



شركة الصحة القابضة
Health Holding Company
North Business Unit

Model of Care
Chronic Care

Foot Disease in Diabetes

This clinical sub-pathway is part of the system level Diabetes pathway and it focuses on foot disease in diabetes. This pathway provides information about the assessment and management of foot disease in diabetes at the primary health care level.

Red flags

- Severe or spreading infection
- Critical limb ischaemia
- Active ulceration
- Suspected Charcot foot



Table of Contents

| | |
|----------------------|---|
| Assessment..... | 2 |
| Management..... | 3 |
| Request | 4 |
| Information..... | 5 |
| Acknowledgments..... | 6 |



Double click to open the reference document



Click blue color text to open the linked document

Click to view further information



Assessment

1 Ask about:

- Past history:
- Neuropathic symptoms:
- Vascular symptoms:
- Other diabetes complications:
- Risk factors for foot ulcers:
- Current problems (e.g. corns, ulcers, blisters, cracks, or problem nails)
- Occupation and activities
- Usual footwear practice

2 Examination:

- Perform visual inspection. Skin changes and structural foot changes are risk factors for ulceration:
- Check:
 - For features of neuropathy and features of ischaemia. A foot can be neuroischaemic and have a mixture of features:
 - For foot sensation test for Loss of protective sensation (LOPT) by using 10 g monofilament, and one of the other tests:
 - ◆ Vibration, using 128 Hz tuning fork, with a tuning fork to evaluate the large fibre
 - ◆ Pin prick sensation testing
 - ◆ Ankle tendon reflexes. If absent, check knee tendon reflexes
 - ◆ VPT
- Palpate pedal pulses and perform peripheral arterial disease examination:

3 Check for the presence of active foot disease:

- Acute Charcot foot (neuropathic arthropathy):
- Critical ischaemia:
- Active foot ulcer
- Severe or spreading infection
- Chronic limb-threatening ischaemia
- Gangrene
- Unexplained hot, swollen foot with or without pain, i.e. suspected active Charcot foot (neuropathic arthropathy)

4 Decide on the risk level:

- High-risk foot:
- Moderate-risk foot:
- Low-risk foot:



Management

- 1 If the patient has active foot disease:
 - Request an urgent diabetes active foot disease assessment at the diabetes centre. If unsure whether acute admission or urgent referral is appropriate, seek diabetes advice
 - Request an emergency department assessment if acute critical limb ischaemia
 - Closely monitor all wounds and ulcers
 - Treat any infection with antibiotics and debridement
- 2 If severe infection, i.e. rapid deterioration of ulcer, deep abscess, spreading cellulitis, systemically unwell, request an emergency department assessment.
- 3 If suspected Charcot foot, request acute orthopaedic assessment or to a diabetes clinic with specialist diabetes podiatrist.
- 4 Use screening as an opportunity to provide patient information and education:
 - Educate the patient about good foot care and emphasise the importance of checking their own feet regularly:
- 5 If the patient is high risk for diabetic foot disease:
 - Consider referral to a diabetes centre or vascular surgeon if peripheral arterial disease and tissue loss
- 6 If the patient is moderate risk for diabetic foot disease:
 - Consider referral to a diabetes centre for non-acute diabetic foot disease assessment
- 7 If the patient is low risk for diabetic foot disease:
 - Arrange annual foot screening by general practice, especially if the patient has visual impairment or physical disabilities
- 8 Manage any painful diabetic neuropathy, if:
 - Failure to respond to treatments and poor diabetes control, consider referral to a diabetes centre for non-acute diabetic foot disease assessment
 - Pain is the predominant problem, request a referral to a diabetes centre for pain specialised assessment
- 9 Check feet a minimum of every year. If known to be high risk, increase frequency to 3 monthly:




Request

- If severe infection, request an emergency department assessment
- If suspected acute Charcot foot, request acute orthopaedic assessment or to a diabetes clinic with specialist diabetes podiatrist
- If active foot disease:
 - Request an active foot disease assessment at the diabetes centre. If unsure whether acute admission or urgent referral is appropriate, seek diabetes advice
 - Request an emergency department assessment if acute critical limb ischaemia
- If painful diabetic neuropathy and:
 - Failure to respond to above treatments and poor diabetes control, consider referral to a diabetes centre for non-acute diabetic foot disease assessment
 - Pain is the predominant problem, request a referral to a diabetes centre for pain specialised assessment
- If high-risk foot disease:
 - Consider referral to a diabetes centre if peripheral arterial disease and tissue loss
 - Consider a referral to a diabetes centre for a diabetes high risk foot assessment
- Consider referral to a diabetes centre for non-acute diabetic foot disease assessment annually for a moderate and low-risk foot disease



Information

For health professionals

- Ministry of Health
 - [MOH Formulary](#)
 - [Saudi National Reference For Diabetes Mellitus Guidelines In Primary Health Care](#)  (Appendix 1: p140)
- BPACNZ:
 - [Assessing Diabetic Peripheral Neuropathy in Primary Care](#)
 - [Screening and Management of "The Diabetic Foot"](#)

For patients

- Ministry of Health
 - [Diabetic Foot](#)
 - [Diabetes Foot Care](#)
 - [Prevention from diabetes foot complications](#)
 - [Care for diabetes foot patient](#)
 - [Symptoms and causes of foot injury in diabetic patients](#)



Acknowledgments

A special thank you to the following team members for their help and dedication in making this document a reality.

From Hail

- Dr. Khalil Alshammari
- Hind Alobaid
- Dr. Mashari Aljamaani
- Dr. Alshafei Abdel aziz Ladhin
- Faiza saleh alaboush
- Dr. Marwa Mahmoud Hosny Mahdy
- Maram Saleh Alshammari

From Jouf

- Dr. Ahmad Almuayqil
- Dr. Oussama Alsobyhy
- Lama Mohammed Albarrak
- Abdulaziz Khalaf Alfuhegy
- Alex A. Adelosy
- Asma Lotfy Sasi
- Dr. Ibrahim Ramadan
- Iqbal Abdel Rahim Mukhtar
- Mohanad Abdullah Aldaly
- Naglaa Mohamed Ahmed

From Northern Borders

- Dr. Mansour Azmi
- Eng. Mejjwel Alenazi
- Zeid Akshan
- Mohamed Alenazi
- Hamida Alenazi
- Dr. Ahmed Ismail

- Eshraq Aldhubyan
- Dr. Hesham Nasef
- Manal Saeed Alenezi
- Manal Saad
- Maryam Mukatel
- Dr. Mohamed Eyhab
- Omar Faleh
- Dr. Rawan Abed Alharbi
- Dr. Yasser Awad

From Qurayyat

- Dhaher Al Anazi
- Ali Monawer Alanzi
- Dr. Reda Mahmoud Alshenawy
- Majid Alanzi
- Hooria Alanazi
- Faleh za'al Alanezi
- Adel Zaki Al Sharari
- Dr. Ahmed Maashy Guribaan Alabdely
- Dr. Ali Shaban
- Fahdah Aziz Al Rowili
- Dr. Fatima Sabry Jaddahllah
- Dr. Jehan Yousif Gally
- Dr. Maha AbdulRahman
- Mona Eyada Al Enazi
- Dr. Mutaz Mustafa Abdullah
- Nada Salem Alazmi
- Wjdan Taleb Alanazi

From Tabouk

- Dr. Hayaza'a Alshehri
- Dr. Nada Saleh Albalawi
- Hayfaa Alsubhi
- Saad Alzahrani
- Abeer Slamh Al Balawi
- Afrah Ateeq Alghamdi
- Dr. Ahmad Nasreldein Ali Nsef
- Dr. Ameerah Abdulaziz
- Anna Leizza M. Ahmad
- Dr. Awad AL qahtani
- Dr. Basem Ahmad Abdulkader
- Dr. Djekaoua Redouane
- Fatimah Abdullal ALAtawi
- Dr. Lafiah Jaradi
- Dr. Majed Saeed Alqahtani
- Dr. Mohammed Islam
- Nourah Saad ALJowhri
- Eng. Salih Alhowaiti
- Waleed Abdullal Ettai



شركة الصحة القابضة
Health Holding Company
North Business Unit