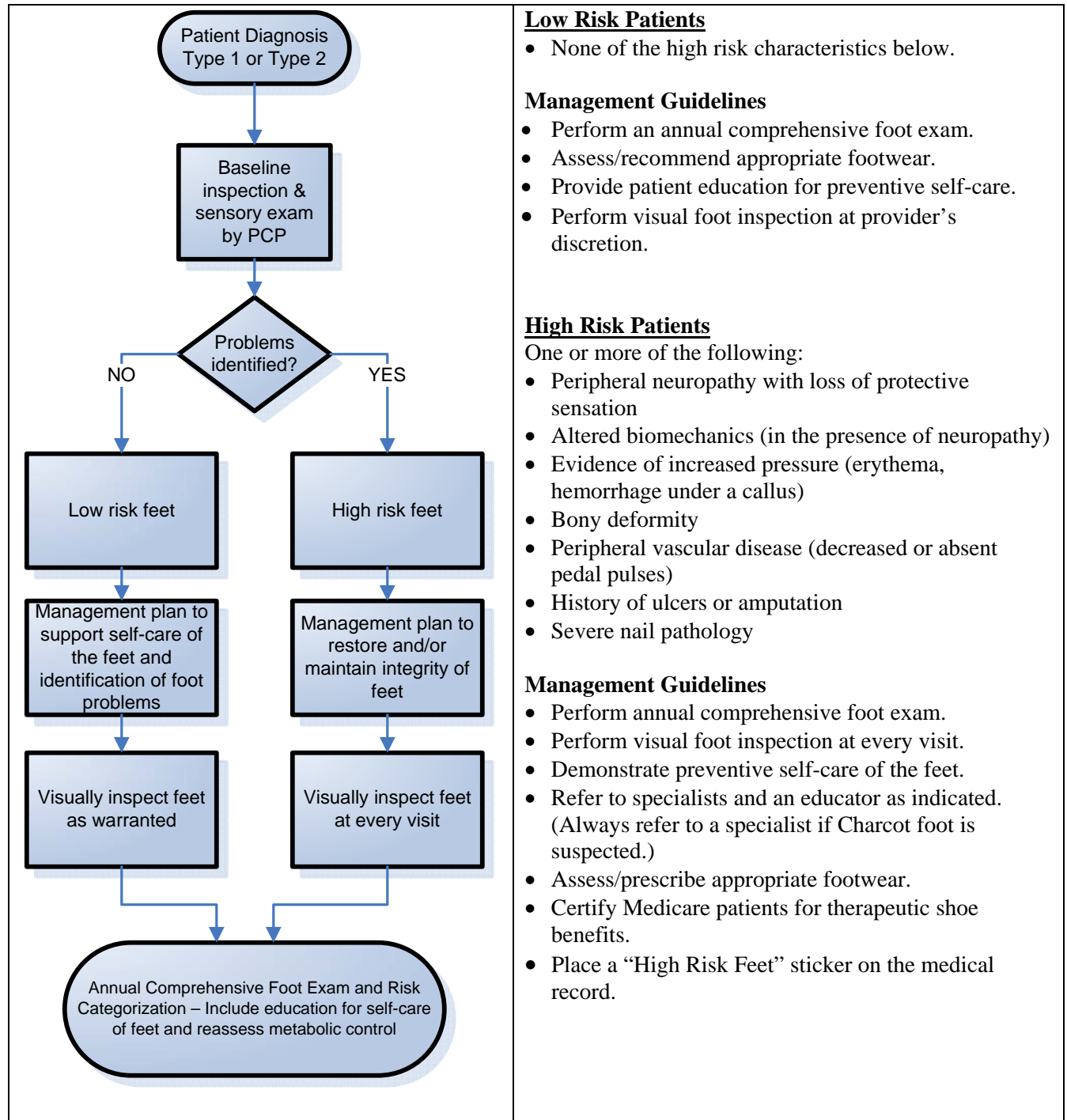


Provider Algorithm for Diabetic Foot Care



Low Risk Patients

- None of the high risk characteristics below.

Management Guidelines

- Perform an annual comprehensive foot exam.
- Assess/recommend appropriate footwear.
- Provide patient education for preventive self-care.
- Perform visual foot inspection at provider's discretion.

High Risk Patients

One or more of the following:

- Peripheral neuropathy with loss of protective sensation
- Altered biomechanics (in the presence of neuropathy)
- Evidence of increased pressure (erythema, hemorrhage under a callus)
- Bony deformity
- Peripheral vascular disease (decreased or absent pedal pulses)
- History of ulcers or amputation
- Severe nail pathology

Management Guidelines

- Perform annual comprehensive foot exam.
- Perform visual foot inspection at every visit.
- Demonstrate preventive self-care of the feet.
- Refer to specialists and an educator as indicated. (Always refer to a specialist if Charcot foot is suspected.)
- Assess/prescribe appropriate footwear.
- Certify Medicare patients for therapeutic shoe benefits.
- Place a "High Risk Feet" sticker on the medical record.

Management Guidelines for Active Ulcer or Foot Infection

- Verify pedal pulses/doppler pulses on high risk patients, if ulcerations are present.
- Conduct frequent wound assessment and provide care, as indicated.
- Never let patient with open plantar ulcer walk out in their own shoes. Weight relief *must* be provided.
- Assess/prescribe therapeutic footwear to help modify weight bearing and protect feet.
- Demonstrate preventive self-care of the feet.
- Provide patient education on wound care.
- Refer to specialists and a diabetes educator, as indicated.
- Certify Medicare patients for therapeutic footwear benefits.
- Place "High Risk Feet" sticker on medical record.

Diabetes Foot Exam Procedures

Category of Patient	Recommended Procedure	Frequency
Persons with: <ul style="list-style-type: none"> • Type 1 diabetes • Type 2 diabetes 	<p>Comprehensive foot exam to identify high risk foot conditions should include:</p> <ul style="list-style-type: none"> • Assessment of skin, hair, and nails • Assessment of musculoskeletal structure • Assessment of sensation – including 10 gm monofilament pressure sensation, temperature, vibration perception, and ankle reflexes • Assessment of vascular status – determination of a history of claudication, palpation of pedal pulses, and ankle-brachial index • Assessment of appropriate foot wear • Reassessment of metabolic control • Education about self-care of feet • Other diabetic related educations • Development of an appropriate foot care medical management plan based on positive findings <p>Management plan</p> <ul style="list-style-type: none"> • The subsequent foot care management plan depends on risk category, foot status, and metabolic control. • High risk patients should be referred to a health care provider with training in foot care. 	Annually or when a new abnormality is noted
Persons at: <ul style="list-style-type: none"> • High risk • Low risk <p>(Refer to page 1 for definitions of risk.)</p>	Visual foot inspection to identify foot problems. A physician or other trained staff should perform the foot inspection.	<ul style="list-style-type: none"> • At every visit • As warranted