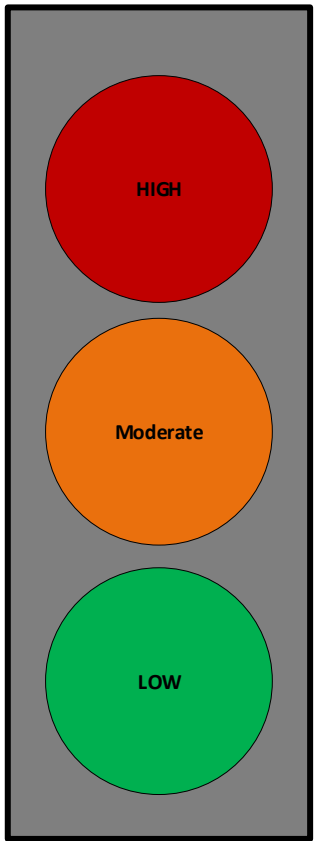


Risks Identified by
Screener

Screening HCPs
Actions



Previous ulceration
or Previous amputation
or Renal replacement therapy
or Neuropathy and Peripheral
Arterial Disease (PAD) together
or Neuropathy in combination
with callus and/or deformity
or PAD in combination with callus
and/or deformity.

**Refer for initial Assessment
with-in 2-4 weeks from
Podiatric Foot Protection
Service (FPS).
There after 1-2 monthly
review.
Provider Name & contact
phone Number**

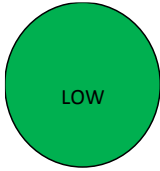
Single risk factor present;
Deformity
or
Neuropathy
or
Peripheral Arterial Disease (PAD)

**Refer for Initial Assessment
within 6-8 weeks from
Podiatric FPS.
Thereafter 3-6 months
Review.
Provider Name & Contact
phone number.**

No risk factors present except
callus alone

**Annual Screening by suitably
trained HCP. (HCA –
Consultant)
Agree Self-Management Plan.
Written and Verbal education
[https://portal.e-lfh.org.uk/
Component/Details/52266](https://portal.e-lfh.org.uk/Component/Details/52266)**

Diabetic Foot Risk Assessment



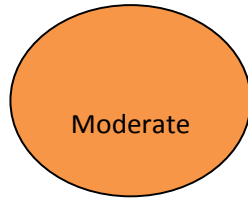
LOW RISK: - No Risk factors. Annual Foot Screening by suitably trained HCP

- **Pulses present**
- **No loss of sensation**
- **No deformity**

Callus alone is considered low risk

How to do an annual foot check:

- **Remove shoes and socks/ stockings**
- **Test foot sensations using 10g monofilament or vibration with a tuning fork**
- **Palpate foot pulses**
- **Inspect for any deformity**
- **Inspect for significant callus**
- **Check for signs of ulceration**
- **Ask about any previous ulceration**
- **Inspect footwear**
- **Ask about any pain (Rest or walking)**
- **Tell patient how to look after their feet and provide written information**
- **Tell patient their risk status and what it means. Explain what to look out for and provide emergency contact numbers**



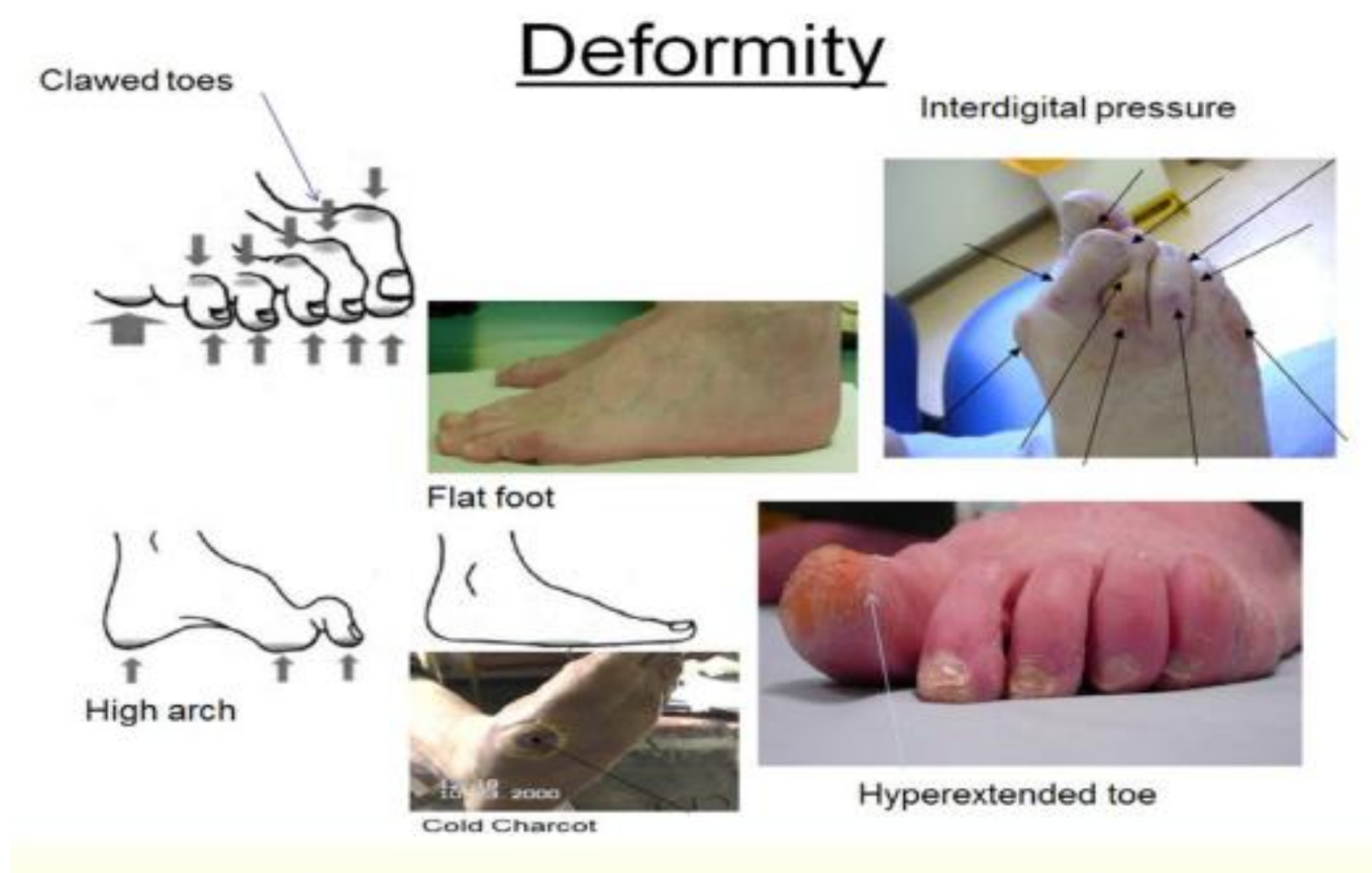
MODERATE RISK

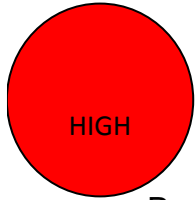
Refer to a specialist podiatrist or member of the foot protection service (FPS) and request an assessment within **6–8 weeks**.

- Thereafter they should be assessed **every 3–6 months** in addition to their annual assessment, by a specialist podiatrist or a member of the FPS.
- Assess feet and lower limbs, then agree a tailored treatment plan.
- Provide written and verbal education with emergency contact numbers.
- Refer for special intervention if/ when required.
- Liaise with other healthcare professionals eg GP as necessary.

MODERATE RISK

- Deformity or
- Neuropathy (loss of sensation) or
- Peripheral arterial disease.





HIGH RISK

- Previous ulceration or previous amputation or on renal replacement therapy (dialysis or transport) or
- Neuropathy (loss of sensation) and lower limb peripheral arterial disease together or
- neuropathy in combination with callus and/or deformity or lower limb peripheral arterial disease in combination with callus and/or deformity

Foot Ulcer



Neuro-Ischaemic foot



Foot Screening Tests

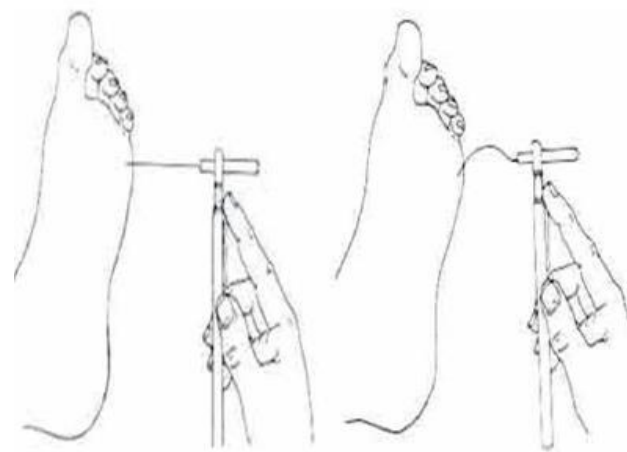
1. NEUROPATHY

Monofilament testing

Use a 10g (5.07 Semmes-Weinstein) monofilament. (Sites to be tested as recommended by International Working Group for the Diabetic Foot)

Apply the monofilament perpendicular to the skin surface with sufficient force to cause the filament to bend or buckle. The total duration of the approach, skin contact, and removal of the filament should be approximately 2 seconds. Apply the filament to healthy skin, do not use on callus, scar or necrotic tissue. Do not allow the filament to slide across the skin or make repetitive contact at the test site. Ask the patient if pressure applied (yes/no). Repeat this application twice at the same site, but alternate this with at least one "sham" application, in which no filament is applied (total three questions per site). Protective sensation is present at each site if the patients correctly answer two out of three applications. Protective sensation is absent with two out of three incorrect answers, and the patient is then considered to be at risk of ulceration.

The nylon filament can be wiped with an antiseptic wipe between patients, and if used continuously all day (not more than 10 patients tested) will need to rest for 24 hours for the filament to recover. The average lifetime use is about 6 months so should be replaced.



2. VASCULAR ASSESSMENT

Identify if the arterial supply to the foot is reduced (by the absence of foot pulses, signs of tissue ischaemia or symptoms of intermittent claudication).

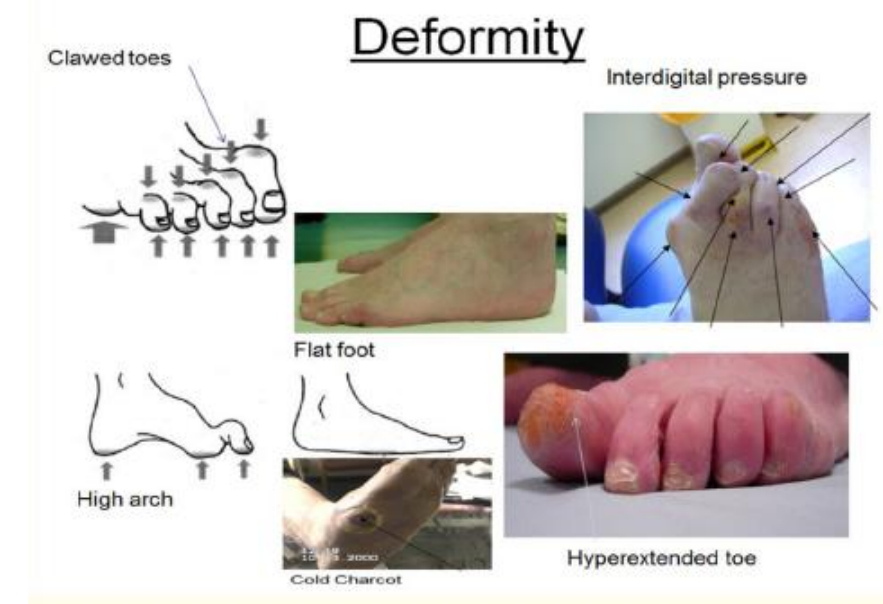
The vascular evaluation should include palpation of the pedal pulses. Do this for both pulses on both feet. The dorsalis pedis pulse can be found in the groove between the first and second metatarsal bones.

The posterior tibial pulse can be found behind the medial malleolus, one third of the distance from the medial malleolus to the bottom of the heel. Absence of either pulse means the foot is at risk and of significant concern if neither pulse is palpable. If the pulse is not palpable due to the presence of oedema in the foot, Doppler testing can be performed by a trained individual to assess blood supply.



3. DEFORMITY

Identify deformities or problems of the foot (including bony deformities, dry skin or fungal infection) that may put it at risk. Identify Foot Deformity




IMPORTANT	
<ul style="list-style-type: none"> Referrals can be made by appropriate health care professionals who have seen the patient and examined both feet The patient must have diabetes The problem must be on the foot, not the leg 	
SECTION 1: PATIENT DEMOGRAPHIC DETAILS	
Patient NHS number:	UBRN:
Patient first name(s):	Patient last name:
Date of Birth (DD/MM/YY):	Gender:
Patient address (1 st line):	
Patient town / city:	Patient postcode:
Patient contact number:	Patient contact number 2:
Preferred method of contact	AIS requirements
Interpreter/Advocacy requirements	Transport requirements

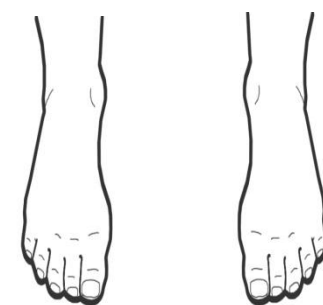
SECTION 2: REFERRER INFORMATION	
First name:	Last name:
Referrer role:	<input type="checkbox"/> GP <input type="checkbox"/> On behalf of GP
GP Practice Code:	Referrer contact no:
GMC Registration No:	Referrer e-mail address:

SECTION 3: CLINICAL INFORMATION	
Who provides diabetes care? Drop down list select : GP/Hospital/other/don't know	
Who provides Podiatry care ? Drop down list select : FPS (Community Podiatry) Local MDFS /other/don't know	
Priority:	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent
Is the patient currently on any medication? If yes provide full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient have an infection or do they pose an infection risk to others ?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Provisional Diagnosis (or symptoms and signs):	
Relevant clinical history:	

	LEFT		RIGHT	
Can you palpate foot pulses?	DP Y/N	PT Y/N	DP Y/N	PT Y/N
Is sensation preserved?	Yes / No	Yes / No	Yes / No	Yes / No
Is the foot deformed?	Yes / No	Yes / No	Yes / No	Yes / No

RISK STATUS: HIGH  MODERATE  LOW  (v) in circle

WHERE IS THE PROBLEM?



DORSAL



PLANTAR

em	Present?	Refer to....	What to do in the meantime
ingrene black or dusky areas aneous bullae is in tissues ain /ulcer/gangrene	<input checked="" type="checkbox"/>	Admit to RSCH (Brighton) on call vascular as emergency	Do not delay more than 4 hours. At risk of limb loss
lcer discharging pus	<input type="checkbox"/>	Liaise with on call Vascular surgeon at RSCH.	Apply local Antibiotics Guidelines
is spreading from an ulcer	<input type="checkbox"/>	Admit to Local Hospital.	
ngrene of 1 or more toes	<input type="checkbox"/>	Urgent OP referral to vascular services at local Non-Arterial Hospital. If unavailable, then refer to RSCH, Brighton.	If margin wet antibiotics as above
ot warmer than the other, slightly n, but no ulcer or evidence of on.	<input type="checkbox"/>	Possible Charcot Foot. Refer within one working day to local MDFS	Sign off work. Advise minimal weight-bearing
ot ulcer that has failed to heal after 2 weeks of treatment or is orating despite regular dressings	<input type="checkbox"/>	Refer within 1 working day to local MDFS.	Advise patient to stay off foot if possible

ot ulcer or break in the skin of a t who has had a previous foot ulcer utation		Refer within 1 working day to MDFS	NA dressing
of the above		Non-urgent referral to local Foot Protection Service (FPS)	

HOW TO CONTACT Email the completed form, or if an emergency, phone details below:

act details	Phone	Email
Sussex County Hospital (Vascular)	01273 696955 (on call Vascular Registrar)	
al 1		
al 2		
rotection Service		