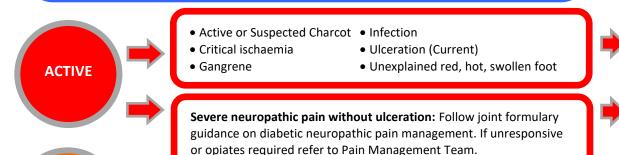
DIABETES FOOTCARE PATHWAY for WESTERN DEVON

Primary care annual foot review: Foot examination with shoes and socks removed

- Test sensation using 10g monofilament
- Feel for foot pulses
- Check for ulceration
- Inspect for deformity
- Classify foot risk & advise patient

- Inspect for significant callus
- Ask about previous ulceration
- Check footwear
- Ask about pain
- Provide foot care education



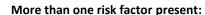
HIGH RISK (PIFU)

HIGH

MODERATE

RISK

• Same risks as HIGH but with pathological callus or severe deformity



- Previous ulceration
- Previous Charcot Arthropathy
- Non-traumatic amputation
- Signs of peripheral vascular disease
- Renal replacement therapy
- Loss of sensation
- With callus or deformity

Based on locally agreed NICE NG19 implementation – March 2023 Authors: Livewell Southwest CIC (Podiatry Services), UHP Diabetes Service and CCG

Emergency admission

- Severe infection / sepsis to Medical Assessment Unit (MAU). Tel:
 01752 437777 Acute GP Service for admission via MAU
- Critical ischaemia direct to vascular surgery via SAU, FAO duty Consultant Vascular Surgeon Tel: 01752 245060

Cases not requiring emergency admission, refer to UHPNT Multidisciplinary Foot Team rapidly:

Email: plh-tr.MultiDisciplinaryPodiatry@nhs.net

or Tel: 01752 439802

Manage infection according to formulary guidelines

Refer to UHPNT Pain Management Clinic

Refer to Community Podiatry:

Email PCHCIC.Plymouth-Podiatry@nhs.net)

Post: Nuffield Clinic, 1A Baring Street, Plymouth PL4 8NF

E-Referral: via DRSS/LRSS (Referrer Advice & Support: Tel: 01752 434855)

Podiatry: Self-management support offering followed by discharge: Education materials, self-care direction with sign-posting to alternative

providers. (Will not be offered face-to-face or remote assessment)

Primary Care: Continue with annual foot review

• NOTE: If Podiatry Services provides a patient with an episode of care for a foot wound, the patient can be retained on Patient Initiated Follow-up (PIFU) if they have pathological callus or with severe deformity for rolling 12mths max – patients can contact the service directly within this period for an active foot problem

One risk factor present e.g.

- Signs of Peripheral Arterial Disease
- Deformity with pathological callus
- Loss of sensation

Refer to Community Podiatry Services (as above)

Podiatry: Self-management support offering followed by discharge: Education materials, self-care direction with sign-posting to alternative providers. (Will not be offered face-to-face or remote assessment)

Primary Care: Continue with annual foot review

Follow Orthopaedic MSK Foot & Ankle pathway

Deformity requiring surgical solution

LOW RISK

No risk factors other than callus:

- Normal sensation
- No sign of peripheral vascular disease



Not eligible for referral to Podiatry Service, unless MSK

Primary Care: Continue with annual foot review