

STANDARD TREATMENT WORKFLOW (STW)

Diabetic Foot

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Standard Treatment Workflow (STW)

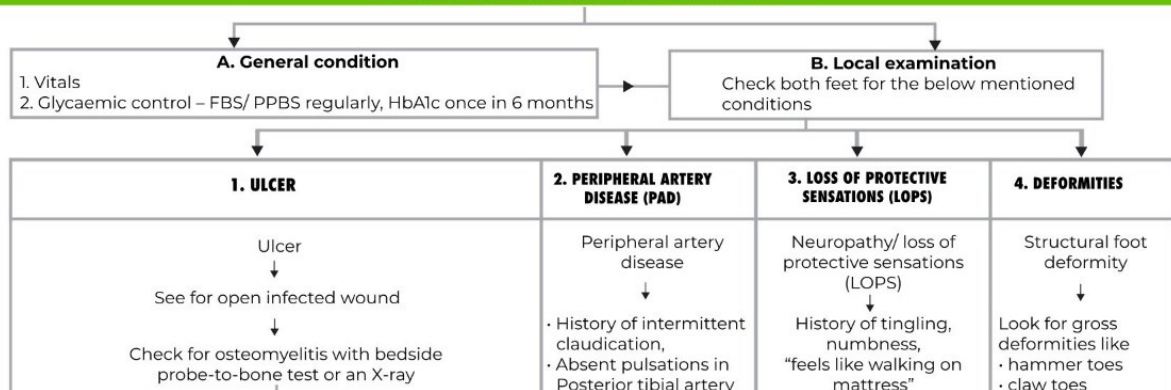
DIABETIC FOOT ICD-10-Z86.31

RED FLAG SIGNS

SYSTEMIC: Sick look, drowsy, abnormal breathing, abnormal pulse, fever
LOCAL: Claudication/ rest pain, gangrene, osteomyelitis, acute charcot's foot

Refer to higher centre

EVALUATION OF PATIENT WITH DIABETIC FOOT

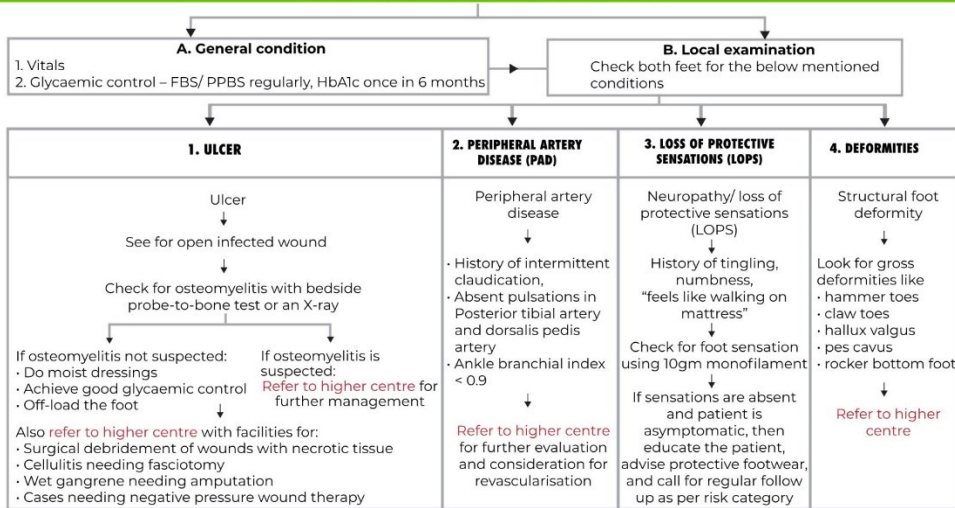


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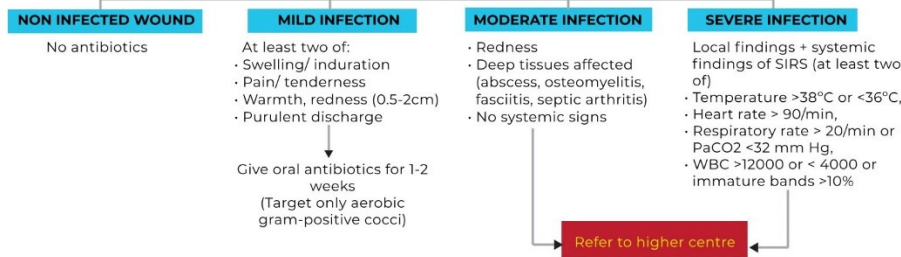
PREDISPOSING FACTORS FOR DIABETIC FOOT ULCER



RISK ASSESSMENT & FREQUENCY OF FOLLOW UP			WOUND CARE	
Risk category	Parameters	Follow up	DO:	DON'T USE:
Low	Callus alone, No LOPS, No PAD	Once a year	Moist dressings	Hydrogen peroxide, EUSOL, povidone iodine, chlorhexidine etc
Medium	Deformity with LOPS or PAD	Once in 6 months	Change dressings daily for dirty wounds and on alternate days for clean wounds	Hyperbaric oxygen, antimicrobial dressings and stem cell therapy has insufficient evidence to be recommended
High	Previous amputation or ulceration & any two of - Deformity/ LOPS/ PAD	Once in 3 months		

INFECTION AND ANTIBIOTICS GUIDANCE

(Note: - Antibiotics are insufficient unless combined with appropriate wound care)



MANAGEMENT OF OTHER RELATED FOOT CONDITIONS/ COMPLICATIONS



PATIENT EDUCATION

- DO:**
- Daily self inspection of foot
 - Wear comfortable proper fitting footwear
 - Cut toe nails straight
 - Keep blood sugars controlled
 - Regular foot check up with your doctor
- DON'T:**
- Walk barefoot, even at home
 - Remove calluses/ corns at home
 - Smoking: delays healing

ABBREVIATIONS

- EUSOL:** Edinburgh university solution of lime
FBS: Fasting blood sugar
LOPS: Diabetic peripheral neuropathy with loss of protective sensation
PAD: Peripheral arterial disease
PPBS: Post prandial blood sugar
SIRS: Systemic inflammatory response syndrome

ALWAYS KEEP A LOW THRESHOLD FOR REFERRAL TO HIGHER CENTRE

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit the website of DHR for more information: (stw.icmr.org.in) for more information.
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