

**DIABETES FOOTCARE PATHWAY for EXETER, MID & EAST DEVON**  
**Primary care annual foot review**

**Foot examination with shoes and socks removed**

- Test sensation using 10g monofilament
- Assess foot pulses (palpate pulses or listen to Doppler sounds)
- Ask about previous ulceration
- Check for ulceration and deformity
- Identify patients on renal dialysis
- Inspect for significant callus
- Check footwear
- Ask about pain

**GRADE**

**ACTIVE**

**Ulceration**  
**Infection**  
**Critical ischaemia or gangrene**  
**Unexplained red, hot, swollen foot**  
**Suspected Charcot foot**  
**Severe neuropathic pain**

**Emergency admission**

- Septic foot for IV antibiotics – medical admissions
  - Critical ischaemia/sepsis for surgery – vascular team
- RD&E foot clinic (rde-tr.DiabetesFootService@nhs.net or 01392 403846). Or GP referrals only: NHS e-referral 'diabetic medicine - podiatry and foot - send for triage'**
- Foot ulcers complicated with infection/ischaemia
  - Foot ulcer not responding in 2-3 weeks
  - Suspected Charcot/unexplained hot red foot
  - Severe neuropathic pain
  - Footwear assessment for deformity
- Community Podiatry (0345 2667772 or email rde-tr.PodiatryAppointments@nhs.net)**
- Non-infected ulcers
  - Ulcers with mild infection (start antibiotics, refer to RD&E foot clinic if not responding in 2-3 weeks)

**HIGH**

**Previous foot ulceration or amputation or on Renal dialysis**  
**Or more than one risk factor e.g.:**

- Loss of sensation with callus
- Peripheral arterial disease with deformity

**Refer to Community Podiatry (details as above)**

- Assessment 1-3 monthly, or according to need (1-2 weeks if immediate concern)

**MODERATE (INCREASED\*)**

**Only one risk factor present, e.g.**

- Loss of sensation, or peripheral arterial disease, but without callus/deformity

**Refer to Community Podiatry (details as above)**

- Assessment 3-6 monthly, or according to need

**LOW**

**No risk factors present except callus alone**

- Normal sensation
- No sign of peripheral arterial disease
- No other risk factors

**Continue primary care annual review**

- Provide education about foot protection
- Appropriate access to podiatrist if risk identified

Based on Diabetes UK/NICE NG19 (2016) & Scottish Diabetes Group – Foot Action group 2016

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Authors: RD&E diabetic foot clinic and Community Podiatry Team. More info on RD+E Website