Foot ulcer - current

Important note: This is an archived metadata standard from the AIHW Knowledgebase. For current metadata standards and related information please access METeOR, the AIHW's Metadata Online Registry at http://meteor.aihw.gov.au

Identifying and Definitional Attributes

Data Dictionary: NHDD

Knowledgebase ID: 000821 Version number: 1

Metadata type: DATA ELEMENT

Registration NHIMG Admin status: SUPERSEDED

Authority: Effective date: 01-MAR-05

Definition: Whether an individual has a current foot ulcer on either foot.

Context: Public health, health care and clinical settings.

Relational and Representational Attributes

Datatype: Numeric

Representational CODE

form:

Representation N

layout:

Minimum Size: 1 Maximum Size: 1

Data Domain: 1 Yes- foot ulcer present

2 No- foot ulcer not present

9 Not stated/inadequately described

Guide For Use: Record whether or not a foot ulcer is present on either foot in the

person.

Collection Methods: Assess whether the individual has a current foot ulcer on either

foot.

Related metadata: relates to the data element Foot deformity version 1

relates to the data element Foot lesion - active version 1 relates to the data element Foot ulcer - history version 1

relates to the data element Lower limb amputation due to vascular

disease version 1

relates to the data element Peripheral neuropathy - status version 1 relates to the data element Peripheral vascular disease in feet -

status version 1

relates to the data element Health professionals attended - diabetes

mellitus version 1

Administrative Attributes

Source Document: National Diabetes Outcomes Quality Review Initiative

(NDOQRIN) data dictionary.

Source Organisation: National Diabetes Data Working Group

Comments: Foot ulcer is usually situated on the edge of the foot or toes because

blood supply is the poorest at these sites. In a purely vascular ulcer, nerve function is normal and sensation is intact, hence

vascular ulcers are usually painful.

Foot ulcers require urgent care from an interdisciplinary team, which may include a general practitioner, podiatrist, endocrinologist physician, nurse or surgeon.

Assessment

- -ask the patient about previous or current foot problems, neuropathic symptoms, rest pain and intermittent claudication;
- -inspect the feet (whole foot, nails, between the toes) to identify active foot problems and the 'high-risk foot';
- -assess footwear;
- -check peripheral pulses;
- -examine for neuropathy by testing reflexes and sensation preferably using tuning fork, 10 g monofilament and/or biothesiometer.

The development of ulcers of the feet and lower extremities is a special problem in the diabetic patient, and appears to be due primarily to abnormal pressure distribution secondary to diabetic neuropathy.

Diabetic foot ulceration is a serious problem and the lack of pain does not mean that the ulcer can be ignored or neglected. The absence of pain is very common in people with diabetes due to peripheral neuropathy.

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.

Early detection and appropriate management of the 'high-risk foot' and current foot ulceration can reduce morbidity, hospitalisation and amputation in people with diabetes.

References:

The Diabetic Foot Vol 3 No 4.

Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus.

Data Element Links

Information Model Entities linked to this Data Element

NHIM Physical wellbeing

Data Agreements which include this Data Element

DSS - Diabetes (clinical) From 01-Jan-03 to