

Acute Diabetic Foot Pathway

ACUTE FOOT DETERIORATION IN A PATIENT LIVING WITH DIABETES <i>New or significant wound; non-healing wound*; suspected infection; gangrene; red, hot swollen foot with or without pain/wound</i>		
DO	CONSIDER	REFER
Screen for neuropathy Check foot pulses Take photograph for clinical record/referral Swab wounds WOUND SWABBING GUIDELINE	Measure foot surface temperatures (if able) Update Diabetes screening bloods, FBC, CRP Request plain X-ray indicating wound site Advise on minimal weight bearing and initiate pressure offloading where appropriate	Refer to the appropriate team (see below) REFERRAL FORM AND CRITERIA Podiatry team contact details: Email: dg.podclin@nhs.scot Tel: 01387 220031 (Mon-Fri)
NON-COMPLEX FOOT WOUND PATHWAY	COMPLEX FOOT WOUND PATHWAY	RISK TO LIFE OR LIMB PATHWAY
<ul style="list-style-type: none"> Palpable foot pulses No clinical signs of infection SINBAD score 2 or less 	<ul style="list-style-type: none"> Non-palpable foot pulses Clinical signs of infection SINBAD WOUND CLASSIFICATION (see table 1 below) score of 3 or greater Non-healing or deteriorating wound Increased malodour/exudate/pain Red, hot swollen foot with or without pain/suspected Charcot arthropathy. Advise on minimal weight bearing and offload if possible 	<ul style="list-style-type: none"> Systemically unwell or features of sepsis Acute limb ischaemia Acute on chronic limb-threatening ischaemia (increasing rest pain, worsening gangrene/necrosis or ulceration)
<p style="text-align: center;">Refer to Community Podiatry</p> <p style="text-align: center;">*Expect 50% reduction in wound surface area within four weeks</p> <p>If not improving, refer to complex foot wound pathway</p>	<p style="text-align: center;">Refer urgently to Diabetes Foot Clinic for MDT assessment (Podiatry, Orthotics, Consultant Diabetologist)</p> <p style="text-align: center;">REFERRAL FORM AND CRITERIA</p> <p>If associated with localised acute infection (e.g. pus, cellulitis) start antibiotics, as per Primary Care Antibiotic Policy.</p>	<p style="text-align: center;">Admit for urgent hospital assessment</p> <p style="text-align: center;">Inform Podiatry team of admission at dg.podclin@nhs.scot</p>

IWGDF Classification Guideline



Table 1. SINBAD System

Category	Definition	Score
Site	Forefoot	0
	Midfoot and hindfoot	1
Ischemia	Pedal blood flow intact: at least one palpable pulse	0
	Clinical evidence of reduced pedal flow	1
Neuropathy	Protective sensation intact	0
	Protective sensation lost	1
Bacterial infection	None	0
	Present	1
Area	Ulcer < 1 cm ²	0
	Ulcer ≥ 1 cm ²	1
Depth	Ulcer confined to skin and subcutaneous tissue	0
	Ulcer reaching muscle, tendon or deeper	1
Total possible score		6

The SINBAD system is simple and quick to use, requiring no specialist equipment beyond clinical examination alone, and contains the necessary information to allow for triage by a specialist team. It would therefore be feasible to employ this classification system in localities where such equipment, including non-invasive measures of perfusion, are not readily available, which is the case for the majority of geographic settings where DFUs occur. If used for the purpose of communication between health professionals, it is important to use the individual clinical descriptors not merely the total score. This classification has been validated for both ulcer healing and amputation prediction (12, 13, 16-20, 22, 26), presenting good results, and has good reliability (24, 27). Thus, the quality of the evidence was considered to be moderate.