GUIDELINE SUMMARY
May 2011

Assess and Diagnosis Diabetic Ulcers

Client Concerns
- Understanding of wound healing / risk factors; motivation to adhere to treatment plan.
- Impact on daily life / body image
- Psychosocial / financial / mental health concerns & supports
- Impact of environment
- Client / family preferences for treatment

Risk Factors Affecting Healing
- Poor nutritional status
- History of previous ulcer
- High risk medical conditions & medications
- Impaired oxygenation status
- Duration of DM > 10 years
- Smoking / substance use
- Poor foot care routines / improper footwear
- Poor glucose control
- Inability to assess feet

Presentation of Diabetic Neuropathic Ulcers
- Location: usually at pressure points on the plantar surface of the forefoot
- Pain: usually painless unless there is an ischemic component or the wound is infected
- Wound base: shallow or deep; may probe to bone; may be necrotic, pink or pale
- Gangrene: Dry or wet gangrene may be present
- Exudate usually small to moderate
- Wound edges: typically demarcated, + / - undermining and sinus tracts
- Peri wound skin: calluses are common

Presentation of Diabetic Lower Limb
- Dry skin; heel cracks//fissures
- Calluses; esp over pressure points of the foot
- Pulses palpable; ABI may be > 1.3
- Monofilament testing shows loss of protective sensation (LOPS)
- Change in sensation; numbness, tingling, burning, crawling
- Localized foot inflammation
- Foot & joint deformities / Charcot foot changes
- ↓ joint mobility esp big toe
- Footwear show unusual wear

Wound Infection[1]
- Change in blood glucose levels
- New onset or ↑ pain (even with neuropathy)
- Wound odour after cleansing
- Friable granulation tissue
- Wound deterioration; ↑ size
- Induration/erythema ≥ 2 cm
- Malaise / fever[1]
- ↑ amt or purulent exudate
- Probing to bone

Prevent & Treat Diabetic Ulcers

Client Care Management

Client Concerns
- Care plan reflects client abilities, concerns & preferences for treatment
- Refer for financial, psycho-social & mental health concerns
- Refer to OT / PT or Diabetic Education Program if indicated

Pain Management
- Coordinate care with regular analgesic administration in appropriate doses
- Pain-reducing dressings
- Repositioning / support surfaces to relieve pain
- Regular pain reassessment

Client Education & Resources
- Routine daily foot care measures
- Early recognition and prompt treatment of potential foot problems
- Routine foot surveillance by healthcare provider
- Appropriate individual footwear requirements
- Medication adherence & chronic disease management if indicated.

Address Risk Factors
- Support good nutrition / lipid control
- Support smoking cessation / substance management
- Support adherence to medication regimen; chronic disease management
- Optimal blood glucose control
- Adequate medical follow-up for diabetes & contributing medical conditions
- Avoid restrictive clothing on lower extremities

Foot Care
- Off load wounds & pressure points
- Protect feet from trauma
- Encourage regular foot inspection / appropriate foot & nail care & hygiene
- Refer for offloading footwear & appliances if indicated
- Encourage annual diabetic foot screen
- Refer for callus debridement

Wound Management

Wound Treatment
- Adhere to hand washing protocols
- Chose appropriate aseptic technique
- Refer to Wound Care Clinician/ physician/ NP if wound non-healable
- Cleanse / irrigate the wound
- Use autolytic debridement, if indicated
- Maintain moisture balance & keep peri wound skin dry
- Protect the wound
- Reassess wound at every dressing change; full assessment weekly as per care plan

Wound Infection
- Monitor for S & S of diabetic wound infection, e.g. new or ↑ pain
- Refer if infection present or wound probes to bone
- Use appropriate anti microbial dressings
- Teach client S & S of infection, e.g. new onset or increasing pain

Discharge Planning
- Initiate D/C planning during initial client encounter, except LTC
- Ensure continuity of care across sectors.
- Support timely D/C & client independence.

Client Outcomes

Intended outcomes met ← Client Outcomes → Intended outcomes not met

[1] An elevated WBC or fever may not be present with an infected diabetic ulcer due to a blunted inflammatory response; therefore these are not reliable indicators of wound infection in clients with diabetes.