

**CLOSING WOUNDS,
SAVING FEET,
SAVING LIVES.**



A PROGRAM BY URGO MEDICAL
SUPPORTED BY D-FOOT INTERNATIONAL

EXAMPLE ONLY – REQUEST YOUR TAILORED VERSION

FAST TRACK PATHWAY FOR DIABETES-RELATED FOOT ULCERATION

 **URGO**
MEDICAL
Healing people®

Toolbox for DFU management in Primary Care

Diabetes Metabolic Control



- HbA1c
- Glycemia
- Diet
- Activity
- Medication

Vascular status



- Pulse palpation
- Skin features:
 - Pale
 - Cyanosis
 - Cold
 - Absence of leg hair

Comorbidities



- Chronic Kidney Disease
- Cardiovascular Disease
- Obesity
- Hypertension
- Dyslipidemia

Debridement



Type

- Sharp/Surgical
- Autolytic

Recommendations

- Sterile and prescribed solutions
- Avoid common disinfectant
- Avoid self-made solutions

Discard infection



LOCAL

- Probe-to-Bone Test
- Pain/Tenderness
- Local warmth
- Cellulitis
- Pus
- Others:
 - Friable wound bed tissue
 - Exudate increase
 - Undermining edge
 - Fistulous track
 - Bad odour

SYSTEMIC

- Fever
- Asthenia/Anorexia
- Flogistic indexes increased



Offloading

Location of the ulcer

- Plantar/dorsal/lateral
- Forefoot/midfoot/rearfoot

Activity

- Sedentarism
- Active (outdoors/indoors)



Deformities

- Bone prominences
- Rigid foot
- Charcot foot

Dressing selection



1. Suspecting biofilm or non-controlled bacteria load

Antimicrobial dressing and close monitoring of the ulcer to avoid infection worsening or spreading

2. Sucrose Octasulfate (TLC-NOSF) impregnated dressing

- Neuroischaemic DFU from Day 0
- Non improved ulcers (less than 30% improvement after 2 weeks)

3. Non complicated DFU (No Peripheral Artery Disease, No Ischemia, No Infection)

Select dressing principally on the basis of exudate control, comfort and cost



Alarm signs

Infection

LOCAL

- Granulation tissue less effective
- Redness
- Pain

SYSTEMIC

- Increase glycemia
- Fever
- Asthenia/anorexia
- Flogistic indexes increased
- Pain

Ischemia

LOCAL

- Necrosis of the edge
- Cyanosis
- Less progress of the wound

SYSTEMIC

- Pain

Follow the Fast Track Pathway for appropriate referral

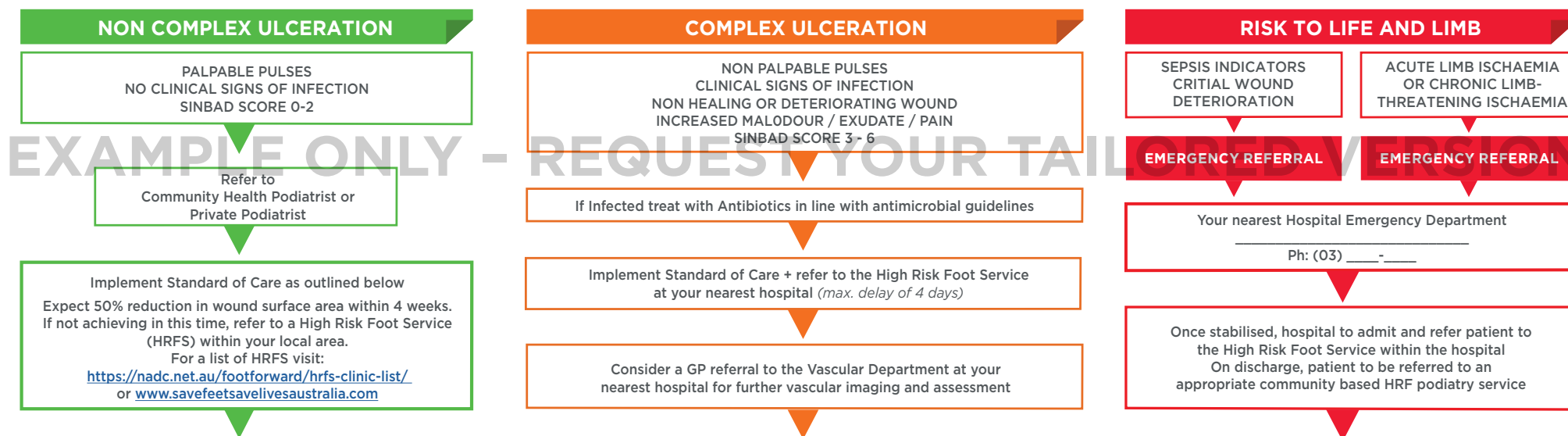


FAST TRACK PATHWAY FOR DIABETES-RELATED FOOT ULCERATION

AT FIRST PRESENTATION MAP PATIENT RISK FACTORS

| HOLISTIC APPROACH | HIGH RISK CO-MORBIDITIES | LOWER LIMB ASSESSMENT | WOUND ASSESSMENT |
|---|---|---|---|
| <ul style="list-style-type: none"> Medical / surgical / social history Laboratory tests Clinical examinations Nutritional status Quality of life | <ul style="list-style-type: none"> Cardiovascular disease Respiratory disease End stage renal disease Immunosuppressed Depression Endocrine disease Cancer therapies Glycaemic control Sepsis risk | <ul style="list-style-type: none"> Vascular and neurological Venous drainage Lymphatic system disease Tissue integrity / viability Deformity Infection indicators IDSA Neuropathic arthropathy | <ul style="list-style-type: none"> Epidemiology / aetiology Wound classification SINBAD score Pain scoring TIME Exudate/ malodour |

HIGH-RISK DIABETES FOOT ULCER RISK MANAGEMENT



STANDARD OF CARE

OFFLOADING: Reduction of extrinsic +/- intrinsic biomechanical stress/plantar pressure is essential for ulcer protection and healing. The use of Non-removable knee-high offloading devices, total contact casts (TCC), removable walkers or specific footwear should be tailored to individual need and according to local available resources. Patients should be educated to minimise standing and walking. Regular follow-up should be undertaken to ensure clinical effectiveness and compliance.

RESTORATION OF PERFUSION: In patients with peripheral arterial disease (ankle pressure <50mmHg, ABI <0.5, toe pressure <30mmHg or TCPO2 <25mmHg), revascularisation should be considered. When an ulcer does not

show signs of healing within 4 weeks, despite optimal management, further vascular assessment and revascularisation should be considered (even if tests above fall within acceptable / normal ranges)

TREATMENT OF INFECTION: Where there are clinical signs of infection, empiric and broad-spectrum antibiotic therapy should be administered after obtaining microbiological samples (ideally deep tissue), followed by adjustments according to clinical response and microbiological results. Removal of any necrotic or nonviable tissue following comprehensive assessment of infection severity is required.

METABOLIC CONTROL/HOLISTIC MANAGEMENT: Metabolic approach requires optimisation of glycaemic control (if necessary with insulin), the treatment of malnutrition and oedema if present. Optimal management of relevant co-morbidities is mandatory.

LOCAL WOUND CARE: Frequent ulcer inspection/assessment debridement and redressings should be undertaken. Dressing selection is based upon ulcer findings (characteristics of wound bed, exudate, size, depth, local pain). In neuro-ischaemic ulcers, dressing with TLC-NOSF (Lipido-Colloid Technology with Nano-OligoSaccharide Factor) should be considered.

URGO MEDICAL AUSTRALIA - Supporting healthcare practitioners to save feet/save lives
Visit www.savefeetsavelivesaustralia.com for more information and helpful resources

HIGH RISK FOOT/PODIATRY REFERRAL FORM

Please complete information and click [HERE](#) to submit form

Patient referred by: _____

Phone: _____

Address: _____

Patient name: _____

DOB: ____/____/____ Phone: _____

Address: _____

Background (reason for referral): _____

Social history
(alcohol/smoking status/living arrangements) _____

Mobility status:
(ambulant/wheelchair/bed bound) _____

Transport:
(driver/access taxi/ambulance transfer) _____

CURRENT MEDICAL HISTORY

Medications: (including recent antibiotics) _____

Allergies: _____

Neurovascular status: (Toe pressures/ABI) _____

Blood test results:
(FBE/U&E/HbA1c/other: (result ____/____/____) _____

X ray, MRI, US: (result ____/____/____) _____

Most recent tissue/swab: (result ____/____/____) _____

WOUND INFORMATION

Wound type: _____

Wound location: _____

Current wound size: L: ____mm W: ____mm D: ____mm Photo attached: Yes

SINBAD SCORING FOR INDEX ULCER:

| Score (0) if NO or (1) if YES | | | | |
|--|----|--|-----|--|
| Site= Index Ulcer Hindfoot | No | | Yes | |
| Ischaemia: Clinical PAD? | No | | Yes | |
| Neuropathy: Sensory loss? | No | | Yes | |
| Bacterial infection: local, spreading or systemic signs | No | | Yes | |
| Area: 1cm ² or more? | No | | Yes | |
| Depth: to tendon or bone? | No | | Yes | |
| SINBAD score = | | | | |

Index Ulcer = Most Severe Ulcer with highest SINBAD score

Hindfoot = includes the tarso-metatarsal joints and everything proximal to them below the ankle

Ischaemia = absent pulses +/- other suggestive clinical signs

Neuropathy = impaired sensation using monofilament or touch or vibration or other stimulus used in routine clinical practice

NOTE: If you score Neuropathy Yes, it means that the person has **LOST SENSATION** and **CANNOT FEEL** the stimulus on the foot of the index ulcer
Bacterial infection = clinical signs of local, spreading or systemic infection

Area = product of greatest diameters or other method

Depth = assessment by eye +/- sterile probe

CURRENT DRESSING PLAN

Primary dressing: _____

Secondary: dressing: _____

#dressing changes/week: ____ Care attended to by: _____

Current offloading device: (Darco/DH Walker/Aircast/TCC/custom orthotic)
(Commencement date) _____

Previous offloading device used:
(Including reason for failure) _____

Further information: previous MDF input/interpreter/oxygen/carers present

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