Diabetes Foot Care Referral Process Guidelines

Risk score: determined by the highest risk score that is assessed in any category during the foot screening. All patients, regardless of risk score, should be counselled on healthy diet and exercise and treated to achieve and maintain target A1C, BP, cholesterol, and tobacco cessation. Patients who are exposed to tobacco should be encouraged to contact AlbertaQuits.ca.

**LOW RISK**
Normal foot exam
- Provide Low Risk Information
- Inform where to access local resources

**MODERATE RISK**
Skin, nail, anatomical or sensory abnormality with no skin breakdown/ulcer
- Provide Moderate Risk Information
- Inform where to access local resources

**HIGH RISK**
Skin breakdown/ulcer, impaired circulation with no signs of infection or cellulitis
- Provide High Risk Information
- Inform where to access local resources

**URGENT**
Cellulitis, draining ulcer, acute charcot joint collapse, gangrene, cold white painful foot or part thereof
Contact MD/FP/NP/ER or Urgent Care Services to arrange for immediate (within 24 hours) assessment and treatment. Offload affected area

Foot Care Management and follow up by:
- Primary Care Provider
(Care by a foot specialist is not required for the Low Risk Diabetes Foot)

Foot Assessment
Annually

Referral to family physician (FP) or nurse practitioner (NP) within 1 month for management or referral to High Risk Foot Team* if appropriate

**Findings**
Skin/nail abnormalities
Structural Deformities or Inadequate/Inappropriate footwear
Vascular concerns
Loss of protective sensation (LOPS)
Neuropathic pain

**Foot Specialist**
Foot care provider**
Occupational therapist (OT)
Orthotist
Pedorthist
Diabetes and foot care education
Orthotist
Pedorthist
FP/NP/Vascular assessment
FP/NP

Refer to High Risk Foot Team* or local team within 1 to 2 weeks. Note: all cases of ulcers and structural deformities + pressure require offloading. Air casts, non weight bearing with crutches, etc. may provide interim relief, but patients will need referral to an Orthotist, OT or other specialist in footwear modification.

**Findings**
Skin (non-infected ulcer/skin breakdown/hemorrhagic callous)
Structural deformity with pressure
Vascular Concerns

**Foot Specialist**
FP/NP-wound management + offloading
Occupational therapist (OT)
Podiatric physician
FP/NP +/- Vascular surgeon

Findings Foot Specialist
Skin/wound Infection
FP/NP +/- Infectious Disease (ID) or ER or Wound Care Specialist
Structural Deformities (red hot painful joint or acute Charcot joint "collapse")
Orthopedic specialist
Pedorthist
Podiatric physician
Vascular concerns (gangrene or cold white painful foot/ toes)
Vascular surgeon/Interventional radiologist
Pain or inflammation in a previously insensate foot
FP/NP or ER

CLOSED ULCER (Ulcer in Remission)
After ulcer closure, patients remain at significant risk for recurrence of ulceration. The High Risk Foot Team will follow these patients until appropriate for transition back to primary care for long term follow-up.

Foot Screen Assessment
Every 4 to 6 months (or as assessed by above)

Foot Screen Assessment
Every 1 to 4 weeks

Arrange for follow-up education once stable

Adapted from the New Brunswick Diabetes Foot Care Clinical Pathway

*Referral to a High Risk Foot Team, if available in your area, or if there is no High Risk Foot Team, refer patients to local resources for care. You can use this document as a guide to determine the Foot Specialists in your community and map out what resources are available in your area.
**Foot care provider may include podiatric physician, foot care nurse, or other medically trained provider competent in providing skin and nail care. These services may have a fee.

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