Diabetic Foot Ulcer Flow Chart

**Assessment**
- **History**
  - Medical
  - Medications
  - Wound
  - Psychosocial / activities of daily living

**Characteristics of the wound**
- Use a validated classification tool

**Inspect for foot deformities**
- Screen all clients for peripheral arterial disease (PAD), including an ankle brachial pressure (ABPI)
- An ABPI less than 0.9 indicates arterial disease
- ABPI greater than 1.2 indicates a need for further investigation
- Use monofilament testing to assess for loss of sensation and neuropathy
  - *Assessment should only be undertaken by a trained health professional*

**Wound Bed Management**
- Cleanse the wound with a neutral, non-irritating solution e.g. warm water or normal saline
- Cleanse wound bed gently to avoid trauma
- Remove necrotic or devitalised tissue, unless revascularisation is needed
  - Mechanical or sharp debridement should only be done by a trained health professional
- **Select a dressing which will:**
  - maintain a moist wound environment (except where dry gangrene or eschar is present)
  - protect the surrounding skin
  - manage wound exudate
  - topical antimicrobial dressings will help chronically or heavily colonised wounds

**Diabetic investigations***
- Screen all clients for peripheral arterial disease (PAD), including an ankle brachial pressure (ABPI)
  - An ABPI less than 0.9 indicates arterial disease
  - ABPI greater than 1.2 indicates a need for further investigation
- Use monofilament testing to assess for loss of sensation and neuropathy

**Management**
- Reduce pressure – offload pressure points e.g. use crutches, wheelchairs, custom shoes or inserts, orthotic walkers, diabetic boots, or total contact casts
- Promote oxygenation of the wound by avoiding dehydration, smoking, cold, stress and pain
- Optimise glucose control
- Regularly document progress in healing
- Re-evaluate treatment if failure to achieve 40% ulcer size reduction after 4 weeks
- A multidisciplinary team is needed; include podiatrists, orthotists, dietitians, GPs, wound care nurses and endocrinologists
- Consult remote expert advice with digital imaging for clients living in remote areas

**Prevention**
- Assess all clients with diabetes for PAD, neuropathy and foot deformity and classify the level of risk
- Protective footwear is required for those at risk, i.e. with PAD, neuropathy, callus, foot deformity and/or previous ulceration
- Offload pressure points as detailed under ‘Management’
- Practise good foot care and daily inspection of feet
- Ensure an annual foot examination by a health professional (3 – 6 monthly if at moderate or high risk)
- Monitor and optimise blood glucose levels
- Quit smoking

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**Characteristics of a Diabetic Foot Ulcer**

**Diabetic ulcers typically:**
- Occur on the sole of the foot or over pressure points e.g. toes
- The wound bed can be shallow or deep, producing low to moderate amounts of exudate
- The surrounding skin is usually dry, thin and frequently has callous formation

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**When to Refer**

<table>
<thead>
<tr>
<th>Uncertainty of diagnosis</th>
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<tbody>
<tr>
<td>There is a low or high ABPI</td>
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<tr>
<td>Symptoms impact on quality of life</td>
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<tr>
<td>Complicated ulcers e.g. multiple aetiology</td>
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<tr>
<td>Signs of infection or wound probes to bone</td>
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<tr>
<td>No progress in healing or deterioration of ulcer</td>
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</tbody>
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**References:**