

# Person—foot ulcer indicator (current), code N

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# Person—foot ulcer indicator (current), code N

## Identifying and definitional attributes

<b>Metadata item type:</b>	Data Element
<b>Short name:</b>	Foot ulcer (current)
<b>METEOR identifier:</b>	302445
<b>Registration status:</b>	<a href="#">Health!</a> , Standard 21/09/2005
<b>Definition:</b>	Whether an individual has a current foot ulcer on either foot, as represented by a code.
<b>Data Element Concept:</b>	<a href="#">Person—foot ulcer indicator</a>
<b>Value Domain:</b>	<a href="#">Yes/no/not stated/inadequately described code N</a>

## Value domain attributes

### Representational attributes

<b>Representation class:</b>	Code	
<b>Data type:</b>	Number	
<b>Format:</b>	N	
<b>Maximum character length:</b>	1	
	<b>Value</b>	<b>Meaning</b>
<b>Permissible values:</b>	1	Yes
	2	No
<b>Supplementary values:</b>	9	Not stated/inadequately described

### Collection and usage attributes

<b>Guide for use:</b>	CODE 9 Not stated/inadequately described This code is not for use in primary data collections.
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## Data element attributes

### Collection and usage attributes

<b>Guide for use:</b>	CODE 1 Yes Record if a foot ulcer is currently present on either foot.  CODE 2 No Record if a foot ulcer is not currently present on either foot.
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- Collection methods:** Access whether the individual has a current foot ulcer on either foot.
- 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.
- 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.

## Source and reference attributes

- Submitting organisation:** National diabetes data working group
- Origin:** National Diabetes Outcomes Quality Review Initiative (NDOQRIN) data dictionary.
- Reference documents:** The Diabetic Foot Vol 3 No 4. Principles of Care and Guidelines for the Clinical Management of Diabetes Mellitus.

## Relational attributes

- Related metadata references:** Supersedes [Person—foot ulcer status \(current\), code N Health!](#), Superseded 21/09/2005

- Implementation in Data Set Specifications:** [Diabetes \(clinical\) NBPDS Health!](#), Standard 21/09/2005

### ***DSS specific information:***

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.