Ambulatory management of diabetic foot complications

Authors: Kirsty Yates, Kiki Marinou, Alex Bunn and Jodie Buckingham

Introduction
Diabetic foot infection (DFI) is the most common reason for diabetes-related hospital admissions and is the proximate cause in 60% of lower extremity amputations. With a strong evidence base and respected published guidelines, the foundations are in place for the provision of high-quality care to those presenting at hospital with DFI.

In 2015, our hospital trust opened an ambulatory emergency care (AEC) unit to provide hospital-level urgent medical services without the need for an overnight stay (referred to by NHS England as same day emergency care (SDEC) services). Early identification of patients requiring admission is key and, where this isn’t required, providing planned follow-up, 72-hour open access and hospital at home input minimises both admissions and re-admissions.

Materials and method
To ensure consistent and safe management of patients presenting to the AEC unit with active diabetic foot disease, we developed a scenario-based pathway to aid decision making and improve patient outcomes (Fig 1). In collaboration with our established multi-disciplinary diabetic foot team (MDFT), six key presentations are detailed with clinical questions and prompts to guide care processes in an interactive pathway that can be readily accessed by all staff groups working within the AEC unit (Fig 2).

Results and discussion
The clinical questions posed ensure rapid identification of those requiring admission for emergency interventions, facilitating this under the correct specialism. The accompanying training provided to the medical and nursing teams focused on the clinical decision making required to correctly identify these priority patients.

Where ambulatory management is appropriate, the pathway guides the user on initiation of immediate therapies and investigations with the inclusion of hyperlinks to antimicrobial guidelines. Improved resource usage and rapid access to relevant MDFT specialisms is facilitated by working through the scenarios. The pathway also enables appropriate outpatient follow-up once AEC is no longer required.

Successful management of diabetic foot disease requires a multi-disciplinary approach. The benefits of rapid assessment/
the MDFT are now embedded within our new ambulatory care pathway as they are transferable to the emergency care setting. This supports the recommendation by the National Institute for Health and Care Excellence for robust protocols and clear local pathways across all settings, including emergency care.5

Conclusion

The introduction of a pathway for the ambulatory management of diabetic foot complications into our AEC unit has allowed us to embed an evidence-based approach to care. Using an interactive scenario-based approach has enabled early identification of those requiring admission for emergency interventions and facilitated doing so under the correct specialism. Where ambulatory management is appropriate, patients receive appropriate immediate therapies and investigations with rapid outpatient follow-up and ultimately better outcomes. The next step will be rolling out an adapted model within our non-ambulatory emergency care units (emergency department and emergency assessment unit).

References