

FOOT ULCER ASSESSMENT

Does the ulcer have adequate offloading?
Reduction of pressure is essential for ulcer protection and healing.

Recommendation:

- For a Diabetic Foot Ulcer choose the most suitable for the patient (occupation related, falls assessment). Gold standard for a DFU is a non-removable device (cast). Refer to Podiatry / Multi-Disciplinary Foot Team as appropriate (see local guidance).

DEBRIDEMENT

Sharp debridement should be carried out by a suitably trained individual to remove peri-wound callus, surface debris and necrotic non-viable tissue **subject to assessment to ensure adequate blood flow**. Debridement improves the healing potential of the remaining healthy tissue.

WOUND ASSESSMENT (at each treatment)

Assess the wound bed and surrounding tissue/skin at each dressing change.

WOUND FREE FROM INFECTION

- Appropriate dressing selection as per local guidance.
If not more than 30% reduction in wound size after 4 - 6 weeks consider:
- Change of dressing (e.g. UrgoStart or UrgoStart Plus)
 - Offloading
 - Vascular supply
 - Compliance

HEALED WOUND:

Ensure under Podiatry (foot protection team) for on-going review, preventative care and patient education.

WOUND INFECTED

- Empiric antibiotic therapy should be administered; refer to your local antibiotic guidelines
- Take deep swab or tissue sample
- Appropriate dressing selection as per local guidance
- If wound not improving consider change of dressing e.g. UrgoStart Plus

This local pathway is an example used in the NICE medical technology guidance adoption support resource for UrgoStart for treating diabetic foot ulcers and leg ulcers. It was not produced for or commissioned by NICE

WOUND TYPE		BLACK / NECROTIC	GREEN / INFECTED	YELLOW / SLOUGHY	RED / GRANULATING	PINK / EPITHELIALISING
AIMS		Debride and remove eschar Treat with caution; keep dry until vascular status established	Manage infection; reduce bacterial load present in wound Swab / Tissue Sample and Antibiotics (see guidance)	To encourage autolytic debridement and desloughing	Protect granulation tissue and encourage angiogenesis	To protect and promote epithelisation
		INFECTION IN A DIABETIC FOOT ULCER IS MORE COMMON WITH MORE ORGANISMS ISOLATED IN ULCERS ON PEOPLE WITH DIABETES THAN FOUND ON NON-DIABETICS.				
LOW EXUDATE	PRIMARY	<ul style="list-style-type: none"> N/A and gauze (bandage) Non adhesive foam dressing 	<ul style="list-style-type: none"> Inadine Honey dressing 	<ul style="list-style-type: none"> Inadine Honey dressing UrgoStart Plus or UrgoStart (contact layer) (for less than 30% slough) 	<ul style="list-style-type: none"> Island dressing Inadine UrgoStart (contact layer) 	<ul style="list-style-type: none"> Island dressing (e.g. softpore) N/A and gauze (bandage)
	SECONDARY	<ul style="list-style-type: none"> Island dressing (eg softpore) Non-adhesive absorbent dressing / bandage 				
MEDIUM - HIGH EXUDATE	PRIMARY	<ul style="list-style-type: none"> Non-adhesive absorbent dressing / bandage 	<ul style="list-style-type: none"> Hydrofibre dressing Honey or Silver dressing Iodoflex / Iodosorb Antimicrobial gel (e.g. Flaminal) 	<ul style="list-style-type: none"> Hydrofibre dressing Honey or silver dressing Antimicrobial gel (e.g. Flaminal) UrgoStart Plus or UrgoStart (contact layer) (for less than 30% slough) 	<ul style="list-style-type: none"> Hydrofibre (e.g. Aquacel) UrgoStart (contact layer) 	<ul style="list-style-type: none"> Non adhesive foam dressing
	SECONDARY	<ul style="list-style-type: none"> Non -adhesive absorbent dressing / bandage 				

The purpose of this table is to provide guidance about appropriate dressings. Offloading devices must be used for the wound healing to be effective. NECROTIC wounds should be treated with caution i.e. keep the foot dry until the vascular team has reviewed (urgent referral).

Antibiotic Guidance available at: <https://2671v2ve190med311mgc3ys8-wpengine.netdna-ssl.com/wp-content/uploads/2017/01/Adult-Antimicrobial-guidelines-for-empirical-management-of-Diabetic-Foot-Infections.pdf>