



Supporting Information

Supplementary material

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Lazzarini PA, Raspovic A, Prentice J, et al. Australian evidence-based guidelines for the prevention and management of diabetes-related foot disease: a guideline summary. *Med J Aust* 2023; doi: 10.5694/mja2.52136.

Electronic Appendix

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eTable 1: SINBAD system

Wound classification

eTable 1: SINBAD System

Category	Definition	Score
Site	Forefoot	0
	Midfoot and hindfoot	1
Ischaemia	Pedal blood flow intact: at least one palpable pulse	0
	Clinical evidence of reduced pedal flow	1
Neuropathy	Protective sensation intact	0
	Protective sensation lost	1
Bacterial infection	None	0
	Present	1
Area	Ulcer <1 cm ²	0
	Ulcer ≥1 cm ²	1
Depth	Ulcer confined to skin and subcutaneous tissue	0
	Ulcer reaching muscle, tendon or deeper	1
Total possible score		6

Adapted from Ince P et al. Use of the SINBAD classification system and score in comparing outcome of foot ulcer management on three continents. Diabetes Care. 2008;31(5):964-7.

Source: Table reproduced with permission from the Diabetes & Feet Toolkit (Version 1, February 2022); National Diabetes Services Scheme (NDSS), an initiative of the Australian Government and is administered by Diabetes Australia (<https://www.ndss.com.au/about-diabetes/resources/find-a-resource/diabetes-and-feet-toolkit/>).

eTable 2: Wound, ischaemia and foot infection system

Wound classification

eTable 2: Wound, ischaemia and foot infection system

 **Wound**

Grade	Ulcer	Gangrene
0	No ulcer	No gangrene
	Clinical description: ischaemic rest pain (requires typical symptoms + ischaemia grade 3); no wound	
1	Small, shallow ulcer(s) on distal leg or foot; no exposed bone, unless limited to distal phalanx	No gangrene
	Clinical description: minor tissue loss. Salvageable with simple digital amputation (1 or 2 digits) or skin coverage	
2	Deeper ulcer with exposed bone, joint or tendon; generally not involving the heel; shallow heel ulcer, without calcaneal involvement	Gangrenous changes limited to digits
	Clinical description: major tissue loss salvageable with multiple (≥ 3) digital amputations or standard TMA \pm skin coverage	
3	Extensive, deep ulcer involving forefoot and/or midfoot; deep, full thickness heel ulcer \pm calcaneal involvement	Extensive gangrene involving forefoot and/or midfoot; full thickness heel necrosis \pm calcaneal involvement
	Clinical description: extensive tissue loss salvageable only with complex foot reconstruction or nontraditional TMA (Chopart or Lisfranc); flap coverage or complex wound management for large soft tissue defect	

 **Ischaemia**

Grade	Ankle-brachial index	Ankle Systolic Pressure (mmHg)	Toe pressure, transcutaneous oxygen pressure (mmHg)
0	≥ 0.80	>100 mmHg	≥ 60 mmHg
1	0.60 - 0.79	70 - 100 mmHg	40 - 59 mmHg
2	0.4 - 0.59	50 - 70 mmHg	30 - 39 mmHg
3	≤ 0.39	< 50 mmHg	< 30 mmHg

 **Foot infection**

Grade	Clinical manifestation of infection	IDSA/IWGDF infection severity
0	No symptoms or signs of infection	Uninfected
1	Infection present, as defined by the presence of at least two of the following items: <ul style="list-style-type: none"> Local swelling or induration Erythema > 0.5 to ≤ 2 cm around the ulcer Local tenderness or pain Local warmth Purulent discharge (thick, opaque to white, or sanguineous secretion) 	Mild
	Local infection involving only the skin and the subcutaneous tissue (without systemic signs). Exclude other causes of an inflammatory response of the skin (e.g. trauma, gout, acute Charcot Neuro-osteoarthropathy, fracture, thrombosis, venous stasis)	
2	Local infection (as described above) with erythema > 2 cm, or involving structures deeper than skin and subcutaneous tissues (e.g. abscess, osteomyelitis, septic arthritis, fasciitis)	Moderate
	No systemic inflammatory response signs (as described below)	
3	Local infection (as described above) with the signs of SIRS as manifested by two or more of the following: <ul style="list-style-type: none"> Temperature $> 38^{\circ}\text{C}$ or $< 36^{\circ}\text{C}$ Heart rate > 90 beats/min Respiratory rate > 20 breaths/min or $\text{PaCO}_2 < 32$mmHg White blood cell count $> 12,000$ or < 4000cu/mm or 10% immature (band) forms 	Severe ^a

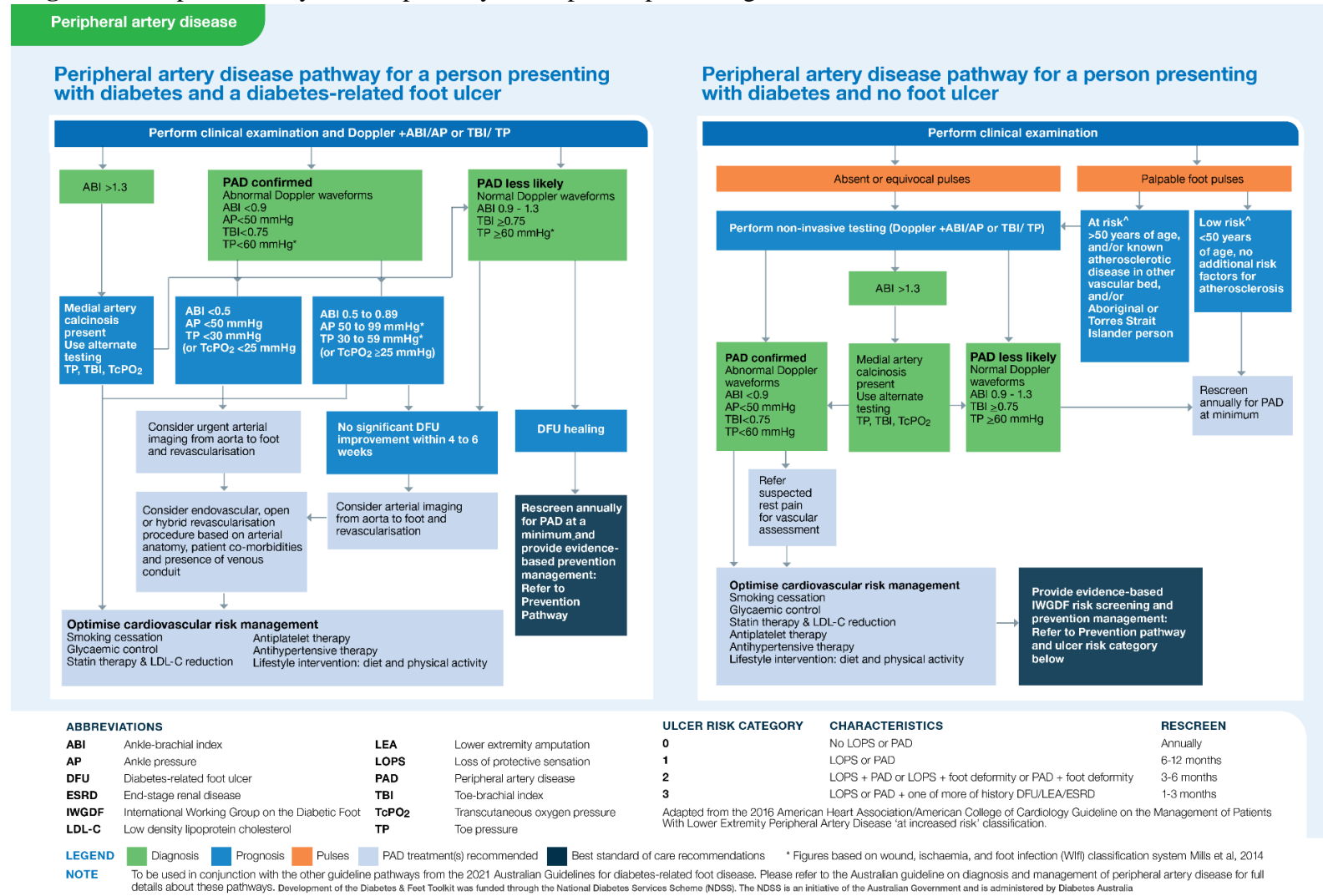
PaCO_2 : Partial pressure of arterial carbon dioxide, SIRS: systemic inflammatory response syndrome

^aIschaemia may complicate and increase the severity of any infection. Systemic infection may sometimes manifest with other clinical findings, such as hypotension, confusion, vomiting, or evidence of metabolic disturbances, such as acidosis, severe hyperglycaemia, new-onset azotaemia.

Adapted from Mills, J.L. et al. The Society for Vascular Surgery Lower Extremity Threatened Limb Classification System: Risk stratification based on Wound, Ischaemia and foot Infection (WIFI). Journal of Vascular Surgery, Jan 2014 and Low, E.J. et al. Clinical Application of the Society for Vascular Surgery (SVS) Lower Extremity Threatened Limb Classification System: Risk stratification based on Wound, Ischaemia and foot Infection (WIFI). Wound practice and research, Nov 2014

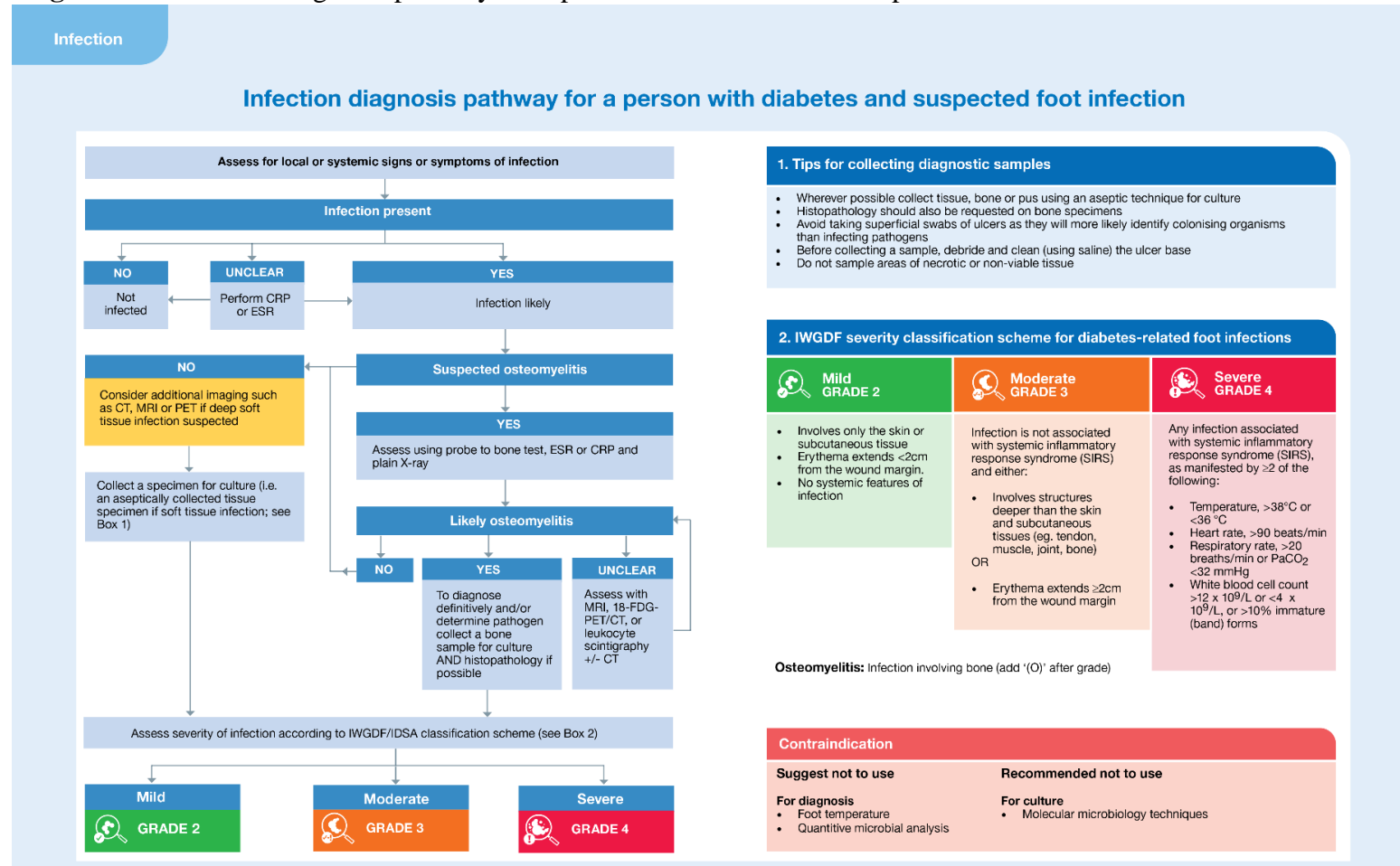
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eFigure 1: Peripheral artery disease pathways for a person presenting with diabetes



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eFigure 2A: Infection diagnosis pathway for a person with diabetes and suspected foot infection



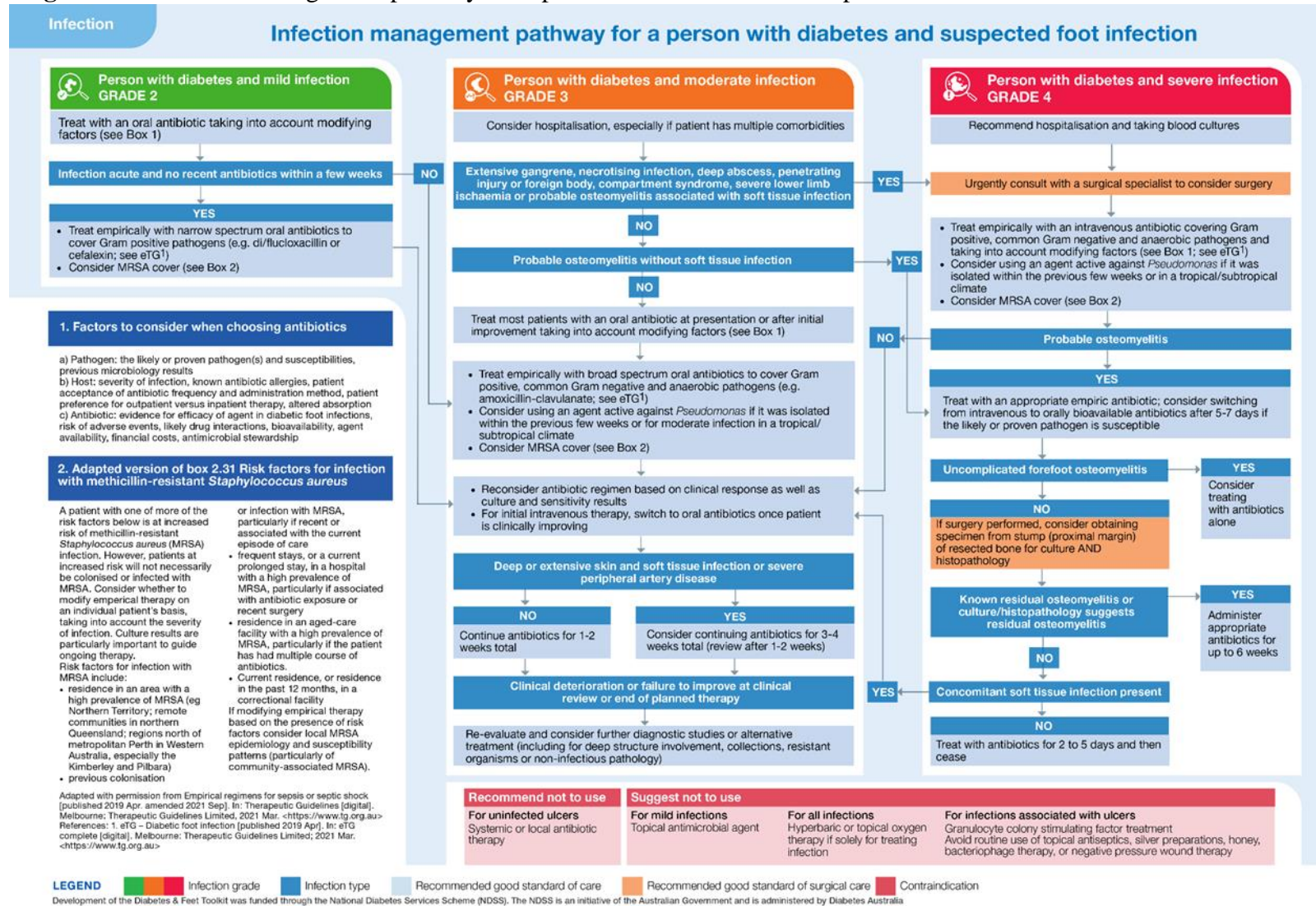
LEGEND Infection grade Infection type Recommended good standard of care Suggested standard of care Contraindication

NOTE To be used in conjunction with the other guideline pathways from the 2021 Australian Guidelines for diabetes-related foot disease. Please refer to the Australian guideline on management of diabetes-related foot infections for full details about this pathway.

Development of the Diabetes & Feet Toolkit was funded through the National Diabetes Services Scheme (NDSS). The NDSS is an initiative of the Australian Government and is administered by Diabetes Australia

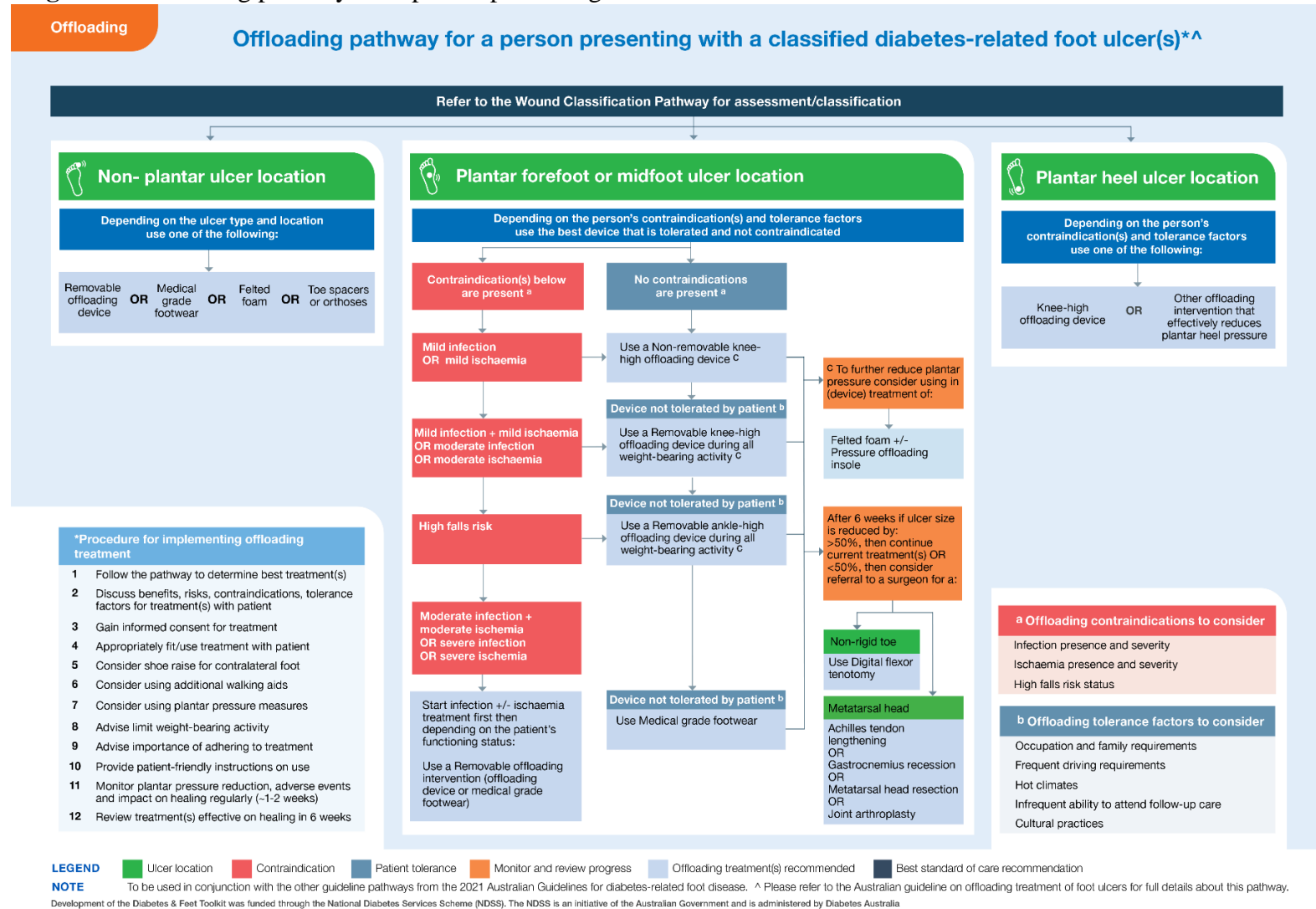
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eFigure 2B: Infection management pathway for a person with diabetes and suspected foot infection



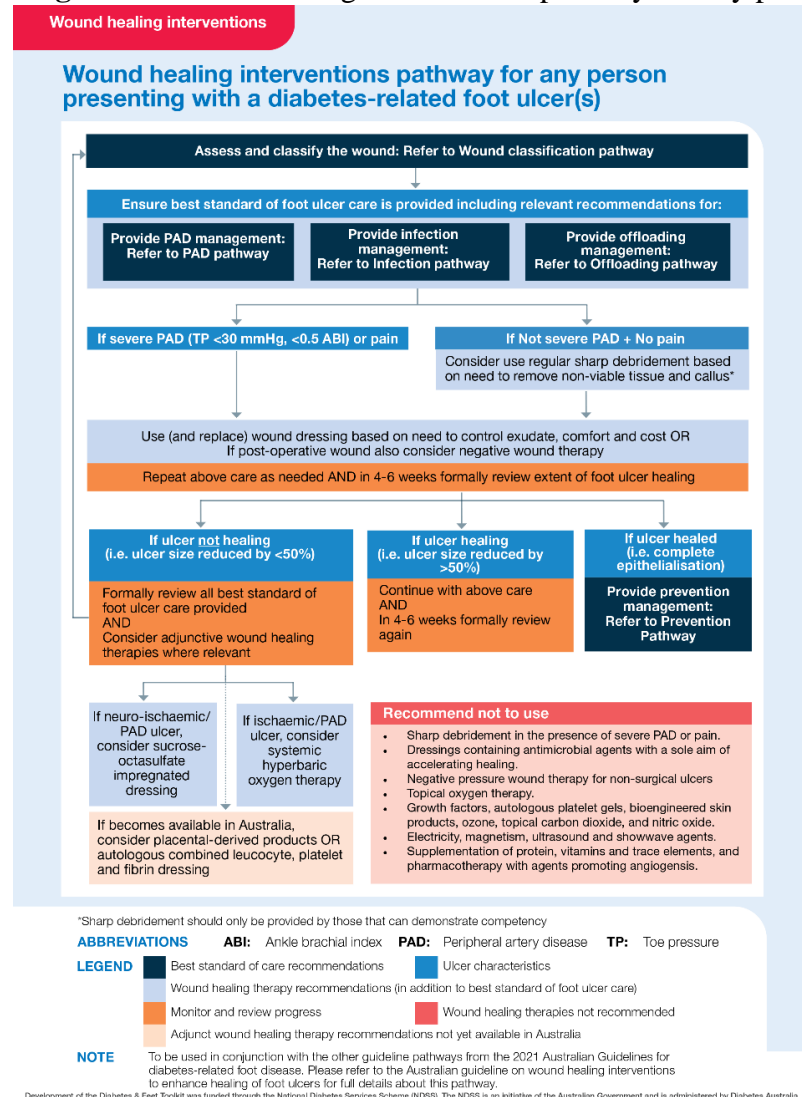
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eFigure 3: Offloading pathway for a person presenting with a diabetes-related foot ulcer



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eFigure 4: Wound healing interventions pathway for any person presenting with a diabetes-related foot ulcer



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