

Person—foot deformity status, code N

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Person—foot deformity status, code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Foot deformity
Synonymous names:	Foot deformity
METEOR identifier:	270155
Registration status:	Health , Superseded 21/09/2005
Data Element Concept:	Person—foot deformity indicator
Value Domain:	Foot deformity status code N

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

	Value	Meaning
Permissible values:	1	Yes - foot deformity present
	2	No - foot deformity not present
Supplementary values:	9	Not stated/inadequately described

Collection and usage attributes

Guide for use:	Record whether or not a foot deformity is present in the person.
Collection methods:	Both feet to be examined for the presence of foot deformity.

Data element attributes

Source and reference attributes

Submitting organisation:	National diabetes data working group
Origin:	National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary

Relational attributes

Related metadata references:	Has been superseded by Person—foot deformity indicator, code N Health , Standard 21/09/2005
	Is re-engineered from  Foot deformity, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005 .pdf (19.0 KB) <i>No registration status</i>

DSS specific information:

Foot deformities are frequently the result of diabetic motor neuropathy and diabetic foot disease is the most common cause of hospitalisation in people with diabetes.

Diabetic foot complications are common in the elderly, and amputation rates increase with age: by threefold in those aged 45 - 74 years and sevenfold over 75 years. In people with diabetes, amputations are 15 times more common than in people without diabetes and 50% of all amputations occur in people with diabetes (Epidemiology of the diabetic foot; Report of the Diabetic Foot and Amputation Group). All patients with diabetes mellitus should be instructed about proper foot care in an attempt to prevent ulcers. Feet should be kept clean and dry at all times. Patients with neuropathy should not walk barefoot, even in the home. Properly fitted shoes are essential.

Specialised foot clinics appear to decrease further episodes of foot ulceration and decrease hospital admissions for amputations.

Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus recommendations include:

- feet should be examined every 6 months or at every visit if high risk foot or active foot problem.
- refer to specialists experienced in the care of the diabetic foot if infection or ulceration is present.
- ensure that patients with 'high-risk foot' or an active foot problem receive appropriate care from specialists and podiatrists expert in the treatment of diabetic foot problems.
- to identify the 'high-risk foot' as indicated by a past history of foot problems, especially ulceration, and/or the presence of Peripheral neuropathy
- assessment outcome, peripheral vascular disease, or foot deformity or history of previous ulceration.