

DIABETES FOOTCARE PATHWAY for EXETER, MID- and EAST DEVON

Primary care annual foot review

Foot examination with shoes and socks removed

- Test sensation using 10g monofilament
- Feel for foot pulses
- Check for ulceration
- Inspect for deformity
- Inspect for significant callus
- Ask about previous ulceration
- Check footwear
- Ask about pain

Based on Diabetes UK/NICE "Putting Feet First"

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More info on RD&E website (search "Devon diabetes")

GRADE

ACTIVE

HIGH

MODERATE
(INCREASED*)

LOW

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

Refer to RD&E foot clinic (01392 402204)

- Ulcer with spreading infection/swelling/discholoration – **to be referred within 24 hours**
- Ulcer not responding with 2-3 weeks' therapy
- Suspected Charcot
- Severe neuropathic pain
- Footwear assessment for patients with deformity

Refer to Community Podiatry (01392 356126, or email ndht.podiatryappointments@nhs.net)

- Non-infected ulcers
- Ulcers with mild infection (start antibiotics, refer to RD&E foot clinic if not responding within 2-3 weeks)

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 (01392 356126, or email ndht.podiatryappointments@nhs.net)
• Assessment 1-3 monthly, or according to need

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

Refer to Community Podiatry (01392 356126, or email ndht.podiatryappointments@nhs.net)
• Assessment 3-6 monthly, or according to need

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