The University of Texas Staging System for Diabetic Foot Ulcers\(^1\) with Associated Interventions\(^2\)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Grade 0</th>
<th>Grade I</th>
<th>Grade II</th>
<th>Grade III</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Pre- or post-ulcerative lesion completely epithelialized</td>
<td>Superficial ulcer, not involving tendon capsule or bone</td>
<td>Ulcer penetrating to tendon or capsule</td>
<td>Ulcer penetrating to bone or joint</td>
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<tr>
<td>B</td>
<td>Infection</td>
<td>Infection</td>
<td>Infection</td>
<td>Infection</td>
</tr>
<tr>
<td>C</td>
<td>Ischemia</td>
<td>Ischemia</td>
<td>Ischemia</td>
<td>Ischemia</td>
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<tr>
<td>D</td>
<td>Infection &amp; Ischemia</td>
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Score: Grade_____ Stage_____

**Suggested Interventions**

**Stage A**

- Education including advise on appropriate footwear [see the South West Regional Wound Care Program’s (SWRWCP) patient pamphlet, “My Diabetic Foot Ulcer”]
- Assessment of the person by a specialist physician *every one-two months*
  - Neurovascular status, i.e. palpation of pedal pulses, 10g monofilament testing
  - Dermal thermometry
  - Inspection of feet and footwear
  - Yearly dynamic plantar pressure updates
• Foot offloading (if ulcer on the plantar aspect of the foot)
• Consider need for prophylactic surgery for bony deformities
• Digital imaging to rule out osteomyelitis if bone is visible/palpable and osteomyelitis is suspected
• Wound/patient assessment and management as per the SWRWCP guidelines:
  o “Guideline: The Assessment of People with Diabetic/Neuropathic Foot Ulcers”
  o “Guideline: The Management of People with Diabetic/Neuropathic Foot Ulcers”

Stage B
• Same interventions as Stage A PLUS:
  o Debridement of infected bone/tissue as indicated
  o Medical management of infection, i.e. topical +/- systemic antimicrobials depending on the severity of the infection (NOTE: this may require hospitalization depending on the severity of the infection)
  o NOTE: total contact casting is contraindicated until there is evidence that the wound infection is responding to medical interventions

Stage C
• Same interventions as Stage A PLUS:
  o Prompt vascular consultation re possible revascularization
  o NOTE: total contact casting is contraindicated in those with a dysvascular foot

Stage D
• Same interventions as Stage C PLUS:
  o Debridement of infected bone/tissue
  o Medical management of infection, i.e. antibiotics (NOTE: this may require hospitalization depending on the severity of the infection)
NOTE: Debridement and medical management of limb threatening infection/sepsis must take place prior to revascularization attempts

References