Foot Ulcer Pathways

Definition: A Foot Ulcer is defined as skin loss that originates below the malleolus (ankle).

Red Flags	Emergency Actions Required
Clinical evidence of acute limb ischaemia (acute pain, pallor, pulseless, perishingly cold, paraesthesia / acute sensory change, paralysis /acute motor dysfunction for <2 weeks).	**Secondary Care:** Refer urgently via switchboard to the Vascular on call Consultant. Cover the area with either a Biatain Silicone, Softpore or Atrauman and Safe Soft Bandaging. **Practice Nurses** - Transfer urgently to the Emergency Department OR Refer urgently to the Emergency Surgical Assessment Centre (ESAC). **District Nurses** - Transfer urgently to the Emergency Department OR Contact TVALS or GP to arrange admission to ESAC.
Foot Ulcers with spreading infection (cellulitis).	Obtain a wound swab, monitor observations, mark the area and arrange for antibiotics to be commenced. Dress with an anti-microbial, absorbent pad (If required) and follow the Safe Soft Bandaging Pathway. **Secondary Care:** Follow the DBTH Cellulitis guidance and consider a referral to the Vascular on call Consultant . **Primary Care:** Contact TVALS or GP to arrange the admission to ESAC.
Suspected Charcot	**Secondary Care:** Refer urgently to the Orthopedic team AND Refer to Podiatry via email to the Multi Disciplinary Foot Team (MDFT): For DRI and MMH and GP's email a referral to- dbth.diabsec@nhs.net For BDGH email a referral to- dbth.diabetesbass@nhs.net (will be seen as an outpatient). **Primary Care:** Requires to attend the Emergence Department for urgent examination/management/offloading Also refer to the Podiatry Foot Protection Service via email: rdash.podiatryreferrals@nhs.net
Suspected Skin Cancer.	Refer to the Dermatology Department as per the 2 week wait protocol, either via the GP or **dbth.dermatologyteam@nhs.net**
Suspected Osteomylities	**Secondary Care Non Diabetic:** Urgent referral to Orthopeadic for management. **Secondary Care Diabetic (DRI and MMH):** Diabetic: urgent referral to Multidisciplinary Foot clinic (MDFT) via email to dbth.diabetesbass@nhs.net **Secondary Care Diabetic (BDGH):** Urgent referral to Orthopeadic for management. **Primary Care: urgent referral to Podiatry Foot Protection Service either via email:** rdash.podiatryreferrals@nhs.net
Amber Flags	**Urgent action Required**
Do you suspect poor arterial blood supply because the patient has either: • Constant pain in the foot (typically relieved by dependence and worse at night). • A non-healing wound of more than 2 weeks duration and / or gangrene on the foot.	Complete the https://www.dbth.nhs.uk/wp-content/uploads/2024/01/Appendix-21-Vascular-Service-PAD-Referral-Form-Digital-eform-v2.pdf Send to: **dbth.vascular-admin@nhs.net**
Does the patient have any risk factors or visual signs for venous disease on the lower limb including with either of these: Ulceration that Static or deteriorating despite optimum compression therapy Or Acute venous bleeding from the leg requiring first aid treatment	Secondary Care: Refer to the Skin Integrity Team Primary Care: Refer to the Tissue Viability and Lymphoedema Team

1. Follow the Wound Bed Preparation Pathway

2. Complete and document accordingly a Wound Assessment using TIMES, and complete clinical photography

3. Identify the suspected or confirmed Leg Ulcer Type, using the Lower Leg Wound Guidance

A Foot Ulcer caused Diabetes , Neuropathology or Trauma		Ischemic foot ulcer (including neuro-ischemic)	A Foot Ulcer causedby Pressure WITHOUT Diabetes, Neuropathy,
50% or more granulation WITHOUT active infection:	**50% or more slough or necrosis present WITHOUT active infection:**	**All Tissue Types**	**All Tissue Types**
UrgoStart Plus pad, and Cosmopore or UrgoStart Border. Change as per exudate either 3 days or 7 days.	UrgoClean AG and Cosmopore OR UrgoClean AG, Kliniderm and Safe Soft Bandaging. Change as per exudate eevery 3 to 7 days or more often if needed. Unless specified differently by the Vascualr Service, Skin Intgeirty Team or Podiatry Foot Protection Service.	Aim to keep wound clean and dry apply Acticoat Flex 3 or 7 and Cosmopore OR Acticoat Flex 3 or 7 with Kliniderm and Safe Soft Bandaging. Change as per exudate or every 3 or 7 days as per use of Acticoat Flex. Unless specified differently by the Vascular Service, Skin Integrity Team or Podiatry Foot Protection Service.	Follow the Pressure Ulcer Pathway for Pressure Ulcer Management unless specified differently by the Vascular Service.

4 . Apply emollient to intact skin as per local policy.

5. Onward Referrals:

Secondary Care: Refer to Orthotics for off loading footwear/device over the ulcer site. Refer to the Skin Integrity Team. Complete Datix form if the patient has a hospital acquired pressure ulcer. On discharge ward to refer NON pressure related foot ulcer to the Podiatry Foot Protection Service. DRI/MMH via email on rdash.podiatryreferrals@nhs.net and For BDGH GP's email a referral to - dbth.diabetesbass@nhs.net (will be seen as an outpatient).

Primary Care: Refer to Orthotics for off loading footwear/device over the ulcer site. Provide seal-tight dressing protector/ Limbo waterproof dressing protector (available on FP10) for patient to wear when showering. If pressure related refer to the Tissue Viability and Lymphoedema and complete IR1 if the patient has a Trust acquired pressure ulcer. If non pressure related refer to Podiatry via email to the Multi Disciplinary Foot Team (MDFT): For DRI and MMH and GP's email a referral to- dbth.diabsec@nhs.net For BDGH GP's email a referral to- dbth. diabetesbass@nhs.net (will be seen as an outpatient).

If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster Wide Wound Care Formulary Document

National Wound Care Strategy Programme 2020, Lower Limb Recommendations for Clinical Care. Developed by: Tissue Viability and Lymphoedema Service, The Skin Integrity Team, Vascular Nurse Specialist 2021. Updated December 2025. For Review July 2028.