NICE National Institute for Health and Care Excellence

Foot care for people with type 2 diabetes

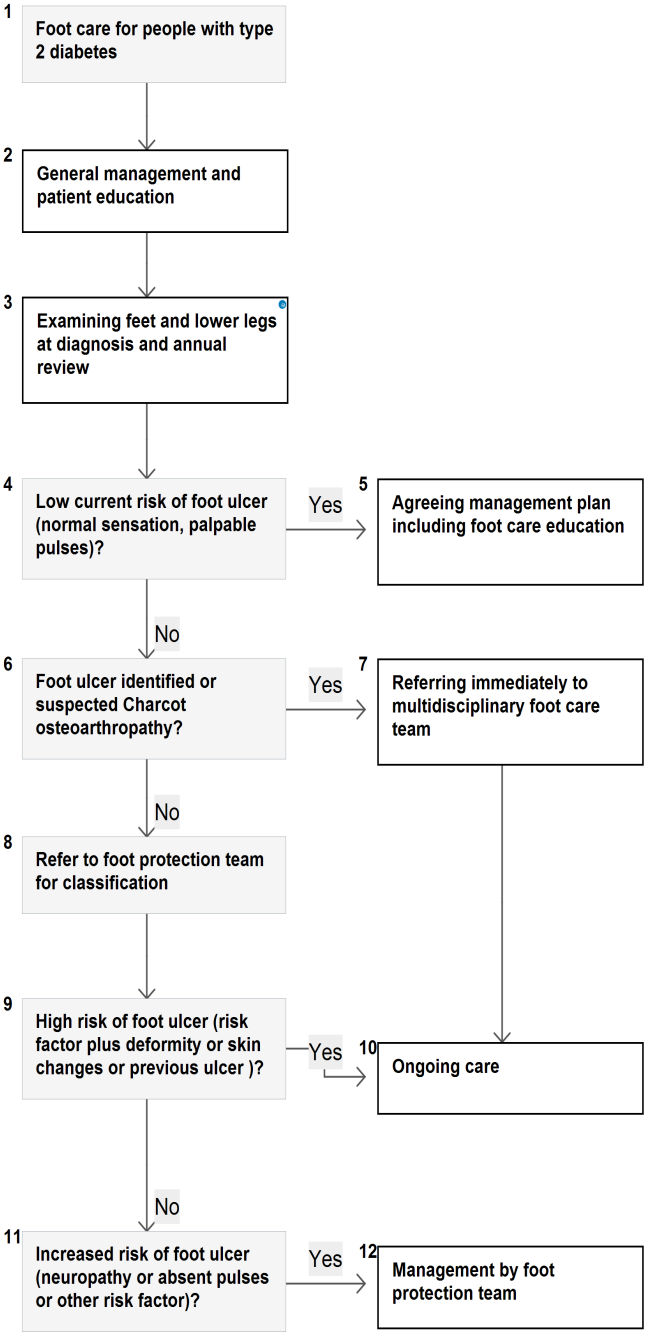
A NICE pathway brings together all NICE guidance, quality standards and materials to support implementation on a specific topic area. The pathways are interactive and designed to be used online. This pdf version gives you a single pathway diagram and uses numbering to link the boxes in the diagram to the associated recommendations.

To view the online version of this pathway visit:

http://pathways.nice.org.uk/pathways/diabetes

Pathway last updated: 10 September 2014

NICE *Pathways*



1 Foot care for people with type 2 diabetes

No additional information

2 General management and patient education

General management

Share decision-making with patients.

Adequately train healthcare professionals and other personnel involved in assessment of diabetic feet.

Be extra vigilant in caring for people aged over 70, or who have had diabetes for a long time, have poor vision, smoke, are socially deprived or live alone.

If necessary, make special arrangements for people who are housebound, live in care or nursing homes.

Encourage patients to inspect their feet and monitor their condition.

Patient education

Make available structured patient education at initial diagnosis and as required, based on regular, formal assessment of need.

Offer patient education on an ongoing basis.

Use different approaches.

For patients with foot ulcers or previous amputation, consider offering graphic visualisations of the sequelae of disease, and providing clear, repeated reminders about foot care.

3 Examining feet and lower legs at diagnosis and annual review

On diagnosis of type 2 diabetes, and at annual review thereafter examine the patient's feet and lower legs to detect risk factors. Include:

- testing of foot sensation using 10 g monofilament or vibration
- palpation of foot pulses
- inspection for any foot deformity
- inspection of footwear.

Quality standards

The following quality statement is relevant to this part of the pathway.

9. At-risk foot

4 Low current risk of foot ulcer (normal sensation, palpable pulses)?

No additional information

5 Agreeing management plan including foot care education

Arrange recall and annual review as part of ongoing care.

6 Foot ulcer identified or suspected Charcot osteoarthropathy?

No additional information

7 Referring immediately to multidisciplinary foot care team

Promptly refer patients who may benefit from revascularisation.

Wound management:

- closely monitor wounds and change dressings regularly
- carefully remove dead tissue from foot ulcers (unless revascularisation is required)
- use intensive systemic antibiotic therapy for non-healing or progressive ulcers with clinical signs of active infection.

Consider total contact casting (unless there is severe ischaemia).

Try to achieve optimal glucose levels and control of risk factors for cardiovascular disease.

Manage as high risk when ulcer is healed.

Suspected Charcot osteoarthropathy

Refer to multidisciplinary team immediately for immobilisation of the affected joint and long-term management of offloading to prevent ulceration.

NICE medical technologies guidance

NICE medical technologies guidance addresses specific technologies notified to NICE by sponsors. The 'case for adoption' is based on the claimed advantages of introducing the specific technology compared with current management of the condition. This case is reviewed against the evidence submitted and expert advice. If the case for adopting the technology is supported, then the technology has been found to offer advantages to patients and the NHS. The specific recommendations on individual technologies are not intended to limit use of other relevant technologies which may offer similar advantages.

The Debrisoft monofilament debridement pad for use in acute or chronic wounds

The case for adopting the Debrisoft monofilament debridement pad as part of the management of acute or chronic wounds in the community is supported by the evidence. The available evidence is limited, but the likely benefits of using the Debrisoft pad on appropriate wounds are that they will be fully debrided more quickly, with fewer nurse visits needed, compared with other debridement methods. In addition, the Debrisoft pad is convenient and easy to use, and is well tolerated by patients. Debridement is an important component of standard woundcare management as described in the pressure ulcers pathway and Diabetic foot problems (NICE clinical guideline 119).

The Debrisoft pad is indicated for adults and children with acute or chronic wounds. The available evidence is mainly in adults with chronic wounds needing debridement in the community. The data show that the device is particularly effective for chronic sloughy wounds and hyperkeratotic skin around acute or chronic wounds.

The Debrisoft pad is estimated to be cost saving for complete debridement compared with other debridement methods. When compared with hydrogel, gauze and bagged larvae, cost savings per patient (per complete debridement) are estimated to be £99, £152 and £484 respectively in a community clinic and £222, £347 and £469 respectively in the home.

These recommendations are from the Debrisoft monofilament debridement pad for use in acute or chronic wounds (NICE medical technologies guidance MTG17).

NICE has written information for the public explaining the guidance on the Debrisoft pad.

Resources

The following implementation tool is relevant to this part of the pathway.

The Debrisoft monofilament debridement pad for use in acute or chronic wounds: costing template

8 Refer to foot protection team for classification

No additional information

9 High risk of foot ulcer (risk factor plus deformity or skin changes or previous ulcer)?

No additional information

10 Ongoing care

Management and frequent review (1–3 monthly) by foot protection team.

At each review:

- inspect patient's feet
- review need for vascular assessment
- evaluate provision of and provide appropriate
    - intensified foot care education
    - specialist footwear and insoles
    - skin and nail care.

Ensure special arrangements for access to foot protection team for those people with disabilities or immobility.

11 Increased risk of foot ulcer (neuropathy or absent pulses or other risk factor)?

No additional information

12 Management by foot protection team

Inspect patients' feet 3–6 monthly:

- review need for vascular assessment
- evaluate footwear
- enhance foot care education.

Glossary

Sources

Type 2 diabetes - footcare. NICE clinical guideline 10 (2004)

The Debrisoft monofilament debridement pad for use in acute or chronic wounds. NICE medical technologies guidance 17 (2014)

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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