This is a guide only and does not replace clinical judgment

References:
National Evidence-Based Guideline on Prevention, Identification and Management of Foot Complications in Diabetes. Melbourne Australia: NHMRC 2011
Registered Nurses' Association of Ontario (RNAO) Assessment and Management of Foot Ulcers for People with Diabetes. Toronto: RNAO 2006
McIntosh A et al. Prevention and Management of Foot Problems in Type 2 Diabetes. Sheffield: University of Sheffield; NICE 2003
Diabetic Foot Ulcers

**Assessment**
- Assessment should be undertaken by trained health practitioners
- Measurement of Ankle Brachial Pressure Index (ABPI) is essential. An ABPI of <0.9 indicates arterial disease and an ABPI >1.2 requires further investigation
- Neuropathy and loss of sensation can be determined by monofilament testing in combination with clinical assessment
- Assess risk factors (neuropathy, PAD, foot deformity) and classify foot ulcer risk as:
  - low: no risk factors or history of foot ulcer/amputation;
  - intermediate: one risk factor and no history of foot ulcer/amputation; or
  - high: 2 or more risk factors and/or history of foot ulcer/amputation

**Management**
- Involve a multi-disciplinary team with GP, nurse, podiatrist, orthotist, endocrinologist. Consider remote expert advice with digital imaging for people living in remote areas
- Offloading of pressure points is necessary e.g.
  - crutches, walkers or wheelchairs
  - custom shoes, modifications or inserts
  - custom relief orthotic walkers
  - forefoot and heel relief shoes
  - total contact casts
- Facilitate oxygenation of wound environment - avoid dehydration, smoking, cold, stress, pain
- Optimise glucose control
- Irrigate ulcer with a neutral, non-toxic solution, and cleanse with minimal trauma

**Prevention**
- All individuals at risk (i.e. PAD, neuropathy, callus, foot deformity, previous ulceration, amputation) need protective footwear
- Ensure correct foot care is practised, including daily inspection of feet
- A trained health professional should undertake a foot examination:
  - annually in those at low risk
  - 3-6 monthly in those at intermediate or high risk
- Optimise glucose control
- Discourage individuals from smoking
- Encourage maintenance of a healthy weight
- Provide a foot protection program for those at intermediate or high risk for foot ulceration

**Diabetic Foot Ulcers are usually on the sole of the foot or over pressure points. They are frequently surrounded by dry, thin and/or calloused skin.**