

Foot Care in Type 2 Diabetes

Evaluation and intervention for wounds is summarized using an algorithm.

Conduct an annual foot exam

Remove patient's shoes at each visit: Inspect feet for acute problems.

- Normal exam indicates low risk for foot problems. Focus on:
 - self-management education
 - control of blood sugar and blood pressure, and
 - smoking cessation.
 - Follow-up complete foot exam yearly.
- Abnormal exam indicates high risk for foot problems. Focus on:
 - self-management education
 - protective shoes, and
 - podiatry care, plus
 - measures for low risk patients.
 - Follow-up every two to three months.

If an ulcer is detected at the visit, determine if the ulcer is uncomplicated or complicated:

- Uncomplicated ulcers:
 - Size is < 2 cm, with no deep tissue involved nor major infection; there is adequate circulation.
 - Treat with outpatient care of weekly debridement, daily dressing changes, off-loading, and oral antibiotics if there is a limited infection.
 - Follow-up weekly.
- Complicated wounds:
 - Size is > 2 cm, involves deep tissue, with major infection or inadequate circulation.
 - Treat with hospital care of surgical debridement, dressing changes, and IV antibiotics directed by results of cultures.
 - Perform a vascular assessment with surgical consultation and appropriate interventions to restore adequate circulation
 - Follow-up daily until infection is controlled, and/or ulcer size has been reduced.
 - Then follow as an uncomplicated ulcer.

(End of algorithm.)

Developed by IHS Division of Diabetes Treatment and Prevention
December 2009