**Diabetic Foot Check**

**Guidance Document**

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**Table of contents**

[1 Introduction 2](#_Toc190091031)

[1.1 Guidance statement 2](#_Toc190091032)

[1.2 Status 2](#_Toc190091033)

[2 Guidance 2](#_Toc190091034)

[2.1 Frequency of diabetic foot assessments 2](#_Toc190091035)

[2.2 Diabetic foot advice/preventing complications 2](#_Toc190091036)

[2.3 Performing a foot check 3](#_Toc190091037)

[2.4 Management of patients 4](#_Toc190091038)

# Introduction

## Guidance statement

The purpose of this guidance document is to provide direction for staff at this organisation when undertaking diabetic foot checks for patients living with diabetes, those who are at risk of developing diabetes or those who are already displaying pre-diabetic risk factors.

This document is to be read in conjunction with the referenced NICE guidance.

## Status

In accordance with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents), we have considered how provisions within this policy might impact on different groups and individuals. This document and any procedures contained within it are non-contractual, which means they may be modified or withdrawn at any time. They apply to all employees and contractors working for the organisation.

# Guidance

## Frequency of diabetic foot assessments

NICE guideline [NG19](https://www.nice.org.uk/guidance/ng19/chapter/Recommendations#care-across-all-settings) explains that the frequency of diabetic foot assessments for a patient depends on their risk factors. Children under 12 with diabetes and their families need to be provided with basic foot care advice.

Young people aged 12-17 years with diabetes should have an annual foot assessment as part of their paediatric or transitional care team annual assessment. Information about ongoing foot care should be provided. If a diabetic foot problem is found, or suspected, then referral to an appropriate specialist is to be initiated.

Adults with diabetes should have their risk of developing diabetic foot problems assessed:

* At the time of diagnosing their diabetes and annually thereafter
* If any foot problems arise
* On admission to hospital and if there is any change in their condition while in hospital

All patients must be advised to seek advice should they have any concerns.

## Diabetic foot advice/preventing complications

It is especially important for patients with diabetes to look after their feet. Diabetes can reduce the blood supply to a patient’s feet and cause peripheral neuropathy. Sufferers can often develop sores or injuries that go unnoticed for some time and, if injuries do occur, they often do not heal well or without expert advice and intervention. [Diabetes.org.uk](https://www.diabetes.org.uk/guide-to-diabetes/complications/feet/taking-care-of-your-feet) has provided guidance that can help to prevent foot problems in patients with diabetes including an instructional video and links to additional guidance.

## Performing a foot check

Annual foot checks can ensure the risk of developing any foot complications is identified early and will be performed as part of a patient’s annual diabetes check.

The patient should be asked to remove their shoes and socks/tights. Any dressings or bandages will also have to be removed if present. Staff are to refer to [NG19](https://www.nice.org.uk/guidance/ng19/chapter/Recommendations#care-across-all-settings) but may also use the guidance from the [Nursing Times](https://www.nursingtimes.net/diabetes/assessing-the-foot-in-patients-with-diabetes-25-07-2014/) which covers the following:

**History:**

Ask the patient:

* Have you had any foot problems since the last assessment?
* Are you experiencing any pain or discomfort?
* How often do you check your feet at home?
* Do you feel comfortable looking after your feet?

**Visual inspection**

A thorough visual inspection of the lower legs and feet is essential. Check for:

* Dry, cracking skin and fissures
* Wounds/cuts
* Blisters
* Corns/calluses
* Skin health – changes in colour and texture, look for signs of infection or inflammation
* Nail health – length, colour, thickness, debris, odour, separation from the nail bed and pain
* Deformity such as Charcot foot which may predispose the foot to ulceration
* Check the skin temperature using the back of the hand. Normally, the leg is warmer at the tibia and cooler at the toes. Patients with neuropathy have no change in temperature due to the dilation of the capillaries in the toes
* Check for the presence of varicose veins, haemosiderosis, oedema and scarring from previous ulceration

**Vascular examination**

* Palpate for the dorsalis pedis and posterior tibial pulses on both feet. If unable to palpate, use a doppler scanner to ascertain either the presence or absence of the pulse.
* Check the capillary refill by pressing the distal pulp of a toe until it blanches and then release. Normal reperfusion takes 0-5 seconds. Delayed refill is an indicator of arterial ischaemia.

**Neuropathy**

* Check for numbness or changes in sensation (also known as [neuropathy](https://www.diabetes.org.uk/guide-to-diabetes/complications/nerves_neuropathy)) using a 10g monofilament. The monofilament should be applied on at least three locations for each foot, pressing the monofilament until it bends halfway and then releasing. If the patient is unable to feel the filament at one or more sites, peripheral neuropathy may be diagnosed.

**Circulation**

* Check for ulceration, spreading infection, critical limb ischaemia or gangrene.

**Final questions**

* Do you have any cramp-like pains when walking?
* How well are you managing your diabetes?

The risk stratification detailed in [NG19](https://www.nice.org.uk/guidance/ng19/chapter/Recommendations#assessing-the-risk-of-developing-a-diabetic-foot-problem) should be used to assess the person’s current risk of developing a diabetic foot problem. Following assessment, it is essential that the patient is managed appropriately.

## Management of patients

[NG19](https://www.nice.org.uk/guidance/ng19/chapter/Recommendations#care-across-all-settings) explains the management of patients who are deemed to be low, moderate or high risk and when a referral is necessary. Should a patient present with a limb or life-threatening diabetic foot problem, they must be immediately referred to the emergency department and the multidisciplinary foot clinic team informed.

Should a patient present with a diabetic foot problem, clinical staff at this organisation are to consider that the patient may have an undiagnosed, increased risk of cardiovascular disease (CVD) that may require further investigation and subsequent treatment. For guidance on the primary prevention of CVD, refer to [NICE guidelines CG181](https://www.nice.org.uk/guidance/cg181).

[NG19](https://www.nice.org.uk/guidance/ng19/chapter/Recommendations#assessing-the-risk-of-developing-a-diabetic-foot-problem) details the process for managing diabetic foot ulcers which includes assessment and treatment. Clinicians must consider the patient’s overall heath, how healing has progressed and any deterioration when deciding the follow-up frequency as part of the patient’s treatment plan.

Should a clinician suspect a patient to be suffering from a diabetic foot infection then they are to refer to [NG19](https://www.nice.org.uk/guidance/ng19/chapter/Recommendations#assessing-the-risk-of-developing-a-diabetic-foot-problem) for advice on investigation and treatment.

Should a clinician need to prescribe an antibiotic for a suspected diabetic foot infection in adults aged 18 years and over, they should adhere to the detailed guidance in [NG19](https://www.nice.org.uk/guidance/ng19/chapter/Recommendations#assessing-the-risk-of-developing-a-diabetic-foot-problem). When considering prescribing antibiotics for a suspected diabetic foot infection in children and young people under 18 years of age, they must seek specialist advice.