Foot Ulcer Recommendations Summary*

National Wound Care Strategy Programme

Identification & Immediate and Necessary Care

Immediately escalate to the relevant clinical specialist, those with the following red flag symptoms/conditions:

- 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).

Arrange referral to the multidisciplinary foot care team or foot protection team:

- **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.

***For full guidance, see the NWCSP Foot Ulcer Recommendations.**

Assessment, Diagnosis and Treatment

Undertake assessment within the following timeframes:

Diabetic foot ulcer: in hospital
Within 24 hours of referral.

Diabetic foot ulcer: all other settings
Within 2 working days of referral.

Foot ulcer - non-diabetes related.
Within 7 working days of referral.

Comprehensive assessment should include:

- 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.

Treatment

Formulate a treatment plan to address causes of non-healing.

- 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.

For non-diabetes related foot ulcers

- Refer to vascular for PAD/CLTI or venous disease.
- Implement offloading or pressure redistribution strategies.

For diabetes related foot ulcers

- Provide care in line with the NICE Guideline for Diabetic Foot Problems NG19.

For foot ulceration of other and uncertain aetiology

- Refer to appropriate service.

Ongoing Care of Foot Ulceration

At each dressing change:

- 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.

Review of Healing

At **4 week** intervals (or more frequently if concerned) monitor for healing by:

- Completing ulcer assessment.
- Recording digital image(s) and comparing with previous images.
- Measuring ulcer for size reduction.

Review effectiveness of treatment plan. If deteriorating or no progress towards healing, escalate.

At **12 weeks,** monitor for healing by:

- Completing comprehensive assessment.
- Recording digital image(s) and comparing with previous images.
- Measure ulcer for size reduction.

Foot ulcers that remain unhealed should be escalated for advice and possible surgical consultation in line with local care pathways.

Care following Healing

Following healing

- 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.

For healed non-diabetes related foot ulcers

- 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.

For healed diabetes related foot ulcers

- Offer regular reviews every 1-2 months and provide care in line with the NICE Guideline for Diabetic Foot Problems NG 19.