

## Diabetic foot screening

### Key patient education messages

- Examine the feet daily, looking for redness, irritation, or wounds – use a mirror.
- Don't walk in bare feet, even at home.
- Wear well-fitting, closed-in shoes with socks if possible.
- Check shoes don't contain small stones, etc., before putting them on.
  - Ideally, shoes should be made from micro-cellular rubber, especially if the patient has neuropathy.
- Protect feet from extreme heat or cold. Don't use hot water bottles or hot water to warm up or cold feet.
- Wash feet and use moisturizer (any oil will work) daily; dry carefully between toes.
- Cut nails regularly (straight across, not arched, and not too short).
- Visit a nurse or doctor 6-monthly for foot examination. Attend to small injuries promptly.
- Stop smoking

### Patients at high risk of diabetic foot

If patients have a history of ANY of the following:

- Ulceration or amputation
- Deformity
- Absent ankle or foot pulses
- Wounds on the feet (e.g., active ulcer, ingrowing toenail, callus, blister, or fissure)
- Neuropathy present according to the Ipswich Touch Test assessment (see below) on either foot)

**Then, they are at HIGH RISK of diabetic foot, and should be given intensive education about foot care, reviewed frequently, and referred to secondary care if not healing.**

### Wound management in diabetic foot

Assess the following:

- Size, depth, and location
- Colour: Black skin is necrotic tissue
- Odour: An infected wound will smell
- Slough or pus: Meaning there is an infection
- Is there local pain?
  - If infected, use antibiotics as early as possible and admit for IV antibiotics if the wound is deep, osteomyelitis is suspected, if cellulitis is extensive, or if the patient is systemically unwell.
  - Clean and dress the wound and note when the next dressing change is due.
  - Rest the foot and “off-load” (reduce pressure on the affected areas).
  - Note all findings in the patient's file to ensure that if the wound isn't seen by the same healthcare worker, it is still possible to identify if the wound shows signs of improvement or deterioration.

## Neuropathic pain

- Amitriptyline 12.5-50 mg at night may be useful.
- Increase the dose every 4-6 weeks as needed.

Side effects include: dry mouth, drowsiness, constipation, urinary retention, and visual disturbance. Amitriptyline is contraindicated in patients with known cardiac disease.

## Grading of neuropathy

- Grade 1: some pain and numbness off and on
- Grade 2: pain and numbness will be more consistent and regular. It becomes harder to ignore them
- Grade 3: a good amount of pain daily or almost every day, impacting daily activity, and may need pain relief medications
- Grade 4: lower legs and feet will start becoming very numb because there will no longer be any healthy nerves to carry signals to your brain. The pain will actually start to decline.
- Grade 5: lost all feeling in your lower legs and feet.

# Ipswich Touch Test

1. Patient to lie down on couch
2. Inspect feet (points in previous slide)
3. Remind patient which is their right and left leg
4. Ask them to close their eyes and say the which foot 'right' or 'left' they feel you touching.
5. Lightly touch the tips of the toes in the order in the diagram.
6. Only touch each toe once and lightly. If they do not respond, it is a 'N', and move on to the next toe.
7. 2 or more 'No's' they have peripheral neuropathy

