

DIABETES FOOT REFERRAL PATHWAY

(Increased and High Risk) Southampton CCG March 2016

Foot assessed as "AT INCREASED or HIGH RISK" NICE 2015

Diabetes Foot Assessment Score >10 refer

DIABETIC FOOT ULCER

(Foot ulcer = below malleoli) New ulcer / Non healing / Infected / abscess refer ASAP

If mild to moderate infection refer and:

- Initiate Empirical antibiotics (HIOW) Antibiotics Guidelines)
- Deep wound swab

HOT SWOLLEN NEUROPATHIC FOOT (Suspect CHARCOT) refer

Features may include:

- Pain on walking when usually neuropathic
- Recent minor trauma
- Adequate blood supply

Solent Podiatry Service Single Point of Access (SPA) Fanshaw Wing, Royal South Hants Hospital, Southampton, SO14 0YG Referral by letter or fax

Fax: 02380825283 Tel: 03003002011

Referral form with Diabetes Foot Assessment (DFA) GP Summary letter with details including full foot neuro & vascular assessment / infection status / diabetes control

Diabetic foot clinical advice from a Podiatrist is available from Monday to Friday 9am-2pm on: 07733303711

SEVERE INFECTION – ADMIT

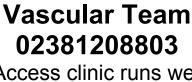
- Patient systemically unwell
- Spreading infection despite antibiotics
- Deep abscess

Admission to UHS 02381208999

ACUTE CRITICAL ISCHAEMIA

Features include the following:

- Discoloration of toes (pale, dusky, black)
- Signs of necrosis
- Rest pain (often at night)
- Cold
- Diminished / absent pulses



Rapid Access clinic runs weekly for urgent cases

Referral by letter / fax / telephone as indicated by the patient's condition

Why is it important to refer promptly?

- The risk of a lower extremity amputation in a person with diabetes is more than 20 x that of a person without diabetes and 95% of all non-traumatic amputations start with a foot ulcer
- Good diabetes control will improve healing and outcomes
- Ensure patient has appropriate footwear, doesn't smoke and understands the implications of diabetes