First line Foot Ulcer Management

Hertfordshire and West Essex Integrated Care System

Presence of active foot ulceration

See Initial Assessment and Treatment / Management of Lower Leg Wounds (Including Ulcers) Pathway

Does patient have diabetes?

Yes

See local Urgent Diabetic Foot pathway

No

Click for more info

Red Flags?

Yes

Signs of ischaemia/ gangrene

Same day/ urgent referral depending on severity to vascular team for possible intervention

Signs of systemic spreading infection

Assess at hospital – Does patient need admitting? If appropriate provide IV antibiotics in the community

Yes

Admit for IV antibiotics and refer urgently to MDT footcare team (inpatient)

No

Hospital to give 1st dose IV antibiotics and organise further IV antibiotics until seen by the MDT footcare team

No

Click for more info

Amber flags?

Yes

If signs of local infection, start on antibiotics as per local formulary/ protocol

Refer to Podiatry - should be seen within 24 hours

If evidence of pressure ulcer, refer to community district nurses.

If on-going care needed, usually provided by nurse (community or practice)

If deteriorating or not responding to treatment at 4 weeks
Needs podiatry review. Options on-going referral to tissue viability team and/ or vascular

If evidence of previously unknown neuropathy or other pathology, address cause where possible

Direct referral to appropriate consultant specialist team (e.g. neurology or vascular)

And refer to Podiatry

No

Is patient already known to the NHS Podiatry Service?

Yes

Ensure patient has a follow-up appointment arranged in an appropriate time-period
If patient also needs assessment for compression please see Lower Leg Ulcer Management pathway

No

Ensure prompt referral to the relevant Podiatry/ Footcare team is made within 24 hours for triage

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Red flags

Presence of:

- Spreading infection/cellulitis and/or signs/symptoms of systemic infection
  - Particularly in context of Immuno-competency/-suppression
    - Immunocompromising conditions/diseases e.g. congenital agammaglobulinaemia, congenital IgA deficiency, HIV/AIDS
    - Immunosuppressive drugs e.g. taken by cancer and transplant patients (includes steroids)
- Peripheral arterial disease
- Ischaemia
- Gangrene
- Rheumatoid disease
- Peripheral neuropathy
- Severe renal disease

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Amber flags

- Are there signs of local infection:
  - Pus/discharge in the wound
  - Unpleasant smell
  - Redness at and around the ulcer site (may be missing in people with ischaemia)
  - Swelling of the area/toe
  - Raised temperature
  - Pain (may be missing in individuals due to impaired sensation/neuropathies)
- Is there evidence of neuropathy?
- Is there evidence of a pressure ulcer?
- Is there foot deformity?