MANAGEMENT OF FOOT ULCER ALGORITHM

Diabetes Management
Glycemic control is essential for wound healing to occur

Monofilament Testing re: sensation loss

Assess Circulation

Inadequate Arterial Circulation for Wound Healing
- No palpable pulses
- Capillary refill >3 secs
- Limb- cool/pale
- Toe Pressure < 40 mmHg

Adequate Circulation for Wound Healing
- Palpable pulses
- Capillary refill ≤ 3 secs
- Limb –warm/pink
- Toe Pressure > 40 mmHg

- Refer to vascular surgeon
- Do not debride
- Foot pressure off-loading

- Debride if needed
- Refer to vascular surgeon
- Moist wound healing

Clinical signs of infection

Yes
- Treat with systemic antibiotics and topical antimicrobial agents

No
- Keep wound dry and prevent infection with antibiotics e.g. Betadine, Cicatrin powder
- Leave eschar intact
- Protect with dry gauze

Clinical signs of infection

Yes
- Treat with systemic antibiotics and topical antimicrobial agents
- Consider osteomyelitis (probe to bone, X-ray, ESR)
- Deep wound swab
- Infections disease consult

No
- No occlusive dressing e.g. duoderm, opsite, tegaderm, comfeel.
  Rationale: increased risk of maceration
- Foams (non-bordered) are preferred e.g. Alevyn, Mepilex, Biatain, (attach with hypafix tape)
- Gauze is not contra-indicated but may increase infection risk
- Limit soaks/compresses.
  Rationale increased risk of maceration
- Prophylactic use of antimicrobial dressing products may be considered e.g. Silver (Acticoat, Actisorb, Aquacel Ag)

Compiled April 2004 Adapted from:
1. Diabetic/Neuropathic Ulcer Protocol, Saskatoon Home Care 2002