

1. Introduction and Who Guideline applies to

Purpose/Background:

The proposed pathway is for all ‘patients with acute foot problems – foot attack’ – requiring emergency admission to be initially admitted under the vascular surgical team for emergency treatment: rapid infection control, offloading, and ensuring or re-establishing an adequate blood supply to said limb. This will enable timely treatment of this patient group and initial piloting of the pathway has shown significant improvement with reduced major amputation rates.

Users:

The pathway will be predominantly applicable to the Emergency Department, Acute Medical Care teams and Diabetic foot clinic (from where the vast majority of referrals will be made from) it is possible that other specialties could inadvertently admit these patients under their care and thus reference the pathway to identify the appropriate speciality for transfer of care to.

2. Guideline Standards and Procedures

See enclosed flow chart file **Emergency Diabetes Foot Referral Pathway.PDF**

3. Education and Training

A dissemination plan for the pathway will be instigated such that the specialities involved in the initial assessment of this patient cohort will have been adequately informed and sent an electronic version of the new pathway. Further educational initiatives to advertise the pathway will be undertaken including the forwarding of the pathway to heads of services for dissemination to all clinical members of staff. The pathway will also be advertised on the desktop banner platform

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Appropriate admission location for patients with acute foot attack from diabetic foot ulcer clinic	Location of acute admissions from DM foot clinic audit/service evaluation	Dr Marie-France Kong HoS Diabetes & Endocrinology	Within the first 3 months of the pathway introduction and then yearly for 2 years	Within diabetic foot MDT environment
Delays in admission to vascular surgery	Formal audit of all acute diabetic foot admissions including timelines, initiating referral location etc..	R Davies	Within the first 3 months of the pathway introduction and then yearly for 2 years	Within diabetic foot MDT environment

5. Supporting References (maximum of 3)

National Institute for Health and Clinical Excellence (2015) Diabetic foot problems: prevention and management. NICE guideline (NG19)

Vascular Society (2016) Operational Delivery of the Multi-Disciplinary Care Pathway for Diabetic Foot Problems.

University Hospitals of Leicester NHS Trust: Antimicrobial Guidelines for the Empirical Management of Diabetic Foot Infections

6. Key Words

List of words, phrases that may be used by staff searching for the Guidelines on PAGL If none – state none.

Acute diabetic foot infection

Acute diabetic foot admission

Acute diabetic foot disease

Diabetic foot ulcer referral pathway

Foot attack

Diabetic foot sepsis

CONTACT AND REVIEW DETAILS

Guideline Lead (Name and Title) Mr. Robert Davies (Cons. Vascular Surgeon) & Dr Marie-France Kong (HoS Diabetes & Endocrinology)	Executive Lead Dr Colette Marshall (Deputy Medical Director)
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Details of Changes made during review:

All patients with diabetes should have their shoes, socks and dressings removed and their legs and feet carefully **assessed at the TIME of admission** for evidence of:

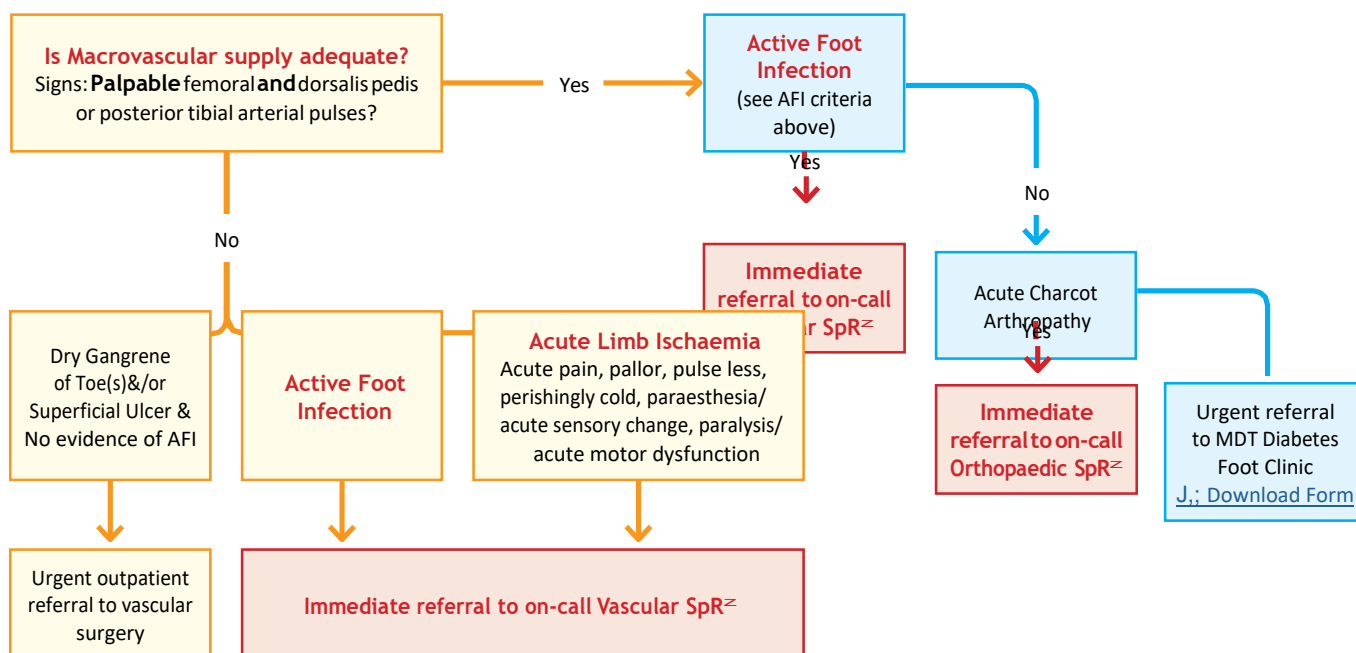
- A. **Vascular Compromise**
- B. **Ulceration**
- C. **Active Foot Infection (AFI)**
- D. **Acute Charcot Arthropathy***
- E. **Examination should include neurological examination and assessment of peripheral circulation**

Document in patient notes.

Any patient with either or both of the following should be referred for **immediate** review:

- A. **Critical Limb Ischaemia**
- B. **Purple Mottling of the Limb**
- C. **Evidence of Active Foot Infection (AFI):**
 - i. Evidence of spreading soft tissue infection
 - ii. Osteomyelitis**/abscess/pus/wet gangrene
 - iii. Exposed tendon/bone/joint
 - iv. Palpable gas in the tissue or gas visible on X-ray
 - v. Sepsis secondary to foot infection

Emergency Diabetes Foot Referral Pathway



The assessing doctor MUST:

- **Screen for sepsis** and initiate sepsis pathway immediately if required
- Initiate appropriate antibiotics (See UHL Antimicrobial guidelines for Diabetic foot infection) and request a **foot x-ray**
- Review **diabetes control**, exclude and treat acute complications (DKA/HHS/Hypo). Avoid harm by undertaking regular review. **DKA/HHS are medical emergencies and if present need immediate medical management.** Urgent medical review (if required) via Medical SpR on-call.
- **Consider AKI** and treat if present

How to refer:

- ⚡ **Vascular team:** Vascular SpR on-call (contact via Switchboard) – available 24/7
- ⚡ **Orthopaedic team:** Orthopaedic SpR on-call (contact via Switchboard) – available 24/7
- ⚡ **Medical SpR:** Medical SpR on-call (contact via Switchboard) for out of hours and emergency reviews.

Referral to the Diabetes Team

- ⚡ Ensure **all patients with diabetes and foot ulceration** (whether requiring surgical review or not) are **referred** to the diabetes team **within 24hrs of admission.**
- ⚡ Diabetes Specialist Nurses via ICE for review next working day or Diabetes SpR via switchboard for urgent referrals (Mon-Fri, 9-5)
- ⚡ If patient requires urgent diabetes review out of hours/weekend refer to medical SpR on-call via switchboard.

Definitions

***Charcot arthropathy** - a progressive degeneration of a weight bearing joint which can result in bone destruction and deformity. It commonly presents as hot, painful, swollen red neuropathic foot.

** **Osteomyelitis** - infection affecting the bone. This may present with pain, redness, swelling, exposed bone or joint destruction. X-ray changes are not always present in acute osteomyelitis.