

## Basic Footcare Advice

### Information for patients and carers

#### Feet

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- **Wash** feet regularly with warm water and soap. Do not soak them for longer than 5 minutes.
- **Dry carefully**, especially between the toes. Do not force them apart as this may split the skin.
- **File** any areas of hard skin before bathing to keep the skin smooth.
- Gently **apply a moisturising cream** to the feet at least once a day but not between the toes. It is better to do this after washing feet. If an adverse reaction is noted to any cream try another product.
- If there is a build up of moist skin between the toes **apply surgical spirit** using a cotton bud once a day until resolved.

#### Nails

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- **Use a nail file** to file toe nails.
- For best results always file the nails when the feet are dry, that is before washing feet or before a bath or shower.
- The aim is to maintain nails at the same length as the toes to lessen the need to cut the toe nails.
- File across the top of the toe, resting the file on the toenail and pushing away from the body. This ensures that the nails are kept to the same length as the toe.

- If the toenail grows thick then file the surface of the nail to help keep it level with the toe.
- If there is a build up of dead skin around the edges of the nails do not poke around with anything sharp. Use a new tooth brush (for use only on toes!) of soft/medium density with a small head. Brush from the bottom of the nail (nearest the body) to the free edge (the tip of the toe). Brush in one direction to help free up the dead skin.
- If nail cutting is required, use a nail clipper not scissors. Cut a small piece of nail at a time to prevent chipping or cracking the nail plate, and follow the shape of the end of the toe.
- **Never** cut the nails into the corners.

**Remember:** a little attention given frequently always gets the best results!

#### Socks and stockings

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- **Change regularly** after washing feet.
- Ensure that they do not cramp toes. If there is a large seam in the socks, turn them inside out.
- Cotton socks are better for feet as they keep the feet drier.

## Footwear

What to look for:

- A style that **fastens** onto the foot by lace, strap or Velcro to hold the foot firmly in place.
- Soles that are **lightweight** and **shock absorbing** e.g. Polyurethane sole.
- A **leather upper** which allows the foot to breathe to give long term comfort with gentle support.

Feet should be measured each time shoes are purchased to ensure the **correct fitting** with enough room for toes to move. **Length, width** and **depth** are all important.

## Further Information

For further information about Gloucestershire Podiatry Service please contact:

### Gloucestershire Podiatry Service

Therapies Unit  
Gloucester Royal Hospital  
Great Western Road  
Gloucester  
GL1 3NN

Tel: **0300 422 8131**

### Gloucestershire Podiatry Service

St Paul's Medical Centre,  
121 Swindon Road  
Cheltenham

GL50 4DP

Tel: **01242 215470**

OR

Email to: [Podiatry.info@glos.nhs.uk](mailto:Podiatry.info@glos.nhs.uk)

GPS leaflet No 5 : revision date Nov 2014

To discuss receiving this information in large print or Braille please ring 0800 015 1548.

To discuss receiving this information in other formats please contact:

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如需以其他格式接收此信息，请联系

V případě, že potřebujete obdržet tuto informaci v jiném formátu, kontaktujte prosím

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Aby uzyskać te informacje w innych formatach, prosimy o kontakt

По вопросам получения информации в других форматах просим обращаться

Ak si želáte získať túto informáciu v inom formáte, kontaktujte prosím

FREEPOST RRY-Y-KSGT-AGBR,  
GUIDE & PALS, NHS Gloucestershire, Sanger  
House, 5220 Valiant Court, Gloucester Business  
Park, Gloucester GL3 4FE

**0800 015 1548 (freephone)**



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Gloucestershire Care Services

excellence

Diabetic  
Foot  
Referral  
Guidelines

# Gloucestershire Podiatry Services

## Diabetes Foot Education Guidelines

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# Introduction

## Diabetes Foot Education Guidelines

All patients with Diabetes should receive education and advice in foot care, to reduce the incidence of acute and chronic ulceration, gangrene and amputation.

A foot examination should be performed annually for the patient with Diabetes by a trained health care professional, therefore this document outlines the 'suggested' criteria that a full diabetes foot assessment should include and associated management of both acute and chronic foot problems.

The Podiatry department also has an Urgent foot ulcer referral form which should be used when a health care professional needs to refer a patient with an acute ulceration quickly to the multi disciplinary specialist foot ulcer team based at the hospital sites (CGH and GRH). Phone and fax numbers are listed below.

Finally the podiatry service has developed a new diabetes foot referral pathway which indicates treatment and assessment based on risk category.

## Diabetes Specialist Foot Team:

Cheltenham General Hospital

Tel 0300 422 3255

Fax 0300 422 3888

Gloucestershire Royal Hospital

Tel: 0300 422 8131

Fax 0300 422 8396

The Podiatry Department is open Monday to Friday, 9.00am – 5.00pm.

Any emergency outside these times should go to their General Practitioner or Accident & Emergency Department.

## Podiatry Services:

St Paul's Medical Centre, Swindon Road, Cheltenham 01242 215470

Gloucestershire Royal Hospital, Great Western Rd 08454 228132

Cirencester Hospital, Rehab and Assessment unit 01285 884583

The guidelines in this document are advisory and are not intended as rules and regulations for diabetes foot care. The management of a particular patient should be decided upon by the practitioner responsible in consultation with the patient and should reflect circumstances and needs of the individual.

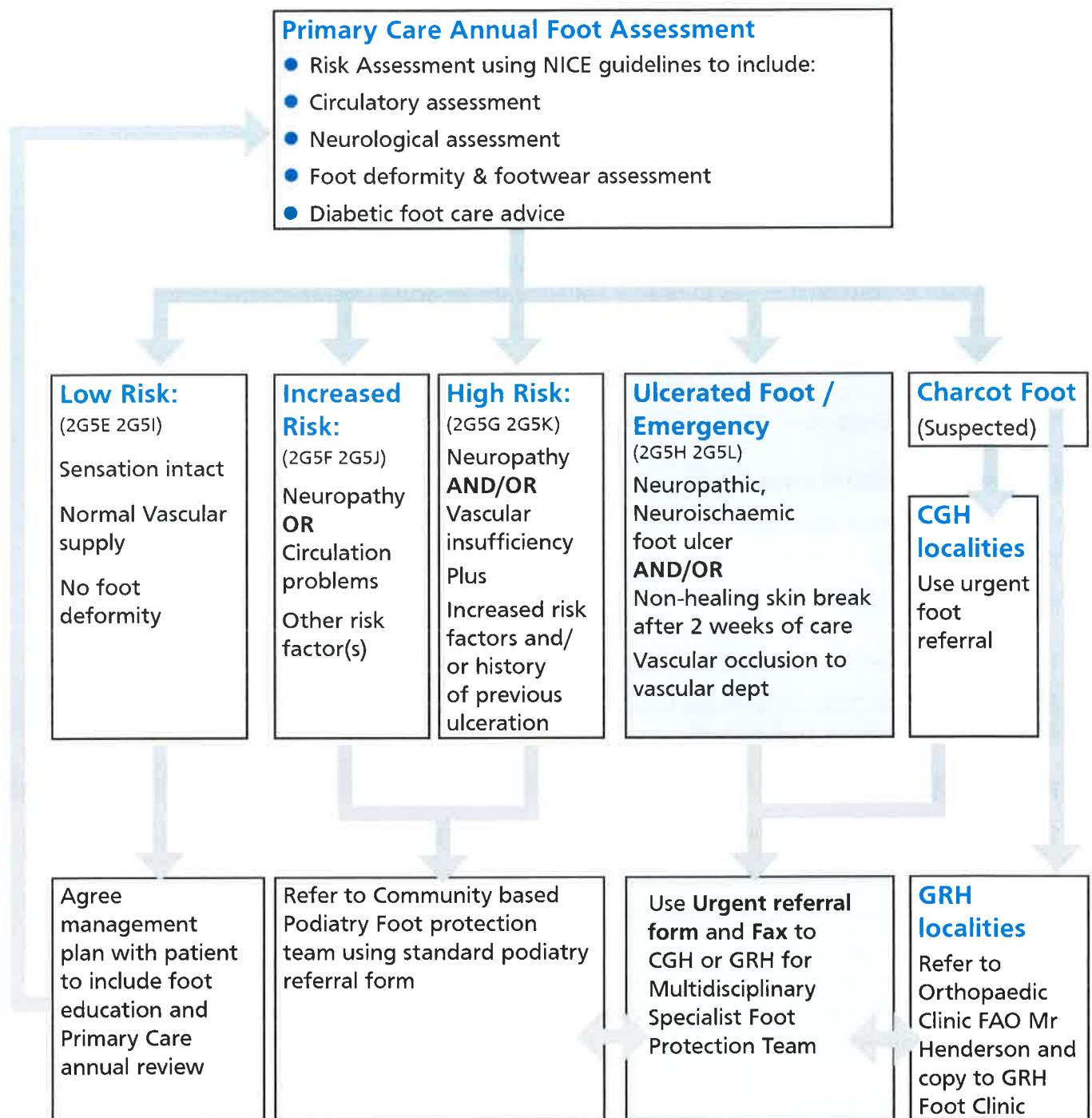
## Acknowledgements:

These guidelines have been produced by the podiatry diabetes clinical network.

## These guidelines are supported by:

County Diabetes Managed Network, Diabetes County-wide Acute Team, Lead GP Diabetes, Local Medical Committee, County-wide Tissue Viability Steering Group and Diabetes Special Interest Group.

# Referral Pathway for the Diabetic Foot – Gloucestershire



# Diabetic Foot Assessment should include:

## Vascular Assessment:

- Check:
  - Skin Colour
  - Tone
  - Temperature of both feet
- Palpate dorsalis pedis and posterior tibial pulses in both feet
- If in doubt: use a Doppler ultrasound and listen to the pulses, record as mono, bi or triphasic
- Check Capillary Refill Time

## Minimum Standard – Check Pulses

### Vascular Insufficiency:

- Dependent rubor
- Cyanotic colour and cool temperature
- Pulses monophasic with Doppler
- Capillary refill time of more than 3 seconds

## Neurological Assessment:

- Use 10g monofilament in 10 standard nerve sites over each foot (ideally with patient's eyes shut) to check sensory perception
- Check vibration perception with tuning fork in hallux and medial ankle joints
- Check pain perception using neurotip (hallux)

## Minimum Standard–10g Monofilament

### Neuropathy indicated:

- Less than 8/10 sites detected with monofilament
- Unable to differentiate between blunt/sharp (use neurotip and 10g monofilament)
- Vibration perception not felt

# Classification of Risk Categories:

<b>Low Risk:</b> <ul style="list-style-type: none"><li>● Protective sensation intact</li><li>● Circulation not impaired</li><li>● No other risk factors</li><li>● No history of ulceration</li></ul>	<b>Increased Risk:</b> <ul style="list-style-type: none"><li>● Neuropathy OR Circulation problems</li><li>● Other risk factors (min 2)</li><li>● No history of ulceration</li></ul>	<b>High Risk:</b> <ul style="list-style-type: none"><li>● Neuropathy AND/OR circulation problems</li><li>● 5 or more Risk factors</li><li>● History of ulceration</li></ul>
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<b>Ulcerated Foot/ Emergency:</b> <ul style="list-style-type: none"><li>● Neuropathy</li><li>● Discolouration</li><li>● Swelling/Redness/inflammation</li><li>● Ulceration present</li><li>● Ischaemic changes</li><li>● Non healing skin break after 2 weeks treatment (unresponsive to anti-biotic)</li><li>● Presence of Infection or suspected</li><li>● Bony involvement</li><li>● Charcot foot or symptoms noted.</li></ul>
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<b>Other Risk Factors:</b> <ul style="list-style-type: none"><li>● Poor Glycaemic control</li><li>● Poor Diet/Obese</li><li>● Lack of exercise</li><li>● Smoking</li><li>● Foot deformity</li><li>● Poor vision</li><li>● Mobility problems</li><li>● Living alone/no carer</li><li>● Ill fitting footwear</li><li>● Callous/corns/active acute foot problem</li><li>● Renal complications</li><li>● Claudication</li></ul>
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# Management of the Charcot Foot:

**“Charcot foot is a neuroarthropathic process with osteoporosis, fracture, acute inflammation and disorganisation of foot architecture.”**

## **Clinical Features:**

The patient with Diabetes will present with a red, oedematous, hot and possibly painful foot. Usually the patient will have bounding pedal pulses with evidence of impaired neurological testing.

## **Diagnosis / Investigations:**

**“Diagnosis should be made by clinical examination”** (Frykberg et al. 2000)

- Good blood supply to lower limb with neuropathy present
- Observe foot for obvious signs of trauma and / or cellulitis
- Heat differentiation between limbs – affected limb often 2-8 degrees higher than other foot.
- History of trauma to limb may be apparent
- X ray for baseline and to exclude diabetic neuropathic fracture
- Differential diagnosis: Infection



## Gloucestershire Podiatry Services - Urgent Diabetic Foot ulcer referral form

Full Name	
Address	
Date of Birth	
Hospital Number	
Telephone Number(s)	
GP Name	
GP Telephone Number	

**Diabetes:** Type 1 Diabetes / Type 2 Diabetes / Type 2 Diabetes on insulin

Medication	Please list all

### Description of Ulcer

Size/depth	Type vascular/neuropathic Bone involvement/infected?	Site	Duration

### Other information:

Recent x-ray: Yes/No      Date:      Findings:  
 Recent swab:              Yes/No:      Date:                      Result:  
 Antibiotics:                Yes/No:      name and dose:

### Referred by:

Please print name:                                      Profession:  
 Date:

Diabetes Foot Clinic Podiatry Department Gloucestershire Royal Hospital Great Western Road, Gloucester GL1 3NN Tel: 0300 422 8131 Fax: 0300 422 8396	Diabetes Foot Clinic West Block out patients Dept Cheltenham General Hospital Sandford Road, Cheltenham GL51 4DP 0300 422 3255 Fax: 0300 422 3888
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Please notify the department prior to faxing any Patient identifiable information, refer to the County Fax Guidance Policy for further information on faxing

<b>Gloucestershire Podiatry Services</b>		
<b>Diabetic Foot Assessment Form</b>		Date of Assessment:..
Name:	ID No:	DOB:
Clinician:	Risk Category:	

**Diabetes:**  
 Type 1  Type 2  Diet only  Year Diagnosed  HbA<sub>1c</sub> + Date

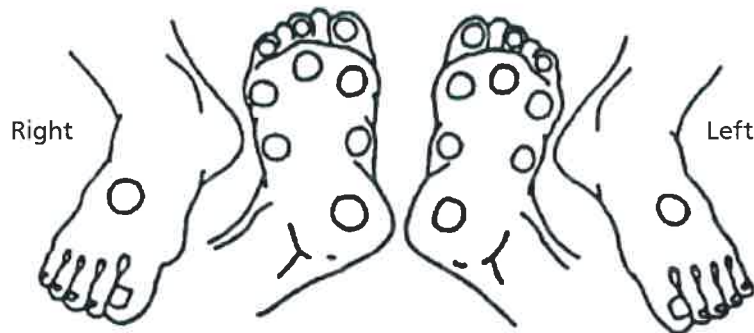
Medication/Insulin Regime  
 .....

Medical Changes  
 .....

Previous Ulcer	Yes	No	Site											
Smoking	Yes	No	Amount per day				Alcohol	Yes	No	Amount per week				
Ability to see feet	Yes	No	Carer to help		Yes	No	Footcare (self)		Yes	No	Carer		Yes	No
Foot	Yes	No	Details											
ROM 1st MTPJ	Left		Right				ROM Ankle		Left		Right			

Please tick the circles for positive monofilament results

- Draw in deformities  
 Callous = C  
 Corns = HD  
 Pre-Ulcer = PU  
 Ulcer = U  
 Redness = R  
 Swelling = S  
 Fissures = F  
 Infection = I  
 Onychocryptosis = OC



**Neurological Assessment**  
 Signs and Symptoms (details):

	Right	Left	Scoring
Symptoms present Y or N			N = 0 Y = +1
10g MONOFILAMENT			10 = 0 8 or less = +1
Vibration perception VPT			Felt = 0 Unfelt or plus 20mv = +1
40g NEUROTIP			Felt = 0 Unfelt = +1
<b>Total Score</b>			<b>NEUROPATHY PRESENT IF SCORE = &gt; +2</b>

**Vascular Assessment**

Skin and Tissue viability (details):

PULSES	Right	Left	DOPPLER SIGNAL	Right	Left
Dorsalis Pedis			Tri/Bi/Mono		
Post Tibial			If pulses non-palpable		
Cap refill time			Venous Symptoms		

**Patient Symptoms**      Night pain YES / NO      Rest Pain YES / NO      Claudication Distance.....

**Referred on to:**      **Next Assessment Due:**

Clinicians Signature

<b>Risk Category</b>	<b>Low Current Risk</b>	<b>Increased Risk</b>	<b>High Risk</b>	<b>Foot Emergencies</b>
<b>Factors</b>	Normal sensation Palpable pulses	Neuropathy or Absent pulses Other risk factors	Neuropathy +/-OR Absent pulses Other risk factors incl. deformity or skin changes or previous ulcer	New ulceration, Swelling, Cellulitis, Discolouration
<b>Management</b>	Annual review Usually with GP Practice	Regular review 3-6 months, intensive education, specialist footwear/ insoles, review need for vascular assessment	Freq review 1-3 months, intensive education, specialist footwear/insoles, review need for vascular assessment	Refer to Multidisciplinary team within 24 hours for assessment and treatment



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