thebmj Visual summary

Diabetic foot

Primary care assessment and monitoring

General assessment

Look for signs of sepsis: Visibly unwell | Drowsy | Abnormal breathing | Abnormal pulse | Fever

Foot examination

Check for active disease: Ulceration | Rest pain | Gangrene | Cellulitis

Check foot temperature and colour
- Cold, pale or dusky → May indicate ischaemia **ISC**
- Warm, red or swollen → May indicate acute Charcot foot **CHA**

→ Acute limb or life threatening problems → Urgent referral to diabetic foot centre or general surgery

DEF Check for lesions and deformities: Deformed nails | Callus | Macerated web spaces | Skin fissures | Hallux valgus | Claw toes | Hammer toes | Pes cavus | Rocker bottom foot | Fungal infection

PAD Screen for peripheral arterial disease

Absent foot pulses: Posterior tibial artery | Dorsalis pedis artery

History of intermittent claudication

Ankle brachial index (ABI) less than 0.9 — Measure if possible

LOPS Screen for loss of protective sensation

Test sensation with a 10 g monofilament — An inability to sense a 10 gram pressure is the current consensus definition of LOPS

± Biothesiometer

± Graduated tuning fork

Risk assessment

LOW RISK

CAL Callus alone

MEDIUM RISK

Deformity, loss of protective sensation, or peripheral arterial disease

DEF | LOPS | PAD

HIGH RISK

Previous amputation or ulceration — PRE

Any two of: loss of protective sensation, peripheral arterial disease, and lesions or deformities

LOPS + PAD + DEF

Patient education
- Glycaemic control
- When to seek help
- Modifiable risk factors
- Foot care

Manage PAD*
- Statins + 1 antiplatelet
- Exercise to improve circulation
- Consider referral for further investigations and revascularization

Routine referral

Urgent referral

DIABETIC FOOT CENTRE

Foot protection services: Callus debridement | Nail care

Surgical management: Wound debridement | Amputations

Liaison or referral → Vascular intervention and orthoses services

* Adapted from NICE guidance on diabetic foot and peripheral arterial disease

Primary care follow-up

LOW RISK	MEDIUM RISK	HIGH RISK
Every year	Every 3–6 months	Every 1–2 months

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