

# **Ambulatory Management of Diabetic Foot Complications**

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# **Active Foot Disease**

Foot ulcers / Blisters / Infection / Necrosis / Charcot Arthropathy / Other unexplained red hot swollen foot

## Management dependent on assessment as per next 6 scenarios

#### Press click box to link to page

1	2	3	4	5	6
Foot Infection with signs of systemic sepsis	Limb Threatening Foot Infection - No signs of sepsis	<u>Non Limb</u> Threatening Foot Infection - No signs of sepsis	Foot Ulcer with No Infection	Critical Limb Ischaemia	No Foot Ulcer/ Infection, but cause for concern

Figure 1: Ambulatory management of diabetic foot disease - Scenario selection

## Discussion

Improved resource usage and rapid access to relevant MDFT specialisms is facilitated, with identification of those requiring admission for emergency interventions. Where ambulatory care is appropriate the pathway guides initiation of immediate therapies and investigations.

The benefits of rapid assessment/treatment with the introduction of an MDFT and care pathway have been consistently demonstrated.<sup>2</sup> Our existing MDFT echoes these findings with overall reductions in major amputations, inpatient admissions, and total bed days.<sup>3</sup>

## Conclusion

MDFT working is now embedded within our ambulatory care pathway, supporting the recommendation by NICE for robust protocols and clear local pathways across all settings including emergency care.<sup>4</sup>

#### References

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## Introduction

Diabetic foot infection (DFI) is the most common reason for diabetes related admissions and lower extremity amputations.<sup>1</sup> Our ambulatory emergency care (AEC) unit provides hospital-level urgent care to those with DFI and complications.

## Method

To ensure consistent and safe management within the AEC unit we developed a scenario based interactive pathway (Figure 1). In collaboration with our Multi-Disciplinary Diabetic Foot Team (MDFT), six key presentations are detailed with clinical questions to guide care processes (Figure 2).

## 1. FOOT INFECTION WITH SIGNS OF SYSTEMIC SEPSIS

#### - Evidence of sepsis where foot felt to be the source of infection

#### **Requires Inpatient Management**

 Start treatment as per sepsis bundle consulting <u>antimicrobial</u> <u>guidelines</u> for 'Severe Diabetic Foot Infection'

You can discuss with Micro/ID team for antibiotic queries (Bleep 4076 for JR AAU, Bleep 9799 for Horton RAU)

#### Does the patient require urgent foot surgery?

Deep collection/abscess, non-salvageable foot/digit, gas in tissues, source control

**Monday – Friday 8am-4pm** – Request time critical podiatry review (telephone advice within 1 hour and physical review within 4 hours) to determine if urgent foot surgery needed

After 4pm, weekends and bank holidays - Request urgent on call vascular team review (contact via switchboard) to support decision making

### If urgent foot surgery is not required...

#### Does the patient have palpable foot pulses?

- YES Podiatry review only
- NO Referral to Vascular Team + Podiatry (Urgent vascular review if signs of critical limb ischaemia) SpR ext40421 or via switchboard
- Could the patient have osteomyelitis?
  - YES request urgent foot <u>xray</u> +/- MRI. If positive, urgent referral to Foot & Ankle Team (Bleep #7404) and liaise with Micro/ID team (#4076)
  - NO Urgent podiatry review (will arrange inpatient MDT review as needed)

If not showing signs of improvement within 24hours reassess management

## If patient deteriorates urgent reassessment required due to high risk of requiring surgical management

Figure 2: Ambulatory management of diabetic foot disease – Scenario 1