

Department of Podiatry and Orthotics Diabetic Foot Referral Pathway Algorithm

New or deteriorating foot ulcer, **Urgent medical opinion** warning sign or suspected Moderate or high-risk foot Charcot Spreading cellulitis; patient Mild to moderate infection; known Foot screening has identified the systemically unwell (shivers, PAD/neuropathy; and/or a hot, red, presence of: previous foot headache, unusually high sugars); ulcer/amputation; undergoing renal swollen foot or ankle where there is extensive ulceration and tissue no known portal of entry for infection, replacement therapy; neuropathy; necrosis: and/or obvious abscess highly indicative of Charcot poor circulation; deformity/callus; arthropathy and/or inability to self-care formation Non-urgent referral via letter, health Urgent medical and surgical review If suspected Charcot, advise nonprofessional referral or self-referral required along with IV antibiotics weight bearing as much as possible to podiatry appointments office Urgent referral to podiatry Refer to A&E or EAU immediately appointments office: 01803 217712 Regular routine treatment and phone MDT diabetes team: 01803 or t-sd.podappts@nhs.net advice as per NICE guidelines 655102 (telephone and email managed between 8.45am-3.45pm) To be seen by multi-disciplinary foot Urgent assessment within two team within 24 hours working days

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Department of Podiatry and Orthotics Diabetic Foot Screening

All people with diabetes should have their feet checked at diagnosis and annually thereafter, searching for the risk factors of ulceration. The foot should then be classified as being at low, moderate or high risk, the risk status documented and coded and the patient informed.

Neuropathy: This is detected with a 10g monofilament. Test three sites on each foot. If the patient is unable to feel one out of three sites tested, this would indicate neuropathy.

Peripheral Arterial Disease (PAD): Palpate the dorsalis pedis and posterior tibial arteries. If unable to palpate, this could indicate PAD. If Doppler ultrasound available, a monophasic signal would indicate PAD.

Callus and/or Deformity: Deformity and significant callus indicate high pressure areas under the foot which will be vulnerable to ulceration. When combined with neuropathy or PAD, this will put the foot at high risk of developing an ulcer.

Other risk factors: An inability to self-care should be considered a risk factor, eg a visual impairment or learning disability; and patients on renal replacement therapy are at high risk of developing foot ulceration.

