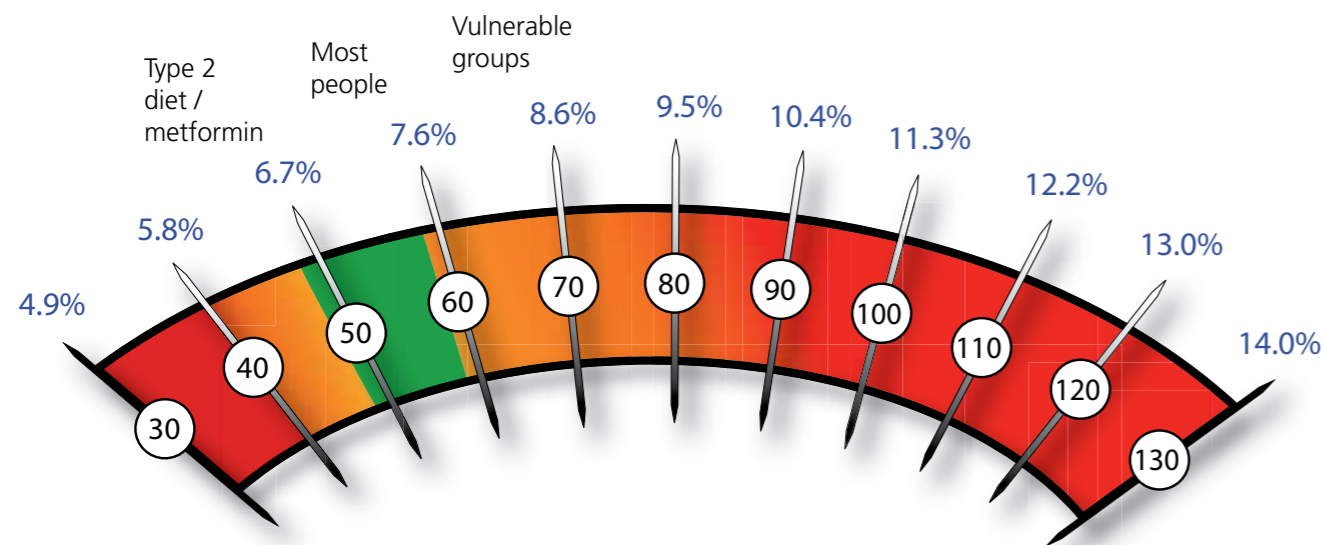


Good diabetes control for:



HbA1c is a measure of diabetes control. Since 2011 it's recorded as an actual number rather than a percentage (%). For example a value of 60 mmol/L is equivalent to 7.6%.

Reproduced with permission from Sheffield Teaching Hospitals NHS Trust.

Your recent results are:

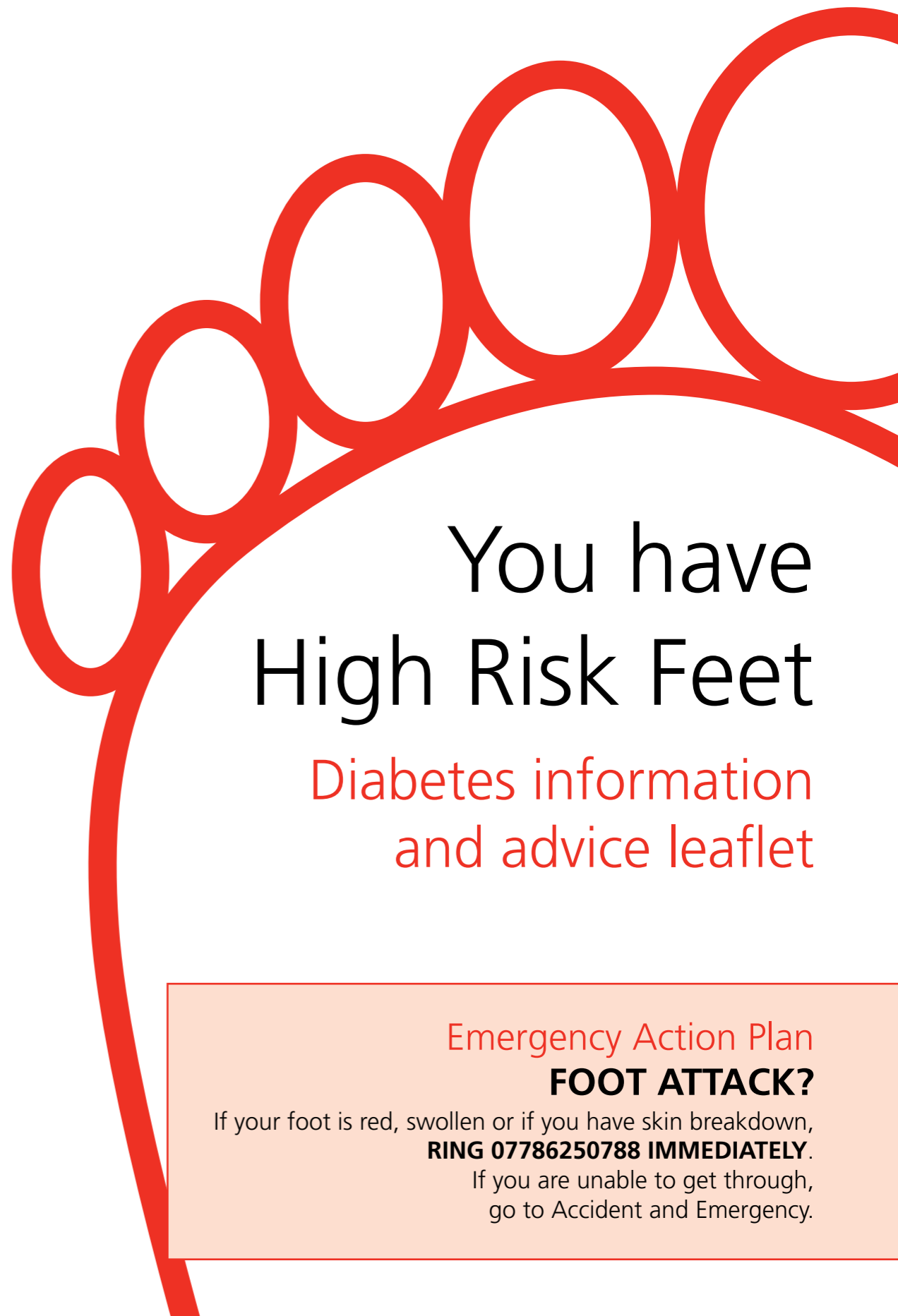
	Latest	Date	Previous	Date	Further Information
HbA1c					Ideal to be between 53 to 58
Blood Pressure					Ideal if between 120/70 to 130/80
Cholesterol					Ideal if less than 4
Eye screening					Needs to be done at least once a year
Urinary ACR (protein in urine)					Best if negative
Kidney Stage					Ask your GP/Nurse
Weight (kg)					
Body Mass Index (BMI)					Good to aim between 18.5 to 24.9

Your next diabetes assessment will be due:

Month: Year:

Your next actions are:

.....



You have
High Risk Feet

Diabetes information
 and advice leaflet

Emergency Action Plan
FOOT ATTACK?

If your foot is red, swollen or if you have skin breakdown,
RING 07786250788 IMMEDIATELY.
 If you are unable to get through,
 go to Accident and Emergency.

Diabetes is a lifelong condition which can cause foot problems. Some of these problems can occur because the nerves and blood vessels supplying your feet are damaged.

This can affect:

- the feeling in your feet (peripheral neuropathy); and
- the circulation in your feet (ischaemia).

These changes can be very gradual and you may not notice them. Since you have high risk feet it is essential that you have regular checks by an approved registered podiatrist which will be arranged with you by the service. You can then agree a treatment plan to suit your needs.

Your screening and assessment have shown that there is a **high risk** that you will develop foot ulcers. Your healthcare professional will tick which of the following risks you have.

- | | |
|---|--|
| <input type="checkbox"/> You have altered feeling in your feet. | <input type="checkbox"/> Your vision is impaired. |
| <input type="checkbox"/> The circulation in your feet is reduced. | <input type="checkbox"/> You cannot look after your feet yourself. |
| <input type="checkbox"/> You have hard skin on your feet. | <input type="checkbox"/> You have had ulcers before. |
| <input type="checkbox"/> The shape of your feet has changed. | <input type="checkbox"/> You have had an amputation. |

Keeping good control of your diabetes, cholesterol and blood pressure will help to control these problems.

As your feet are at **high risk**, you will need to take extra care of them. You will need regular treatment by a podiatrist.

If you follow the advice and information in this leaflet it will help you to take care of your feet between visits to your podiatrist. Hopefully this will help to reduce problems in the future.

If you smoke you are strongly advised to stop. Smoking affects your circulation and could lead to amputation. If you wish to stop, Contact One You Leeds, ring 0800 169 4219. Check their website <http://oneyouleeds.co.uk/be-smoke-free/>

Diabetic Retinal Screening is essential. If you have missed it this year then you can contact them either by **email** WAKCCG.retinalscreening@nhs.net or by **telephone** 01924 541217.

Having your **annual flu jab** is essential. Ask your doctor, nurses or pharmacist for further details.

Useful contacts

Leeds Foot Protection Service

Phone: 0113 843 4541

Email: leedsfoot.protectionservice@nhs.net
(Allows self referral for non urgent problems).

St James University Hospital Diabetes Department

Phone: 0113 206 5066 (St James University Hospital)

Society of Chiropodist and Podiatrists

Phone: 020 7234 8620

Web: www.feetforlife.org

(Can provide free list of private registered podiatrist close to your place).

Do you want to increase your skills, knowledge and confidence in managing diabetes?

For Type 2 Diabetes (LEEDS Course)

Phone: 0113 843 4200

Email: longtermcondition@nhs.net

For Type 1 Diabetes (DAFNE Course)

Phone: 0113 206 5068

Web: www.dafne.uk.com

Advice on keeping your feet healthy

Check your feet every day

You should check your feet every day for any blisters, breaks in the skin, pain or any signs of infection such as swelling, heat or redness.

If you cannot do this yourself, ask your partner or carer to help you.

Wash your feet every day

You should test the temperature of the water with your elbow, or ask someone else to test the temperature for you. You should wash your feet every day in warm water and with a mild soap. Rinse your feet thoroughly and dry them carefully, especially between the toes. Do not soak your feet as this may damage your skin. Do not use heat pads directly on skin.

Moisturise your feet every day

If your skin is dry, apply a moisturising cream every day, avoiding the areas between your toes.

Toenails

Do not cut your toenails unless your podiatrist advises you to.

Socks, stocking and tights

You should change your socks, stockings or tights every day. They should not have bulky seams and the tops should not be elasticated.

Avoid walking barefoot

If you walk barefoot you risk injuring your feet by stubbing your toes and standing on sharp objects which can damage the skin.

Check your shoes

Check the bottom of your shoes before you put them on to make sure that nothing sharp such as a pin, nail or glass has pierced the outer sole. Also run your hand inside each shoe to check that no small objects such as small stones have fallen in.

Badly-fitting shoes

Badly-fitting shoes are a big cause of irritation or damage to feet. The podiatrist who assessed your feet may give you advice about the shoes you already own and on buying new shoes. They may suggest that you are measured for special shoes to get on prescription.

Prescription shoes

If you have been supplied with shoes, they will have been made to your measurement. You should follow the instructions your podiatrist or orthotist (the person who makes the shoes) gives you. These should be the only shoes you wear. Shoes will normally be prescribed with insoles. These are an important part of your shoes and you should only remove them if your orthotist or podiatrist advises you to. Whoever provided your shoes will carry out all repairs or alterations to make sure that they will match your prescription.

Minor cuts and blisters

If you check your feet and discover any breaks in the skin, minor cuts or blisters, you should cover them with a sterile dressing and check them every day. Do **not** burst blisters. If the problems do not heal within a few days, or if you notice any signs of infection (swelling, heat, redness or pain), contact The Leeds Foot Protection Service (contact number over the page) or your GP immediately. If these people are not available and there is no sign of healing after one day, go to your local accident and emergency department.

Hard skin and corns

Do not attempt to remove hard skin or corns yourself. Your podiatrist will provide treatment and advice where necessary.

Over-the-counter corn remedies

Do not use over-the-counter corn remedies. They are not recommended for anyone with diabetes as they can damage the skin and create ulcers.

Avoid high or low temperatures

If your feet are cold, wear socks. Never sit with your feet in front of the fire to warm them up. Always remove hot water bottles or heating pads from your bed before getting in.

A history of ulcers/amputation

If you have had an ulcer before, or an amputation, you are at **high risk** of developing more ulcers. If you look after your feet carefully, with the help of a podiatrist, you will reduce the risk of more problems.

**If you discover any problems with your feet,
contact the Foot Protection Service**