

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



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.² Our existing MDFT echoes these findings with overall reductions in major amputations, inpatient admissions, and total bed days.³

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.⁴

References

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- Buckingham J, Barrett L, Howard D, Tan G, Loizou C. Reflections from the Oxfordshire Multi-disciplinary Diabetic Foot Care Service. *Journal of Trauma and Orthopaedics* 2021;9:50-53
- National Institute for Health and Care Excellence. 2015. *Diabetic Foot Problems: Prevention and Management (NG19)*. <https://www.nice.org.uk/guidance/ng19/resources/diabetic-foot-problems-prevention-and-management-pdf-1837279828933> [Accessed 09 February 2022].

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 antimicrobial guidelines 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 xray +/- 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