

Herts Valley Integrated
Diabetes Service
(HIDS)

FOOTCARE COMPTENCY FRAMEWORK

Introduction

Foot complications in people with diabetes mellitus are often neglected. Foot checks and screening at initial diagnosis and at the patient's annual diabetes review in primary care are helpful in early recognition of foot complications. There is evidence that foot checks reduce ulceration and amputation rates. Patients should be given a risk classification following foot screening along with education.

Foot Screening Competencies

- ✓ Has a general knowledge of diabetes mellitus and how the complications of diabetes mellitus increase the risk of foot ulceration
- ✓ Knows when to refer to seek guidance from appropriately skilled colleagues
- ✓ Carries out recognised and ratified online or face to face training to ensure competence is at the required level (see below for details of on line course)
- ✓ Clearly communicates what is involved in the screening process to the patient
- ✓ Carries out the screening in line with training and local protocol
- ✓ Can palpate for the presence or absence of foot pulses
- ✓ Can use a 10g monofilament
- ✓ Assigns a foot risk classification based on the results of the screening
- ✓ Records the screening results on the relevant patient records system
- ✓ Explains the results of the screening to the patient and / or carer in an appropriate manner
- ✓ Provides the patient with verbal and written, up to date nationally agreed, foot health advice relevant to that patients risk status
- ✓ Has awareness of and uses local referral pathways for patients who require onward referral
- ✓ Understands the necessity of urgent referral and treatment in the event of suspected ulceration especially with a hot foot
- ✓ Has a knowledge of the appearance of healthy skin
- ✓ Recognises changes in aging skin and how this increases the risk of developing skin problems
- ✓ Identifies callus and understands how this increases the risk of foot ulceration
- ✓ Recognises the predisposition to skin dryness in people with diabetes



Online foot screening training:
Choose the English section

<http://www.diabetesframe.org/training.asp>

Please note the referral pathway in Herts is different from this on line training



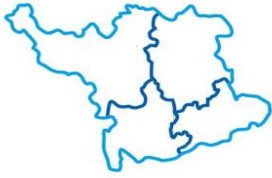
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Process of Foot Screening

- ✓ Ask if the person has had any problems with their feet since their last screening appointment
- ✓ Ask if the person has noticed any changes to their feet since their last screening appointment
- ✓ Is the person complaining of any podiatric-type problems (e.g. corns, calluses, nail problems, etc.)
- ✓ Does the person attend a podiatrist regularly (not all people with diabetes need to see a podiatrist)
- ✓ Check that the persons footwear is suitable
- ✓ Check the skin for any cuts or open areas → these need an urgent referral
- ✓ Ask if the person has had any ulcerations to their feet since their last screening appointment as this increases their risk for future ulceration
- ✓ Check for significant callus (non-significant callus can be described as callus that does not require podiatric treatment, does not pose any risk and can be treated/managed by the person)
- ✓ Check for structural abnormality of the foot
- ✓ Can the person self-care for their feet (consider factors like visual impairment, learning disability, mobility problems)
- ✓ Check dorsalis pedis and posterior tibial pulses are palpable. If neither are palpable onward referral may be necessary especially if there is abnormal discolouration
- ✓ Check foot sensation with 10g monofilament. Test sites are the plantar surface of the distal hallux, 1st metatarsal head and 5th metatarsal head



- ✓ Assign a foot risk classification to the person and inform them of this. Risk classification information can be printed from <https://www.hct.nhs.uk/our-services/podiatry-service/> in the 'useful information' tab
- ✓ A patient leaflet 'Footcare for people with Diabetes' can be downloaded from <https://hertsvalleysdiabetes.co.uk/resources/resources-for-patients/diabetes-and-the-feet/>



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Foot risk stratification

LOW RISK

- ✓ People should be given information on self-management

INCREASED / MODERATE RISK

- ✓ People should be given information on self-management and only referred to podiatry if they have a foot problem. If they have no foot problem they can self-care
- ✓ High risk people should be given information on self-management and referred to podiatry if they have a foot problem. If they have no foot problem they should be monitored 6 monthly in primary care and advised to seek help urgently if they develop any foot problem

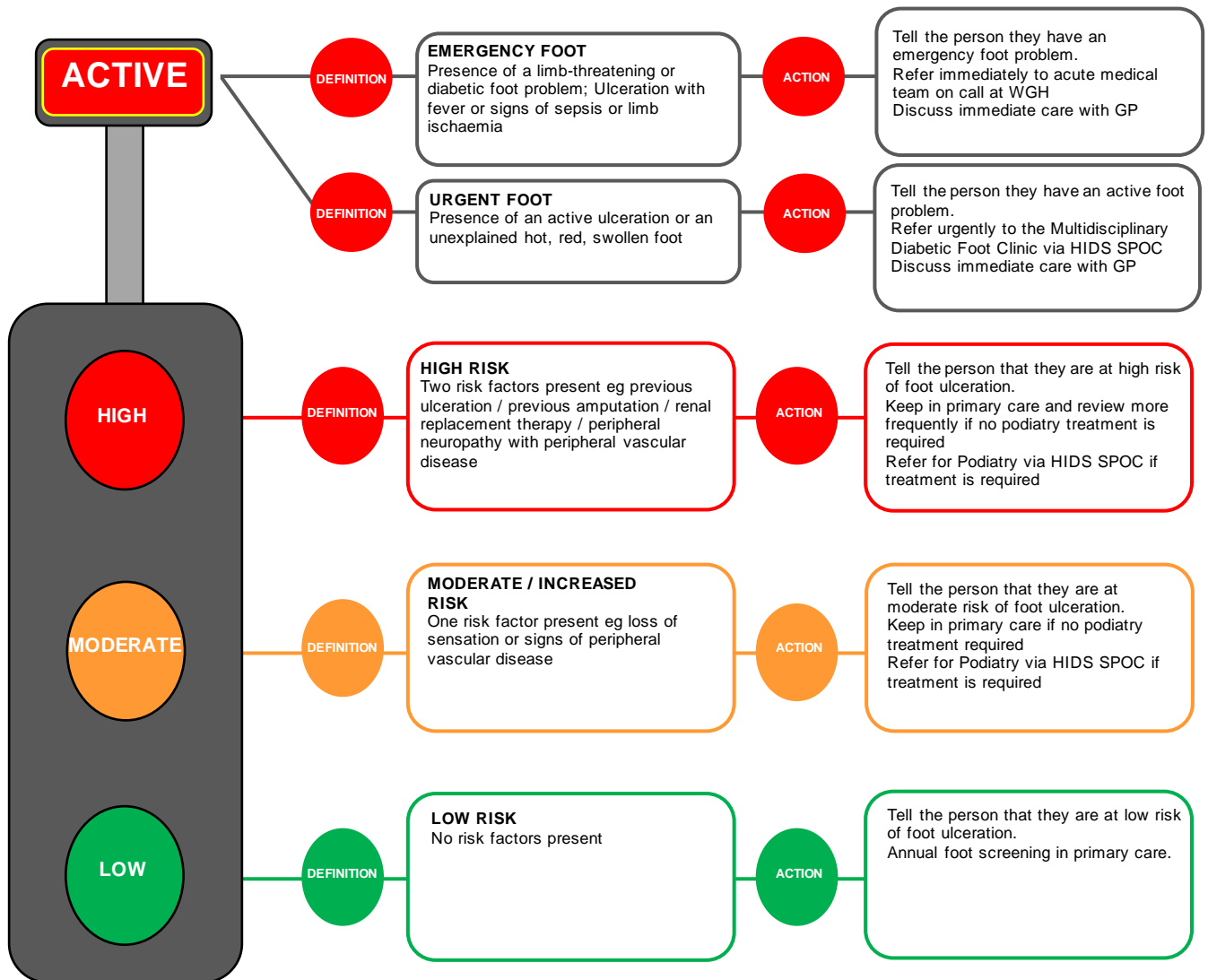
ACTIVE FOOT PROBLEM / ULCERATED FOOT

- ✓ Consider Charcot for any red, hot swollen foot
- ✓ Refer urgently to via HIDS SPOC form on DXS and discuss immediate care needs with GP/ duty clinician

EMERGENCY FOOT

- ✓ Systemically unwell patient with RED, HOT, SWOLLEN foot with or without ulcer(s), spreading infection or signs of CRITICAL ISCHAEMIA, GANGRENE requires admission to secondary care.
- ✓ Refer immediately to the Acute Medical Team on-call at Watford General Hospital

Diabetic Foot Risk Stratification and Triage



Approved on 09/09/2020