

NICE Guidelines & Inpatient Care of Patients with Diabetic Foot Ulcers

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Background: Diabetic foot ulcers (DFU) are associated with increased morbidity and mortality, and carry considerable financial implications for healthcare organisations. NICE guideline (March 2011) states that all inpatients with diabetic foot ulcers should be referred to a specialist team within 24 hours of their admission and preferably managed by them. **Methods:** 129 cases were identified who were admitted with diabetic foot ulcers between Jan 2006 to Jan 2013 at 2 hospital sites of our hospital. 87 (67.4%) case notes were available for analysis. Data was collected retrospectively from clinical and computer records of laboratory and radiology database. **Results:** Of the 87 patients studied, mean age was 64.3 +/- 15.7 years, 63 (72.4%) were males and 13 (14.9%) had Type1 diabetes. Out of that 73 (83.9%) were already known to Diabetic Foot Service. 73 admissions were as an emergency of which 18 were from diabetic foot clinic, 13 from general practitioner and 42 through Emergency Department (most were sent by community podiatrist). Only 24 were managed by diabetes consultant & 14 by vascular consultants, who were part of foot team. 55 were seen by the hospital foot team during their stay. There was no difference in the proportion of patient referred to foot team before and after the publication of NICE guideline (62.3% vs 72.2%: $p > 0.05$). CRP was measured during admission on 64 cases and it was normal (< 10) in 3 cases. Mean CRP at admission was 120 +/- 100 which reduced to 83 +/- 84 in one week and in 11 cases it went up. On average CRP went down by 57.3% in one week but there was no relationship between CPR and outcome of ulcer or patient. Majority of patients were treated with intravenous penicillin based antibiotics for the mean duration of 7.9 +/- 6.7 days and the mean length of stay was 20.9 +/- 17.1 days. During their hospital stay 22 (25.3%) needed Amputation, 13 Debridement, 6 angioplasty but 46 did not need any surgical intervention. There were 33 (37.9%) death amongst these patients during median follow up 4 years of which 7 (8%) died during hospital admission. Amongst them only 3 were due to sepsis. 52 (59.7%) had recurrence during follow up. **Conclusions:** Our data suggest that despite NICE guidelines only 63% of inpatient diabetic foot was managed by hospital foot team. This is mainly because of vascular surgeons being based in one site and Diabetologist at other. Therefore there is a need to organise inpatient diabetic foot care in our hospital. There is also high mortality and morbidity following hospital admission so these patients should be managed intensively.