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 encourage to contact Albertaquits.ca

LOW RISK
Normal foot exam

- Provide **Low Risk** Information
- Inform where to access local resources

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

MODERATE RISK
Skin, nail, anatomical or sensory abnormality with no skin breakdown/ulcer

- Provide **Moderate Risk** Informationon
- Inform where to access local resources

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

Findings	***Foot Specialist***
Skin/nail abnormalities	*Foot care provider***
Structural Deformities or Inadequate/ Inappropriate footwear	*Occupational therapist (OT) Orthotist Pedorthist*
Vascular concerns	*FP/NP/Vascular assessment*
Loss of protective sensation (LOPS)	*Diabetes and foot care education Orthotist Pedorthist*
Neuropathic pain	*FP/NP*

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

HIGH RISK
Skin breakdown/ulcer, impaired circulation with no signs of infection or cellulitis

- Provide **High Risk** Information
- Inform where to access local resources

Refer to e High Risk Foot Team* or local team **within 1 to 2 weeks.** Note: all cases or 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 a Orthotist, OT or other specialist in footwear modification.

Findings	***Foot Specialist***
Skin (non-infected ulcer/skin breakdown/ hemorrhagic callous)	*FP/NP-wound management + offloading*
Structural deformity with pressure	*FP/NP +/- Occupational therapist (OT) Orthopedic specialist Podiatric physician + offloading*
Vascular Concerns	*FP/NP +/- Vascular surgeon*

Foot Screen Assessment
Every 1 to 4 weeks

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

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 Occupational therapist (OT) Orthotist 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*

Arrange for follow-up education once stable

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.

***Referral to a High Risk Foot Team may include interventions from several disciplines. If there is not a high risk foot team in your area refer patients to local resources for care.**
**** 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.**

Adapted from the New Brunswick Diabetes Foot Care Clinical Pathway