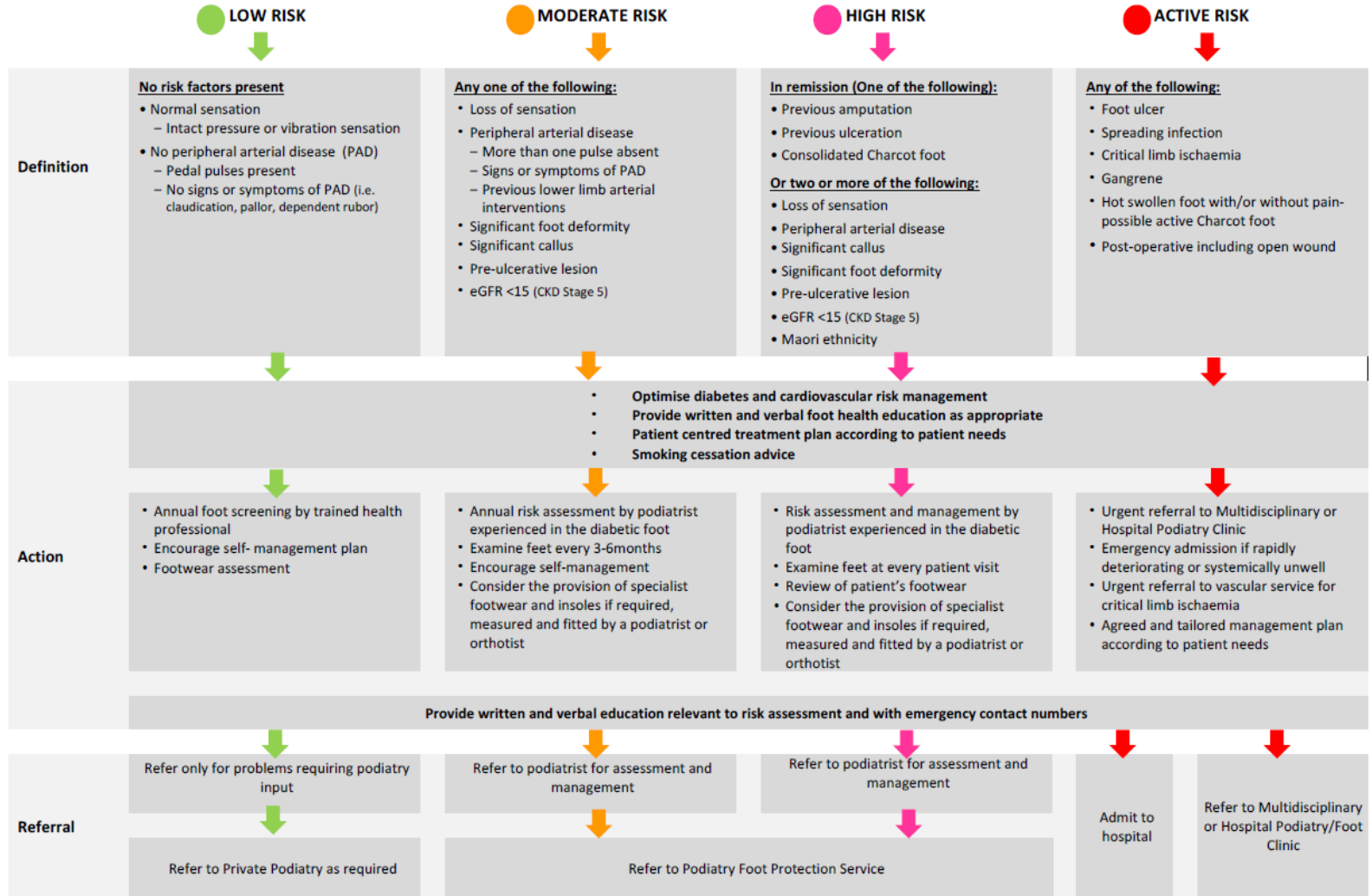




The new Diabetes Foot Risk Assessment form

Coming soon!

REFERRAL PATHWAY FOR DIABETES FOOT SCREENING AND ASSESSMENT



Updated Referral Pathway 04/04/2017 Adapted from the Foot Action Group (Scottish Diabetes Group) by PodSIG (NZSSD) ©2014

10gm Monofilament Test Touch Toe Test

10gm Monofilament Testing Sites:



RIGHT LEFT

(Click all boxes where sensation is detected on each foot)

Number of sites detected:

Right: /6

Left: /6

Loss of Protective Sensation (LOPS)
< 11 sites detected from both feet

Yes No

Painful neuropathy:
(pain, paraesthesia, numbness)

Yes No

10gm Monofilament Test Touch Toe Test

Touch Toe Testing Sites:



RIGHT LEFT

(Click all boxes where sensation is detected on each foot)

Number of sites detected:

Right: /3

Left: /3

Loss of Protective Sensation (LOPS)
< 5 sites detected from both feet

Yes No

Painful neuropathy:
(pain, paraesthesia, numbness)

Yes No

- Standardised decision support across all PHOs
- Links to HealthPathways when referring to secondary services indicated
- New risk category of “in remission”
- “Active Foot” takes new risk factors into account:
 - Critical limb ischaemia
 - Gangrene
 - Post-operative, open wound
 - Spreading infection
 - Active ulceration

Risk Factors:

Previous diabetes-related amputation: Yes No |

Previous diabetic ulceration: Yes No |

Consolidated charcot foot: Yes No |

Significant foot deformity: Yes No |

Significant callous: Yes No |

Pre-ulcerative lesion: Yes No |

Other risk factors:


↑

↓

End stage renal failure: Yes No |

Māori Ethnicity: Yes No |

Active Foot:

Active Ulceration:	<input type="radio"/> Yes <input type="radio"/> No	Suspected Charcot Foot: 	<input type="radio"/> Yes <input type="radio"/> No
Spreading Infection:	<input type="radio"/> Yes <input type="radio"/> No	Gangrene:	<input type="radio"/> Yes <input type="radio"/> No
Critical Limb Ischaemia:	<input type="radio"/> Yes <input type="radio"/> No	Post-operative Including Open Wound:	<input type="radio"/> Yes <input type="radio"/> No

Risk category:

- Active Foot Disease
- In Remission (currently not active)
- High Risk Foot
- Moderate Risk Foot
- Low Risk Foot

Presence of active ulceration, unexplained hot, red, swollen foot with or without the presence of pain (suspected Charcot foot), severe or spreading infection or critical limb ischemia

Action

1. Emergency admission if rapidly deteriorating or systemically unwell
2. [Urgent referral to Vascular service](#) for critical limb ischemia
3. [Urgent referral to the Secondary Diabetes Podiatry Foot Clinic](#) for active ulceration or a suspected Charcot foot
4. Optimise diabetes and cardiovascular risk management and provide smoking cessation advice as required
5. Provide Patient centred treatment plan according to patient needs including emergency contact numbers and written and verbal foot health education relevant to risk assessment

Previous amputation, ulceration or a consolidated Charcot foot

Action

1. Complete annual foot screen and review footwear
2. [Refer for risk assessment and management](#) at the Secondary Diabetes Podiatry Foot Clinic
3. Consider referral for specialist footwear and insoles if required, to be measured and fitted by a podiatrist or orthotist
4. Optimise diabetes and cardiovascular risk management and provide smoking cessation advice as required
5. Patient centred treatment plan according to patient needs including:
 - a. To examine feet at every visit
 - b. Inform the patient of their foot risk and provide written and verbal foot health education relevant to risk assessment
 - c. Provide with emergency contact numbers

Two or more risk factors present e.g. loss of sensation, peripheral arterial disease, significant callus, significant foot deformity, pre ulcerative lesions, eGFR < 15 (CKD Stage 5), Māori ethnicity

Action

1. Complete annual foot screen and review footwear
2. Refer for risk assessment and management by podiatrist experienced in the diabetic foot via your PHO podiatry referral pathway
3. Consider referral for specialist footwear and insoles if required, to be measured and fitted by a podiatrist or orthotist
4. Optimise diabetes and cardiovascular risk management and provide smoking cessation advice as required
5. Patient centred treatment plan according to patient needs including:
 - a. To examine feet at every visit
 - b. Inform the patient of their foot risk and provide written and verbal foot health education relevant to risk assessment
 - c. Provide with emergency contact numbers

One risk factor present loss of sensation, peripheral arterial disease, significant callus, significant foot deformity, pre ulcerative lesions, eGFR < 15 (CKD Stage 5)

Action

1. Complete annual foot screen and review footwear
2. Refer for risk assessment and management by podiatrist experienced in the diabetic foot via your PHO podiatry referral pathway
3. Consider referral for specialist footwear and insoles if required, to be measured and fitted by a podiatrist or orthotist
4. Optimise diabetes and cardiovascular risk management and provide smoking cessation advice as required
5. Patient centred treatment plan according to patient needs including informing the patient of their foot risk and provide written and verbal foot health education relevant to risk assessment and with emergency contact numbers

No risk factors present with normal sensation and no peripheral arterial disease

Action

1. Complete annual foot screen and review footwear
2. Refer to private podiatry for problems requiring podiatry input
3. Optimise diabetes and cardiovascular risk management and provide smoking cessation advice as required
4. Patient centred treatment plan according to patient needs including informing the patient of their foot risk and provide written and verbal foot health education relevant to risk assessment and with emergency contact numbers