

## Referral pathway for diabetes foot screening and assessment Refer Risk Categories Moderate and High to Auckland PHO Funded Community Podiatry

Monofilament Test sites:



Risk Level	Low Risk	Moderate Risk	High Risk	Active Foot Complication
<b>Foot Presentation</b>	<ul style="list-style-type: none"> <li>Protective sensation intact (10g pressure or vibration sensation)</li> <li>No peripheral arterial disease (PAD)                             <ul style="list-style-type: none"> <li>Pedal pulses present or not diminished</li> <li>No signs of claudication, pallor, dependent rubor</li> </ul> </li> </ul>	<p><b>One risk factor present:</b></p> <ul style="list-style-type: none"> <li>Loss of protective sensation</li> <li>Peripheral arterial disease                             <ul style="list-style-type: none"> <li>More than one pulse absent</li> <li>Signs/Symptoms of PAD</li> <li>Previous lower limb arterial interventions</li> </ul> </li> <li>Absent or diminished pulses without callus or deformity</li> <li>Pre-ulcerative lesion</li> <li>eGFR &lt;15 (CKD Stage 5)</li> </ul>	<p><b>In remission (one of the following):</b></p> <ul style="list-style-type: none"> <li>Previous amputation</li> <li>Previous ulceration</li> </ul> <p><b>OR</b></p> <p><b>Two or more of the following:</b></p> <ul style="list-style-type: none"> <li>Loss of protective sensation</li> <li>Absent or diminished pulses</li> <li>PAD</li> <li>Foot deformity with significant callus formation</li> <li>Pre-ulcerative lesion</li> <li>eGFR &lt;15 (CKD Stage 5)</li> <li>Patient is of Māori ethnicity</li> </ul>	<ul style="list-style-type: none"> <li>Active foot ulcer</li> <li>Spreading infection</li> <li>Critical limb ischaemia</li> <li>Gangrene</li> <li>Hot swollen foot with/or without pain – possible active Charcot foot</li> <li>Post-operative including open wound</li> </ul>
<b>Treatment Recommendations</b>	<ul style="list-style-type: none"> <li>Optimise diabetes control</li> <li>Written and verbal foot health education as appropriate</li> <li>Agreed and tailored management/treatment plan according to patient needs</li> <li>Smoking cessation advice</li> </ul>	<ul style="list-style-type: none"> <li>Optimise diabetes control</li> <li>Written and verbal foot health education as appropriate</li> <li>Agreed and tailored management/treatment plan according to patient needs</li> <li>Smoking cessation advice</li> </ul>	<ul style="list-style-type: none"> <li>Optimise diabetes control</li> <li>Written and verbal foot health education as appropriate</li> <li>Agreed and tailored management/treatment plan according to patient needs</li> <li>Smoking cessation advice</li> </ul>	<ul style="list-style-type: none"> <li>Urgent referral multi-disciplinary or hospital foot clinic</li> <li>Emergency admission if rapidly deteriorating or systemically unwell</li> <li>Urgent referral to vascular with acute ischaemia</li> <li>Agreed and tailored management plan according to patient needs</li> <li>Provide written and verbal education with emergency contact numbers</li> </ul>
<b>Suggested Follow-up</b>	<ul style="list-style-type: none"> <li>Annual foot screening by health professional – PN/NP/GP</li> <li>Encourage self-management</li> <li>Footwear assessment</li> </ul> <p>Refer only for problems requiring podiatry input</p>	<ul style="list-style-type: none"> <li>Annual risk assessment by podiatrist</li> <li>Encourage self- management</li> <li>Footwear assessment</li> </ul> <p>Refer to podiatry as appropriate</p>	<ul style="list-style-type: none"> <li>Specialist vascular intervention when appropriate</li> <li>Review of footwear with referral to orthotist if appropriate</li> </ul> <p>Refer to podiatry for assessment and management</p>	
<b>Referral Service</b>	<b>Refer to Private Podiatry</b>	<b>Refer to Community Podiatry</b>	<b>Refer to Community Podiatry</b>	<b>Admit to hospital</b> Refer to multi-disciplinary or hospital foot clinic –Te Toka Tumai Auckland