pain on walking, relieved by rest)		
	Any foot pulses not palpable		
Active Problem	Change in foot shape in one foot with swelling and warmth		
	Foot wound/ulcer		
	Ingrown toenail with signs of infection		
	Infection (redness/swelling/warmth/malodour/discharge)		
	Gangrene (black toe foot wound)		
	Foot/leg pain at rest, improved by hanging leg down		
	New cold foot with new blue/red/purple colour change		

All people with Diabetes should be on a register and minimum data should include annual measures for microvascular disease. Please see Cardiovascular Risk for additional requirements Mental health problems affect the ability to self-care. Check for: Impaired memory - 6 item cog
(see slide 31)
Anxiety or depression – PHQ4
(see slide 31)



High arch, prominent metatarsal heads



Bunion

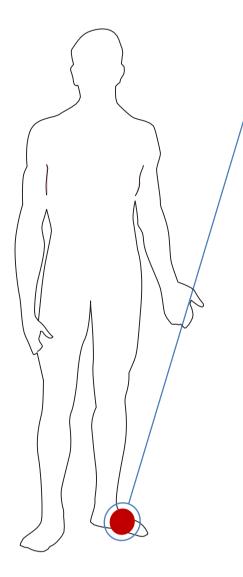


Claw toes

Photographs courtesy of Dermatonics 'A pictorial guide to diabetic foot examinations' 2016

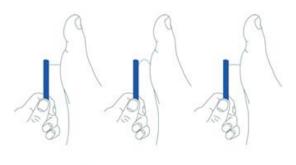
DIABETES – FOOT EXAMINATION – MONOFILAMENT TESTING





USING A MONOFILAMENT

- Apply the filament to a sensitive area of skin (e.g. the forearm) so that the patient is aware of the sensation they are supposed to feel.
- Test 5 sites* on both feet:
 - ✓ Plantar surface of the hallux and 3rd toe
 - ✓ 1st. 3rd and 5th metatarsal heads
 - *If callus is present at any of the sites then test at the nearest non-calloused area.
- Ask the patient to close their eyes and say 'yes' every time that they feel you touch the skin on the foot
- Place the monofilament at 90° to the skin surface
- Slowly push the monofilament until it has bent ~ 1cm (don't jab)
- Hold the monofilament in this position for 1-2 seconds, then slowly release the pressure until the monofilament is straight
- Remove contact from the skin
- If the patient does not respond, repeat the test at the site twice. If there is still no response, record as a negative response
- Maximum score 10. A score of 8 or less indicates neuropathy
- Replace monofilament after 500 uses (approximately 6 monthly frequent testing, yearly infrequent testing)







	CCG	Acute Diabetes Specialist Foot Team	Foot Protection Team		Vascular Hub	
Inner NW London	H &F	St Mary's Hospital T:0203 312 5437	E: clcht.spa.referral@nhs.net		Inner NWL Vascular Hub: St Mary's Hospital Contact Vascular	
	Central London	F:0203 312 6875 E:imperial.idfootreferrals@nhs.net				
	West London	Chelsea & Westminster Hospital T:0203 315 3161 F:0203 315 2732 E:Diabetes.TeamCW@chelwest.nhs.uk	F:0300 008 3251			
	Hounslow	West Middlesex Hospital E: T:	E: <u>HRCH.podiatry@</u> T:0208 973 3470		Surgery on-call	
		1	go via the Hounslow Diabetes Foot Protection Team- Diabetes Specialist Foot Team as appropriate			
Outer NW London	Brent	Central Middlesex Hospital T: 020 8453 2401/2607 F: 020 8453 2415	BIDS T:020 8963 8803 / 8804 F: 020 3963 8891 E:LNWH-tr.Diabetes-BCS@nhs.net			
	Ealing	Ealing Hospital T:020 8967 5383 F:020 8967 5507	High Risk (DICE) T:0208 383 9870 F:0208 843 1482	Moderate Risk T:0208 383 5738/ 5751 or 0208 579 5316 F:0208 383 5735 E:lnwh- tr.podealingcom@nhs.net	Outer NWL Vascular Hub: Northwick Park Hospital Contact Vascular Surgery on-call M: 07976682471	
	Harrow	Northwick Park Hospital: T:020 8869 2100 F: 0208 869 2961	CLCH Harrow F:0300 008 3104 E:Podiatryharrow@nhs.net			
	Hillingdon	Hillingdon Hospital T:01895 279229 E: thh.diab-endo-referrals@nhs.net	T:01895 485005 E:cnw-tr.hchcontactcentrerefs@nhs.net			