

Diabetes Foot Risk Stratification and Pathway for North Devon (Community)

Based on Diabetes UK/NICE "Putting Feet First" & Somerset NHS Foundation Trust Clinical Pathway: Acute Diabetic Foot (issued 19.05.2022)
Authors: NDDH Diabetes foot clinic/Podiatry Services, Royal Devon University Healthcare NHS Foundation Trust
More info on Royal Devon website (search "Diabetes")

Primary care annual foot review
Foot examination with shoes and socks removed

- Test sensation using 10g monofilament/ The Ipswich Touch Test
- Inspect for significant callus
- Ask about previous ulceration
- Check footwear
- Ask about pain
- Feel for foot pulses
- Check for ulceration
- Inspect for deformity
- Provide Diabetes Foot Education & literature

Grade

Active

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

Contact: Vascular Consultant on-call via Musgrove Park Hospital, Taunton – via NDDH switchboard 01271 322577

- Diabetes foot presenting as a hot swollen foot or systemically unwell with any of the following issues; Necrotising infection (wet gangrene), suspected foot abscess, severe pain, exposed tendon/bone/joint, palpable gas in the tissue or visible on x-ray.

Refer to NDDH diabetes foot clinic via rduh.diabeteshotfoot@nhs.net

- New or recurrent ulcer not responding within 2 weeks therapy/necrosis/dry gangrene
- Suspected Charcot
- Severe neuropathic pain

**Refer to Community Podiatry
01271 341509, or email rduh.podiatry@nhs.net**

- New or non-infected ulcers
- Ulcers with mild infection (start antibiotics, refer to N&E Devon Formulary, refer to Podiatry Northern)

**In Remission
HIGH**

Previous ulceration or previous amputation
Or more than one risk factor, e.g.
Loss of sensation with callus
Peripheral vascular disease with deformity

**Refer to Community Podiatry
01271 341509, or email rduh.podiatry@nhs.net**

- Assessment 1-3 monthly, or according to need

**MODERATE
(INCREASED)**

One risk factor present, e.g.
Loss of sensation
or signs of peripheral vascular disease but without callus or deformity

**Refer to Community Podiatry
01271 341509, or email rduh.podiatry@nhs.net**

- Assessment 3-6 monthly, or according to need

LOW

No risk factors present:
Normal sensation
No sign of peripheral vascular disease
No other risk factors

Continue primary care annual review
Provide education about foot protection

- Appropriate access to podiatrist if risk identified + Details on how to refer to Podiatry if urgent or otherwise as required.
- No need to refer to Podiatry if no podiatric need.