

## Treatment options (BNSSG formulary)

### Level 1

Self-purchased, standard emollient of choice

### Level 2

#### Dermatonics Dry Skin Balm

10% Urea  
Once daily application

Or

#### Allpresan Diabetic Foam Cream

10% Urea  
Twice daily application  
Can be used inter-digitally

For interdigital itchy/dryness consider [tinea pedis \(athletes foot\)](#)

### Level 3 & 4

#### Dermatonics Once Heel Balm

25% Urea  
Once daily application

## For consideration:

- Patient preference between emollients.
- When prescribing always review effectiveness of emollient and consider stepping up or down/ or review frequency with acute or chronic episodes.
- Prescribe as per [BNSSG formulary](#).

Follow the diabetes foot care pathway on [Remedy](#) for any patient with an active / ulcerated foot.

## Level 1

Well hydrated heels, with little or no signs of drying.

**Note** the whole foot and the toes should be checked and that the level applied must be in accordance with grading applicable to the worst skin on the foot



### Management

Suggest the patient applies a standard emollient for prevention, to be applied in accordance with manufacturers instructions.

Inform the patient that neuropathy poses a risk to the sweat glands in the feet and to monitor any changes in skin condition and report back if these happen

## Level 2

**Drying skin but no callus.**

The foot may have some fissuring but no callus

**Note** the whole foot and the toes should be checked and that the level applied must be in accordance with grading applicable to the worst skin on the foot



### Management

Suggest a 10% urea emollient for prevention. If the patient has moved from Level 1 to Level 2 make them aware that the skin on their feet has deteriorated and that their risk of ulceration may have increased.

Inform the patient that neuropathy poses a risk to the sweat glands in the feet and to monitor any changes in skin condition and report back if these happen.

## Level 3

**Drying skin combined with Callus.**

The foot may have some fissuring but no open splits

**Note** the whole foot and the toes should be checked and that the level applied must be in accordance with level applicable to the worst skin on the foot



### Management

Suggest a 25% urea cream with proven Once-A-Day usage profile for all patients. Make the patient aware that the skin on their feet has deteriorated and that their risk of ulceration may have significantly increased.

Inform the patient that neuropathy poses a risk to the sweat glands in the feet and to monitor any changes in skin condition and report back if these happen.

## Level 4

**Callused skin with open fissures.**

The fissures may be wider than those shown

**Note** the whole foot should be checked and the grading applied must be in accordance with the level applicable to the worst skin on the foot



### Management

Suggest a 25% urea cream with proven once a day efficacy. Make patients aware that the skin on their feet has deteriorated and that their risk of ulceration has **significantly** increased

Inform the patient that neuropathy poses a risk to the sweat glands in the feet and to monitor any changes in skin condition and report back if these happen.