

## Foot Assessment for People with Diabetes

You need to check the feet daily and record the diabetic foot risk score on the **Diabetic Monitoring and Treatment Chart** - see overleaf for guidance

Diabetic foot risk score	Clinical feature
<b>3</b>	Ulcer / abrasion / split skin / open wound
	Existing foot ulcer / attending foot clinic
	Blistered / discoloured heels
<b>If yes to any of above, URGENT REFERRAL (within 24 hours) to Podiatry or Diabetes Team and commence wound care plan</b>	
<b>2</b>	Hard skin / callus
	Dry or cracked heels
	Neglected feet
	Previous ulcer / amputation
<b>If yes to any of above, HIGH RISK OF ULCERATION - refer to Podiatry</b>	
<b>1</b>	Prolonged immobility / reduced mobility
<b>If yes to any of above, AT RISK FEET - RELIEVE PRESSURE AND CONTINUE TO MONITOR DAILY</b>	
<b>0</b>	Independently mobile with no risk factors

Podiatry

NGH ext 14208

RHH ext 12754

Diabetes Centre

ext 14445

ext 13479

Diabetes StR

bleep

bleep

## Diabetes Foot Assessment

Foot care for a person with diabetes is vitally important. The prevention of foot problems is paramount.

Circulation and sensation can be impaired which means the feet are vulnerable to injury and healing can be delayed. For some the ulcers become chronic and can lead to amputation.

**In hospital there is a high risk of HEEL ulceration due to immobility as a result of surgery or illness.**

**A person with diabetes may not be able to feel their feet**

### **YOU NEED TO LOOK**

- All patients should have a Foot Assessment completed within 24 hours of admission.
- All patients with diabetes should have their feet checked daily, including between the toes; **record diabetic foot risk score on the diabetes treatment and monitoring chart**
- If any foot problem is found, **it is your responsibility to refer to Podiatry or the Diabetes Team**

### **Footcare Advice for Inpatients with Diabetes**

Encourage patients to continue their daily footcare routine. **Assist if unable to self care:**

- a. Wash feet using soap and warm water, dry well afterwards especially between the toes
- b. Apply moisturising cream to any dry/cracked skin: no moisturising cream between the toes
- c. Ensure pressure area care **for any period of immobility**. Ensure correct use of pressure relieving devices if any evidence of pressure damage including reddened/discoloured/blistered heels; **contact Podiatry for advice** and offload pressure on the heels with pillow until advised/pressure relieving device supplied.
- d. Wear footwear all the time, specialist footwear if provided; **patients should never go barefoot**
- e. Check shoes and socks daily for foreign bodies. Socks should not be so tight as to restrict circulation and should be worn inside out if they have hard seams
- f. **Pay special attention to footwear if feet swollen**. Do not force footwear on as this can cause injury - get temporary footwear that incorporates swelling eg Velcro sandal
- g. Optimise blood glucose(BG) control - BGs 6 -10mmol/L
- h. If foot wound or ulcer:
  - Swab as requested and document on appropriate chart and nursing notes
  - Ensure patient is receiving antibiotics if prescribed
  - Ensure patient is wearing temporary pressure- relieving footwear, or maintaining bed rest, if required
  - Ensure follow up in foot clinic on discharge