

Diabetes Foot Risk Assessment Triage Referral

Date of Screening and Triage (<i>dd-Mon-yyyy</i>)
HRFT Fax #

Last Name (<i>Legal</i>)	First Name (<i>Legal</i>)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(<i>dd-Mon-yyyy</i>)
PHN	ULI <input type="checkbox"/> Same as PHN	MRN
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown		

- Send the completed Diabetes Foot Screening Tool and Foot Risk Assessment Triage Referral Form to the High Risk Foot Team (HRFT). Prior to referral, contact the HRFT to ensure they accept referrals for the criteria listed below.
- If there is no HRFT in your area, refer to the Diabetes Foot Care Referral Process Guidelines for recommendations for referrals.

Risk Features (*check all that apply*) (✓)

Low Risk ▶ Routine annual foot exam & diabetes education **Managed by Primary Care**

Moderate Risk Criteria with or without Loss of Protective Sensation
 Callus/Corn/Fissure/Crack (*not bleeding or draining*)
 Inadequate foot care - missing, sharp, unkept, thickened, long or deformed toe nails
 Inadequate foot wear Infected ingrown toe nail
 Sensation of numbness/tingling/throbbing/burning
▶ **Refer to Foot Care Provider: podiatrist or trained foot care nurse**
▶ **Foot exam every 4-6 months or as per assessed need** **Managed by Primary Care**

Moderate Risk Criteria - Loss of Protective Sensation at one or more of 5 identified sites, **PLUS** any of the following:
 Prior history of Diabetic Foot Ulcer (*ulcer in remission*) and or amputation
 Decreased range of motion at ankle or toe joint Foot Deformities
 Inadequate footwear requiring therapeutic/custom footwear Altered structure
▶ **Refer to High Risk Foot Team or local health care professional**
(*recommended patient be seen within one month of referral*) **Managed by High Risk Foot Team**

High Risk Criteria - Patient presents with **one or more** of the following:
 Blister, fissure or crack (*bleeding or draining*) and or hemorrhagic callus
 Diabetic Foot Ulcer
 Redness over structural deformity of the foot /toes related to pressure
 Signs of arterial insufficiency (*PAD; ischemia*) cool skin with pallor, cyanosis or mottling, dependent rubor
 One or more pedal pulses not palpable or audible
 Inappropriate footwear causing pressure and/or skin breakdown
Refer to:
▶ **High Risk Foot Team or local health care professional(s)** (*recommend patient be seen within 2 weeks of referral*)
▶ **Infectious Disease** for consultation if warranted
▶ **Vascular Surgeon** if appropriate
▶ **Antibiotic therapy** (*Guided by Diabetic Foot Infection Guidelines in BUGS AND DRUGS 2012 or consult Infectious Disease*) **Managed by High Risk Foot Team**

Urgent Risk Criteria - Patient presents with **one or more** of the following :
 Infection - draining Diabetic Foot Ulcer and /or wet gangrene
 Red, hot, painful joint, or acute Charcot foot
 Acute onset of pain in a previously insensate foot
 Absent pedal pulses with cold white painful foot or toes
▶ **Primary Provider Initiates antibiotic therapy** guided by Diabetic Foot Infection Guidelines in BUGS AND DRUGS 2012 and/or consult Infectious Disease
▶ **Offload the affected foot**
▶ **Refer to the appropriate health care provider** based on the patient assessment findings (*ie Foot and Ankle Surgeon, or Vascular Surgeon if absent pedal pulses on auscultation*)
▶ **May Require Acute Care Admission**
▶ **Refer to High Risk Foot Clinic once patient is stable and specialist referrals have been arranged**

Comments		
Date Faxed (<i>dd-Mon-yyyy</i>)	High Risk Foot Team	Signature