

Don't Let Diabetes Get On Your Patients' Nerves

Increased awareness of diabetic peripheral neuropathy (DPN) and reinforcing proper foot care can help decrease diabetic foot complications and lower amputations.

1 Ask patients how their feet feel. Note any reports of:

- ✓ Tingling, sharp, or burning feeling, sometimes worse at night
- ✓ Numbness or less ability to feel pain
- ✓ Decreased ability to feel temperature changes
- ✓ Muscle weakness
- ✓ Dry skin, cracked skin
- ✓ Any history of foot issues such as ulcerations, infections, change in foot shape, any history of bone or joint damage

2 Assess for Peripheral Arterial Disease and Peripheral Sensory Neuropathy

- ✓ Feel for temperature differences in feet and lower legs
- ✓ Check capillary refill time (1-2 seconds)
- ✓ Check for elevation pallor and dependent rubor
- ✓ Palpate pedal pulses: Dorsalis Pedis and Posterior Tibial

3 Assess for Peripheral Neuropathy

- ✓ Perform a 10 gram monofilament screening
- ✓ Check for duration of vibration perception with 128 Hz Tuning Fork
- ✓ Check for Deep Tendon Reflexes: Achilles and Patella



4 Do not forget to inspect skin for lesions, look between toes, check condition of nails.

- ✓ Assess for intrinsic muscle atrophy, structural deformities such as hammertoes/bunions and inspect condition and fit of footwear (Check inside and out for foreign bodies)



What To Do:

Educate patient about proper preventive diabetic foot care practices such as controlling A1C, daily foot inspection, good foot hygiene, proper footwear, never walking barefoot (including inside home—socks are not enough protection)

Refer patient with active foot ulcerations/infections to ER if severe or to a podiatrist for further evaluation in a timely manner

