Patient presents to A+E DOPD or Podiatry Clinic with Diabetic Foot Problem: Ulcer / Cellulitis / Necrosis / Tissue Destruction / Malodour

For Hot Inflamed Neuropathic Foot where infection not suspected
see alternative diagnosis

Admit if:
• extensive cellulitis > 3cm
• deep abscesses
• suspected osteomyelitis
• gangrene / necrosis
• signs of systemic sepsis

TO SECONDARY CARE ACUTE ADMISSION UNIT

On admission
If admitted to peripheral hospital, arrange transfer to Raigmore
Refer to Diabetes Team to assume Diabetes care
AND to Vascular Team if ischaemic ie impalpable pulses
Referral must be classed urgent and by phone not IUR
Contact Vascular team (ext 5423/6127) and Diabetes team (ext 5322/5444)

Initial Management Plan
• Aim for transfer to Ward 6C or 5C depending on nature of foot problem
  (Medical or Surgical)
  • Consider sliding scale if patient systemically unwell
• Initial assessment should include removal of dressings, examination of feet to assess for indications of peripheral neuropathy (10G Monofilaments recommended) AND
  Palpation of dorsalis pedis and posterior tibial pulses in both feet
• Refer to Highland Formulary Guidelines for inpatient Antibiotic Management
  • X-ray recommended
• For appropriate wound dressings refer to NHSH Wound Management Guideline
  • Refer to Podiatry, Abban Street 732250 to alert diabetes specialist podiatrists for advice on wound management and local debridement (if appropriate)
  • Refer to orthotics for advice on pressure relief ext 5528
  • Consider referral to diabetes inpatient specialist nurse if appropriate ext 7934

Do not admit if:
Cellulitis < 2 cm; no osteomyelitis; no abscess; no gangrene; patient systemically well

Refer to Diabetes foot MDT clinic

Alternative Diagnosis

Gu idelines for the management of patients in North Highland with a diabetic foot problem

Patient presents with:
Swollen, inflamed, hot possibly painful foot without obvious ulcer or portal site for infection
• Initiate antibiotic therapy until diagnosis confirmed
• x-ray to exclude fracture or foreign body.

Consider Charcot Neuroarthropathy and follow management guideline