## The Diabetic Foot Care Clinical Pathway

### Step 1: Screen patient's feet

| LOW RISK | No referral necessary (continue patient education) |
| moderate risk | Skin, nail, anatomical or sensory abnormality with no skin breakdown/ulcer |
| HIGH RISK | Skin breakdown/ulcer, impaired circulation with no signs of infection or cellulitis |
| URGENT | Cellulitis, draining ulcer, acute charcot joint collapse, gangrene, cold white painful foot or part thereof |

### Step 2: Assess risk

- **Low Risk**: Normal foot exam
- **Moderate Risk**: Family physician (or High Risk Foot Team if appropriate)
- **High Risk**: High Risk Foot Team
- **Urgent**: Urgent Care

### Step 3: Refer patient based on their risk

- **Low Risk**: No referral necessary (continue patient education)
- **Moderate Risk**: New footwear, footcare, etc.
- **High Risk**: Wound treatment, offloading, etc.
- **Urgent**: Surgery, antibiotics, etc.

### Step 4: Treatment

- **Low Risk**: No intervention necessary
- **Moderate Risk**: Family physician (or High Risk Foot Team if appropriate)
- **High Risk**: Family physician (or High Risk Foot Team if appropriate)
- **Urgent**: Urgent Care

### Step 5: Follow-up screen

- **Low Risk**: 1 Yr.
- **Moderate Risk**: 4-6 Mo.
- **High Risk**: 1-4 Wks
- **Urgent**: Now

**No referral necessary** (continue patient education)

**Family physician** (or High Risk Foot Team if appropriate)

**High Risk Foot Team**

**Urgent Care**

**Surgery**, **antibiotics**, etc.

**Reassess once stable**

### All Pathway Tools

- **Screening Tool**
- **Risk Assessment Triage Referral Form**
- **Diabetes Foot Care Referral Guidelines**
- **Healthcare Provider's Guide**

**Developed by the Diabetes, Obesity, & Nutrition Strategic Clinical Network (DON SCN)** – don.scn@ahs.ca – www.ahs.ca/footcare – Updated: September 2019