CARE FOR DIABETIC FOOT ULCERS IN LEICESTER AND LEICESTERSHIRE

FOOT ULCER ASSESSMENT

Does the ulcer have adequate offloading?
Reduction of pressure is essential for ulcer protection and healing.

Recommendation:
• For a Diabetic Foot Ulcer choose the most suitable for the patient (occupation related, falls assessment). Gold standard for a DFU is a non-removable device (cast). Refer to Podiatry / Multi-Disciplinary Foot Team as appropriate (see local guidance).

DEBRIDEMENT

Sharp debridement should be carried out by a suitably trained individual to remove peri-wound callus, surface debris and necrotic non-viable tissue subject to assessment to ensure adequate blood flow. Debridement improves the healing potential of the remaining healthy tissue.

WOUND ASSESSMENT (at each treatment)
Assess the wound bed and surrounding tissue/skin at each dressing change.

WOUND FREE FROM INFECTION
Appropriate dressing selection as per local guidance.
If not more than 30% reduction in wound size after 4 – 6 weeks consider:
• Change of dressing (e.g. UrgoStart or UrgoStart Plus)
• Offloading
• Vascular supply
• Compliance

WOUND INFECTED
• Empiric antibiotic therapy should be administered; refer to your local antibiotic guidelines
• Take deep swab or tissue sample
• Appropriate dressing selection as per local guidance
• If wound not improving consider change of dressing e.g. UrgoStart Plus

HEALED WOUND:
Ensure under Podiatry (foot protection team) for on-going review, preventative care and patient education.

This local pathway is an example used in the NICE medical technology guidance adoption support resource for UrgoStart for treating diabetic foot ulcers and leg ulcers. It was not produced for or commissioned by NICE.
## DRESSING SELECTION FOR THE DIABETIC FOOT ULCER

### AIMS
- **Debride and remove eschar**
  - Treat with caution; keep dry until vascular status established

- **Manage infection; reduce bacterial load present in wound**
- **To encourage autolytic debridement and desloughing**

- **Protect granulation tissue and encourage angiogenesis**

- **To protect and promote epithelisation**

### INFECTION IN A DIABETIC FOOT ULCER IS MORE COMMON WITH MORE ORGANISMS ISOLATED IN ULCERS ON PEOPLE WITH DIABETES THAN FOUND ON NON-DIABETICS.

<table>
<thead>
<tr>
<th>WOUND TYPE</th>
<th>BLACK / NECROTIC</th>
<th>GREEN / INFECTED</th>
<th>YELLOW / SLOUGHY</th>
<th>RED / GRANULATING</th>
<th>PINK / EPITHELIALISING</th>
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</thead>
<tbody>
<tr>
<td>LOW EXUDATE</td>
<td></td>
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<tr>
<td>PRIMARY</td>
<td>N/A and gauze (bandage)</td>
<td>Inadine</td>
<td>Honey dressing</td>
<td>Island dressing</td>
<td>Inadine</td>
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<tr>
<td>SECONDARY</td>
<td>Island dressing (eg softpore)</td>
<td>Non-adhesive absorbent dressing / bandage</td>
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</table>

<table>
<thead>
<tr>
<th>MEDIUM - HIGH EXUDATE</th>
<th>PRIMARY</th>
<th>SECONDARY</th>
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<tbody>
<tr>
<td>PRIMARY</td>
<td>Non-adhesive absorbent dressing / bandage</td>
<td>Hydrofibre dressing</td>
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<tr>
<td></td>
<td>Honey or Silver dressing</td>
<td>Antimicrobial gel (e.g. Flaminal)</td>
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