****Your Rough Guide to Foot Pain

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| How do you see your pain? | Consider these signs and symptoms | Action |
| Pain won’t go away | Insufficient information | Location? Consider foot pain chart and specific conditions covered later in in book |
| The skin is broken & site painful on foot, therefore visible | Recent or longstanding? Appears as normal inflammation (redness)  Longer duration consider infection | First aid – cleansing  (sterile dressing)  First aid – cleansing, antiseptics |
| The skin is unbroken but painful and possibly bruised deeper down | Tender to touch and swollen, feels hot?  Maybe due to a sac of fluid, small abscess. Infection possible if worsens and breaks through pain medication | Can you cope / wait for it to settle, take steps to put dressing on to relieve pressure, apply ice pack  Fails to improve - seek assistance by 24-48 hrs |
| Bleeding & pain. Known injury with or without loss of skin | Due to a burst blister, chilblain rupture.  Immediate attention first aid may have to be escalated to trauma care at a hospital except if severe injury & life threatening. Apply pressure / firm dressing. | Pain not arrested. Pressure to stop bleeding, dress, antiseptic, monitor, fails to improve 24-48hrs seek help. Initially tel. 111  Medical care required  To A&E or rarely tel. 999 |
| Known injury with pain | Which part of foot is affected?  Symptoms improve with rest but 24-48 hours no better or worse  Any open tissue damage  Extent of bleeding. Remember loss of blood always appears worse? Ooze versus pumping. | First aid, examine wound, clean, dress, observe colour, is movement affected, cannot walk.  Seek advice.  Seek help if deterioration continued 1-3 hours from A&E or minor casualty hospital. |
| Colour changes with or without pain | Colour change indicates that skin is damaged or unable to recover. This may be more significant if the skin is unbroken. Consider circulation poor. ? calf pain on walking.  Consider any medical condition e.g diabetes but may not always be painful | Dark colours and spreading suggests infection. Black-brown colour suggests death of tissue and therefore blood supply to skin or muscle affected.  Seek help early especially in presence of pain |
| Red streaks on foot or up to and above ankle with or without pain. Is there a fever. Visible insect bite? | Suggestive of infection especially if pain arises. Does not have to have broken skin or previous surgery. Consider allergic reaction. | Both healthy and medically unfit patients should seek early medical attention or contact tel. 111  If insect bite observed – try antihistamine with anti-inflammatory medication first or even Epipen (adrenaline) |
| The groin is tender, a lump appears inside the thigh or close to genitalia or above | Infection spreading. May have fever and feel unwell. Urgent attention do not wait. | Antibiotics often required intravenously or into muscle tel 111 or go to A&E |
| The skin is tender to touch. If this is without injury then consider these 3 questions. | Is it red or swollen or hot or all three?  Does it affect walking?  Does pain medication help? | If yes to any of these seek an early appointment ideally 48 hours if sudden.  Rest foot, avoid activity. Showing no signs of improvement then seek help.  Where medication helps further rest may be all that is needed. Maximum wait 5-7 days then seek help if no improvement. |
| After rest worsens with light activity and weight bearing | *Consider location: -*  Metatarsalgia  Heel pain  Midfoot synovitis  Tendon pain  Joint seems stiff | Each of these will be dealt with to offer first aid initially.  Using criteria previously to seek help if the condition does not improve or settle. |

A Guide to different pain processes and actions associated with foot health

In general foot problems that threaten life are associated with road traffic injuries or at work and would require urgent care. Attend A&E or tel. 999

**Urgent** includes breathing difficulty, chest pain, unconsciousness, high body temperature, increased headaches and neck pain, uncontained infection spreading, large loss of skin, broken bones and uncontrolled spasm e.g fits or foaming at the mouth.

All other problems can be dealt with by first aid. Take advice from [NHS direct tel. 111](https://www.nhs.uk/using-the-nhs/nhs-services/urgent-and-emergency-care/nhs-111/), or obtain an appointment with a GP as soon as possible, or if more urgent, try phoning outside office hours.

The information contained in this sheet is intended as a guide only and does not replace advice given by trained first aiders or professionally trained personnel. Never use A&E for routine problems and note what is meant by urgent.