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| Diabetic foot wound pathway – Wandsworth. |
| For Wandsworth borough |
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2018

*For a patient with diabetes who presents with a wound in primary care/community podiatry. The wound hasn’t improved within the last 6 weeks and/or has rapidly deteriorated since last review.*

**Bloods test to do on referral to STG if possible (If using EPR Sener system) .**

* C-reactive protein (CRP)
* Erythrocyte sedimentation rate (ESR)
* Full blood count
* Renal profile
* Liver profile
* Uric acid
* Lipid profile (if not within the last 3 months)
* HbA1c (if not within the last 3 months)
* Vitamin D (for Charcot patients, and patients undergoing orthopedic surgery).

**Microbiology**

Following the St. Georges empiric antibiotics guidelines (prior to return of microbiology).

**Samples– only if clinical signs of infection, preferably tissue samples rather than swabs.**

**X-rays of area involved**

* All patients with bone/joint capsule/ tendon exposed.
* Suspicion of Charcot (Fractures seen at the fracture clinic, not DM foot clinic).
* Suspecting osteomyelitis.

For all Orthopaedic, anatomical queries and Charcot reviews – please order **WEIGHTBEARING AP, Oblique and lateral views.**

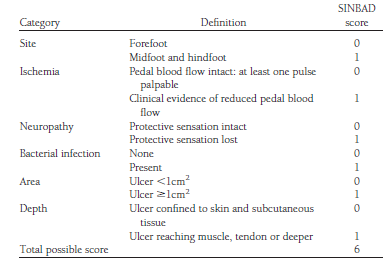
All types of casting should be removed prior to x-rays. No Semi-compressed felt offloading padding should be applied for weight bearing x-rays.

**Charcot**

All patients with Charcot query to have:

* A ***weight bearing*** x-ray with lateral, oblique and AP views.
* **Offloading** straight away with either a cast/removable walker boot/crutches.
* A review with Foot and Ankle Orthopaedic surgeon in the diabetic foot clinic at St. George’s hospital (to call/email STG team to co-ordinate).
* MRI imaging will be carried out at St. Georges.

**Wound classification – As per NDFA audit**



**Wandsworth pathway for diabetic foot ulcerations (non-housebound patients)**

**Patient presents to community with ulceration**

NON COMPLICATED DM FOOT WOUND & Housebound patients

SEVERELY COMPLICATED DM FOOT WOUND

COMPLICATED DM FOOT WOUND

* Palpable pulses
* Neuropathic
* No signs of infection
* No gross deformity
* SINBAD score 0-2
* Patient needing a domiciliary service
* Abscess
* Spreading/wet gangrene
* Critical Limb ischemia
* Fever/Signs of sepsis
* Non-palpable pulses
* Non-systemic mild infection
* Kidney disease
* Active heart failure
* Problematic deformity requiring surgery
* SINBAD score 3-6

**Yes**

**No**

(Can consider QMH/SJ if easier for patient and appropriate)

* Weight bearing AP, Oblique and lateral view x-rays
* MRI for Charcot query

(Once patients are reviewed with the STG MDT, QMH will continue to care for their patients until post-surgery)

Suspicion of Charcot/ need for orthopaedic review from QMH

* Wound rapidly deteriorating (despite antibiotics/ offloading)
* and/or the wound is not showing improvement within 6 weeks

(Not including those with non-medical reasons to why the wound is not healing).

**Refer to the acute diabetic foot team**

Wandsworth team: St Georges Hospital

Appropriate patients will be booked into the multi-disciplinary diabetic foot team clinic on a Thursday morning.

MRIs will be booked for patients with suspected Charcot Arthopathy at St Georges.

**Refer to your nearest A&E**

If referred to A&E at St Georges Hospital include in the A&E letter an instruction to **contact the diabetic foot team**

Does the patient have urgent foot vascular issues likely requiring an angiogram, angioplasty or surgical review/intervention?

**Refer to the foot protection team.**

Wandsworth team: St Johns & Queen Mary’s Hospital

**Useful contact details:**

**St Georges Diabetic Foot Clinic**:

**(From 8am-4.30pm weekdays, 4pm on Thursdays)**

*Reception (appointments)*: 0208 725 1429

*Emergency Clinic number*: 0208 725 2753

Inpatient diabetic foot bleep *7860*

*Email:* [**stgh-tr.diabeticfootclinic@nhs.uk**](mailto:stgh-tr.diabeticfootclinic@nhs.uk)

**Queen Mary’s Diabetic foot Clinic:**

Email *St John’s Therapy Centre* (central booking for community services) at:

**stgh-tr.podiatry.appointments@nhs.net**

Appendix 1: Microguidelines – *Written by Microbiology, Vascular Surgery, Endocrinology, Radiology, Histopathology and Pharmacy departments St Georges Hospital Feb 2017.*

