



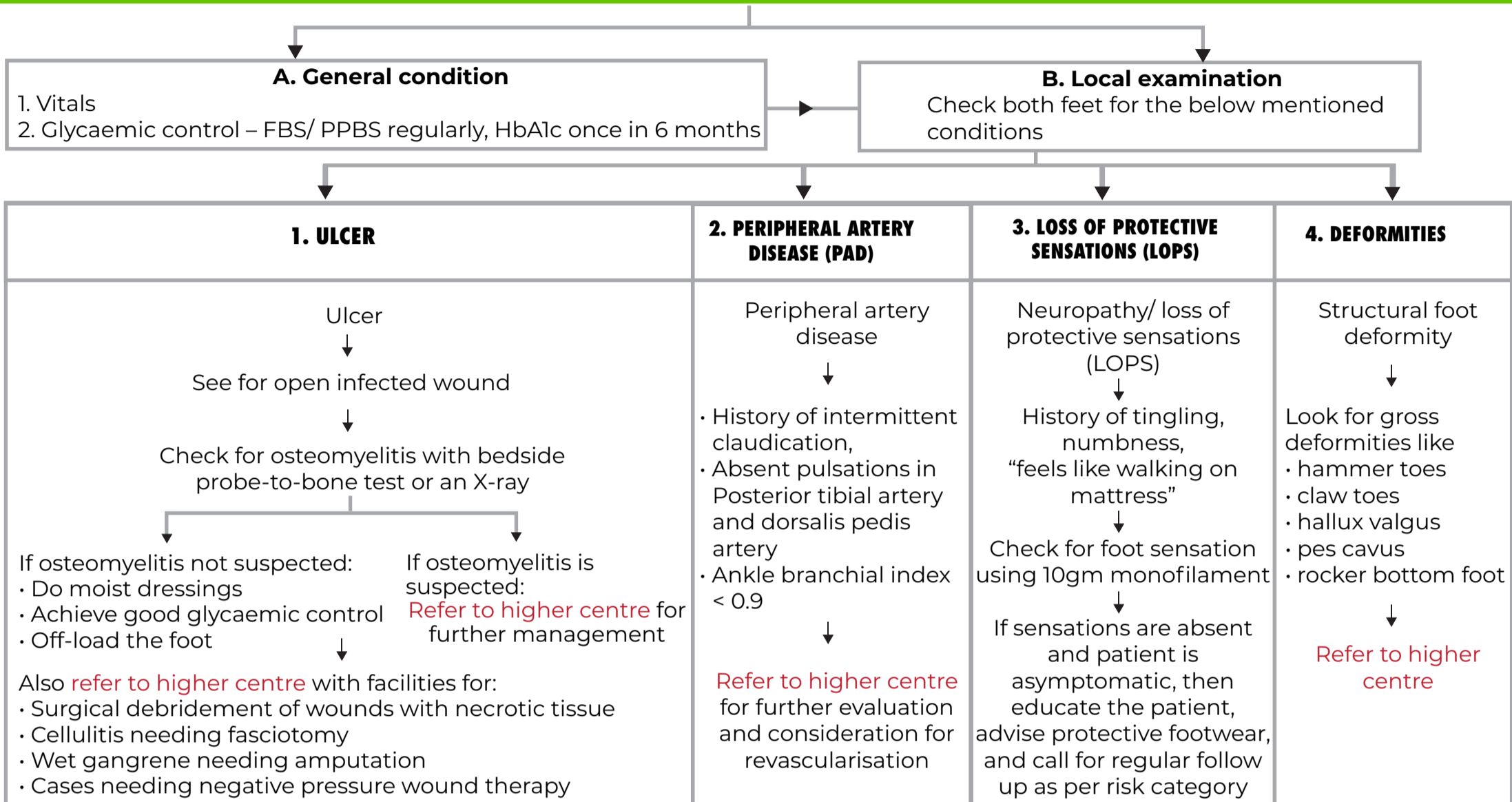
Standard Treatment Workflow (STW)

DIABETIC FOOT

ICD-10-Z86.31
**RED FLAG
SIGNS**
SYSTEMIC: Sick look, drowsy, abnormal breathing, abnormal pulse, fever
LOCAL: Claudication/ rest pain, gangrene, osteomyelitis, acute charcot's foot

→ Refer to higher centre

EVALUATION OF PATIENT WITH DIABETIC FOOT



PREDISPOSING FACTORS FOR DIABETIC FOOT ULCER

General conditions

- Older age
- Uncontrolled hyperglycemia
- Duration of diabetes mellitus
- Peripheral artery disease
- Visual impairment
- Chronic kidney disease


Local conditions

- Loss of peripheral sensations
- Structural foot deformity
- Limited joint mobility
- Improperly fitting footwear
- Callus
- History of ulcer/ amputation

RISK ASSESSMENT & FREQUENCY OF FOLLOW UP

Risk category	Parameters	Follow up
Low	Callus alone, No LOPS, No PAD	Once a year
Medium	Deformity with LOPS or PAD	Once in 6 months
High	Previous amputation or ulceration & any two of – Deformity/ LOPS/ PAD	Once in 3 months

WOUND CARE

DO:

- Moist dressings
- Change dressings daily for dirty wounds and on alternate days for clean wounds

DON'T USE:

- Hydrogen peroxide, EUSOL, povidone iodine, chlorhexidine etc
- Hyperbaric oxygen, antimicrobial dressings and stem cell therapy has insufficient evidence to be recommended

INFECTION AND ANTIBIOTICS GUIDANCE

(Note: - Antibiotics are insufficient unless combined with appropriate wound care)

NON INFECTED WOUND

No antibiotics

MILD INFECTION

- At least two of:
- Swelling/ induration
 - Pain/ tenderness
 - Warmth, redness (0.5-2cm)
 - Purulent discharge

 Give oral antibiotics for 1-2 weeks
 (Target only aerobic gram-positive cocci)

MODERATE INFECTION

- Redness
- Deep tissues affected (abscess, osteomyelitis, fasciitis, septic arthritis)
- No systemic signs

Refer to higher centre

SEVERE INFECTION

- Local findings + systemic findings of SIRS (at least two of)
- Temperature >38°C or <36°C,
 - Heart rate > 90/min,
 - Respiratory rate > 20/min or PaCO₂ <32 mm Hg,
 - WBC >12000 or < 4000 or immature bands >10%

MANAGEMENT OF OTHER RELATED FOOT CONDITIONS/ COMPLICATIONS

Corns/callosity ↓ Scaling in OPD Footwear modification	Web space fungal infection ↓ Topical antifungals Maintain local hygiene	In-growing toe nails ↓ Regular nail trimming	Charcot's foot ↓ Refer to higher centre
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PATIENT EDUCATION

DO:

- Daily self inspection of foot
- Wear comfortable proper fitting footwear
- Cut toe nails straight
- Keep blood sugars controlled
- Regular foot check up with your doctor

DON'T:

- Walk barefoot, even at home
- Remove calluses/ corns at home
- Smoking: delays healing

ABBREVIATIONS

EUSOL: Edinburgh university solution of lime

FBS: Fasting blood sugar

LOPS: Diabetic peripheral neuropathy with loss of protective sensation

PAD: Peripheral arterial disease

PPBS: Post prandial blood sugar

SIRS: Systemic inflammatory response syndrome

ALWAYS KEEP A LOW THRESHOLD FOR REFERRAL TO HIGHER CENTRE

 This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website of DHR for more information: (stw.icmr.org.in) for more information.

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