




Identification & Immediate and Necessary Care	Assessment, Diagnosis and Treatment	Ongoing Care of Foot Ulceration	Review of Healing	Care following Healing
<p>Immediately escalate to the relevant clinical specialist, those with the following red flag symptoms/conditions:</p>  <ul style="list-style-type: none"> Acute infection (mild, moderate or severe). Deep or tracking foot ulcers where abscess or osteomyelitis is suspected. Symptoms of sepsis. Acute or suspected chronic limb-threatening ischaemia Suspected acute deep vein thrombosis (DVT). Suspected skin cancer. Unexplained inflamed foot (possible acute Charcot foot). 	<p>Undertake assessment within the following timeframes:</p> <p>Diabetic foot ulcer: in hospital Within 24 hours of referral.</p> <p>Diabetic foot ulcer: all other settings Within 2 working days of referral.</p> <p>Foot ulcer - non diabetes related. Within 7 working days of referral.</p> <p>Comprehensive assessment should include:</p> <ul style="list-style-type: none"> Review of footwear. Record digital image. Pain and analgesia needs. Possible infection. Screening for diabetes. Ulcer assessment. Peripheral vascular assessment, sensation, skin, biomechanical and assessment of musculoskeletal function. 	<p>At each dressing change:</p> <ul style="list-style-type: none"> Review for red flags. Treat any foot ulcer infection. Offer analgesia if required. Clean wound and surrounding skin and consider debridement if required. Apply a simple, low adherent dressing with sufficient absorbency. Review size of ulcer and adapt offloading or pressure redistributing device. Review care and incorporate opportunities for supported self-management. Review effectiveness of treatment plan and escalate if there is deterioration. 	<p>At 4 week intervals (or more frequently if concerned) monitor for healing by:</p> <ul style="list-style-type: none"> Completing ulcer assessment. Recording digital image(s) and comparing with previous images. Measuring ulcer for size reduction. <p>Review effectiveness of treatment plan. If deteriorating or no progress towards healing, escalate.</p>	<p>Following healing</p> <ul style="list-style-type: none"> Offer advice on how to reduce the risk of re-ulceration. Provide contact details should any future issues arise. Identify and agree opportunities for supported self-management. Agree timeframe to review offloading/redistributing device or therapeutic footwear.
<p>Arrange referral to the multidisciplinary foot care team or foot protection team:</p> <ul style="list-style-type: none"> Diabetic foot ulcer (hospital setting) - refer within 24 hours. Diabetic foot ulcer (community setting) - refer within 1 working day. Non-diabetes related foot ulcer - refer within 1 working day. Treat any wound infection. Clean wound and surrounding skin and apply emollient. Record digital image(s). Apply a simple, low adherent dressing with sufficient absorbency. Implement offloading or pressure redistribution strategies. Signpost to relevant, high-quality information. <p>*For full guidance, see the NWCSF Foot Ulcer Recommendations.</p>	<p>Treatment</p> <p>Formulate a treatment plan to address causes of non-healing.</p> <ul style="list-style-type: none"> Optimise the management of contributing disease. Offer analgesia if required. Treat infection. Clean wound, surrounding skin and consider debridement if needed. Simple, low adherent dressing. Signpost to relevant, high-quality information. <p>For non-diabetes related foot ulcers</p> <ul style="list-style-type: none"> Refer to vascular for PAD/CLTI or venous disease. Implement offloading or pressure redistribution strategies. <p>For diabetes related foot ulcers</p> <ul style="list-style-type: none"> Provide care in line with the NICE Guideline for Diabetic Foot Problems NG19. <p>For foot ulceration of other and uncertain aetiology</p> <ul style="list-style-type: none"> Refer to appropriate service. 	<p>At 12 weeks, monitor for healing by:</p> <ul style="list-style-type: none"> Completing comprehensive assessment. Recording digital image(s) and comparing with previous images. Measure ulcer for size reduction. <p>Foot ulcers that remain unhealed should be escalated for advice and possible surgical consultation in line with local care pathways.</p>	<p>For healed non-diabetes related foot ulcers</p> <ul style="list-style-type: none"> Regularly review (at least every 2 months) those at high risk of recurrence. For those not at high-risk, no further clinical care required but advise to seek immediate clinical advice if there is recurrence of symptoms or ulceration. <p>For healed diabetes related foot ulcers</p> <ul style="list-style-type: none"> Offer regular reviews every 1-2 months and provide care in line with the NICE Guideline for Diabetic Foot Problems NG 19. 	