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Putting feet first

Annual foot review for everyone with diabetes over 12 years old

How to do an annual foot check

- ☐ Remove shoes and socks/stockings.
- ☐ Test foot sensations using 10g monofilament or vibration with a tuning fork or recognised device.
- ☐ Palpate foot pulses.
- ☐ Inspect for any deformity or discolouration.
- ☐ Inspect for significant callus.
- ☐ Check for signs of ulceration.
- ☐ Ask about any previous ulceration.
- ☐ Inspect footwear.
- ☐ Ask about any pain.
- ☐ Tell patient how to look after their feet and provide written information.
- ☐ Tell patient their risk status and what it means. Explain what to look out for and provide emergency contact numbers.

Advise the patient to:

- ☐ Check their feet every day.
- ☐ Be aware of loss of sensation.
- ☐ Look for changes in the shape of their foot.
- ☐ Not use corn removing plasters or blades.
- ☐ Know how to look after their toenails.
- ☐ Wear shoes that fit properly.
- ☐ Maintain good blood glucose control.
- ☐ Attend their annual foot review.
- ☐ Look for discolouration.

Identification of foot status and what action to take

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	Level of risk	Action
Active	• Ulceration or • spreading infection or • critical limb ischaemia (severe peripheral arterial disease) or • gangrene or • suspicion of acute Charcot foot or an unexplained hot, red, swollen foot with or without pain.	• Rapid referral (within one working day) to the Foot Protection Service (FPS) or the multidisciplinary foot team, for triage within one further working day. • Assess feet and lower limbs, then agree a tailored treatment plan. • Provide written and verbal education with emergency contact numbers. • Refer for special intervention if/when required. • Liaise with other healthcare professionals eg GP as necessary.
High	• Previous ulceration or • previous amputation or • on renal replacement therapy (dialysis or transplant) or • neuropathy (loss of sensation) and lower limb peripheral arterial disease together or • neuropathy (loss of sensation) in combination with callus and/ or deformity* or • lower limb peripheral arterial disease in combination with callus and/or deformity*.	• Refer to a specialist podiatrist or member of the Foot Protection Service (FPS) and request an assessment within 2–4 weeks. • Thereafter they should be assessed every 1–2 weeks if there is immediate concern or every 1–2 months if there is no immediate concern. This is in addition to their annual assessment. Both assessments should be carried out by a specialist podiatrist or a member of the FPS. • Assess feet and lower limbs, then agree a tailored treatment plan. • Provide written and verbal education with emergency contact numbers. • Refer for special intervention if/when required. • Liaise with other healthcare professionals eg GP as necessary.
Moderate	• Deformity* or • neuropathy (loss of sensation) or • lower limb peripheral arterial disease.	• Refer to a specialist podiatrist or member of the Foot Protection Service (FPS) and request an assessment within 6–8 weeks. • Thereafter they should be assessed every 3–6 months in addition to their annual assessment, by a specialist podiatrist or a member of the FPS. • Assess feet and lower limbs, then agree a tailored treatment plan. • Provide written and verbal education with emergency contact numbers. • Refer for special intervention if/when required. • Liaise with other healthcare professionals eg GP as necessary.
Low	• No risk factors, as listed above, present. • Callus alone is considered low risk.	• Annual screening by a suitably trained Healthcare Professional. • Agree self management plan. • Provide written and verbal education with emergency contact numbers.

Record risk status and inform patient of their risk status and what it means.

*A change in foot shape that results in difficulty in fitting a standard shoe, as assessed by the practitioner.
These risk categories relate to the use of the SCI-DC foot risk stratification tool and NICE guidance (NG19, 2015).

Produced by the Scottish Diabetes Foot Action Group