

## The Acute Diabetic Foot Emergency Guidance for Primary Care Practitioners

All diabetic patients with a new foot lesion should be referred the same day/next working day to the Multi-disciplinary specialist Diabetic Foot team.

This can be done by:

Telephone 01482 675345/ 675369

Fax 01482 675370

Out of hours - Directly via Endocrine consultant on-call available 24/7 via HRI switchboard

### Clinical assessment

In addition to standard history and examination the assessment should include:

- Appearance of the feet/limbs – eg deformity, colour, swelling, temperature
- Ulceration? – site, size, evidence of infection
- Presence/absence of peripheral pulses
- Sensory loss? Perceived pain?
- History of any possible trauma or penetrating foot injury however minor it might have seemed to the patient.

NB – an acute Charcot foot can look very like DVT – consider Charcot foot in a patient with neuropathy and a swollen, warm lower limb

### Urgent medical admission is required if:

- General systemic illness e.g. fever, flu-like symptoms
- Spreading cellulitis
- Critical ischaemia
- Penetrating foot injury

### BE AWARE!

Lack of pain does not mean that a lesion is not significant. These patients have neuropathy

If you suspect infection then commence antibiotics pending specialist foot clinic review

- 1<sup>st</sup> line                      Flucloxacillin 1g QDS
- Penicillin allergic        Doxycycline 100mg BD

If you are uncertain whether admission is required contact a member of the diabetes team at SpR level or above for advice via the hospital switchboard.

Developed (in consultation) by

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