

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



- Active or Suspected Charcot
- Critical ischaemia
- Gangrene
- Infection
- Ulceration (Current)
- Unexplained red, hot, swollen foot

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

Severe neuropathic pain without ulceration: Follow joint formulary guidance on diabetic neuropathic pain management. If unresponsive or opiates required refer to Pain Management Team.

Refer to UHPNT Pain Management Clinic



- Same risks as HIGH but **with** pathological callus or severe deformity

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



- More than one risk factor present:**
- Previous ulceration
 - Previous Charcot Arthropathy
 - Non-traumatic amputation
 - Signs of peripheral vascular disease
 - Renal replacement therapy
 - Loss of sensation
 - With callus or deformity

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



- One risk factor present e.g.**
- Signs of Peripheral Arterial Disease
 - Deformity with pathological callus
 - Loss of sensation

Follow Orthopaedic MSK Foot & Ankle pathway



Deformity requiring surgical solution

- 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