

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 encouraged 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** Information
- 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 Podiatrist
Vascular concerns	FP/NP/Vascular assessment
Loss of protective sensation (LOPS)	Diabetes and foot care education Orthotist Podiatrist
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 High Risk Foot Team* or local team **within 1 to 2 weeks**. Note: all cases of 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 an 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 Podiatrist 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, if available in your area, or if there is no High Risk Foot Team, refer patients to local resources for care. You can use this documents as a guide to determine the Foot Specialists in your community and map out what resources are available in your area

** 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.