Foot ulceration and infection are among the most serious and costly complications of diabetes mellitus. Lower extremity limb loss is usually precipitated by foot ulceration or infection. Patient presenting with symptoms of Diabetes Mellitus and foot ulcers will be expeditiously and appropriately managed in the Emergency Department through the collaborative efforts of the Emergency Department staff and the consulting services, particularly the Division of Vascular Surgery.

IMPLEMENTATION:
To optimize the medical care of patients presenting with complications related to diabetes mellitus involving the lower extremities, a protocol for management has been developed.

1. To minimize the likelihood of limb loss and to provide therapy necessary to achieve limb salvage in the most expeditious manner, consultation of the Vascular Surgery service will be obtained for all patients with diabetes mellitus who have ulceration or infection of the foot or leg. Assessment of the patient’s clinical condition will be performed by the Vascular Surgery consult resident and attending on call.
2. To enable an accurate determination of the severity of the clinical presentation, the evaluation will include: depth and extent of the tissue involved, evidence of systemic infection, presence of metabolic instability, and critical limb ischemia.
3. Plain films of the involved foot will be obtained.
4. The patient’s comorbid medical conditions will be reviewed and their acuity will be assessed in comparison with the status of the foot ulceration or infection.
5. Psychosocial status will be determined.

POLICY GOVERNING ADMISSION:
This policy will apply exclusively to patients who require admission to the hospital for management of medical conditions. Patients who are admitted for social or other alternative reasons will be governed by the appropriate, previously established policies.

1. Patients with diabetes mellitus who require admission to the hospital for management of their foot wounds or infections will be admitted to the attending on call for the Vascular Surgery service.
2. If the acuity of the patient’s co-morbid medical conditions supersedes the need for admission to the Vascular Surgery service, the patient will be admitted to the service and location where their care can be administered most appropriately (i.e. patients with acute myocardial infarction will be directed to the Cardiology service for optimal management of that more acute condition).
3. The Emergency Department attending will assist in the adjudication of disagreement regarding admission decisions between services.
4. A bi-annual review of the cases managed under this policy will be conducted between the Emergency Department and the Division of Vascular Surgery.