

Foot examination:

1. Foot: Deformity or callus
2. Arteries: Palpate dorsalis pedis and posterior tibial pulses
3. Neuropathy: 10g monofilament
4. Active foot disease

All of the following:

1. No neuropathy
2. At least one palpable foot pulse
3. No foot deformity
4. Not on dialysis

One of the following:

1. Neuropathy
2. No palpable foot pulses
3. Foot deformity

One of the following:

1. Neuropathy AND no palpable foot pulses
2. Neuropathy OR absent foot pulses AND callus OR deformity
3. Previous foot ulcer OR amputation
4. Dialysis

One of the following:

1. New foot ulcer
2. Spreading infection
3. Critical ischaemia
4. Gangrene
5. Hot, red, swollen foot (consider possible Charcot foot)

One of the following:

1. Foot ulcer with fever or any signs of systemic sepsis
2. Clinical concern that there is a deep-seated soft tissue or bone infection

LOW RISK

1. Annual foot screening in primary care
2. Advise importance of good foot care
3. Advise possible progression of foot risk

MODERATE RISK
Refer to community podiatry :
Podiatry Department
White Cross Court
Ramsey Close
York YO31 8FT
phone 01423 542300
Email

HIGH RISK
Refer to high risk community podiatry :
Podiatry Department
White Cross Court
Ramsey Close
York YO31 8FT
phone 01423 542300
Email

ACTIVE FOOT DISEASE*
In all cases advise **MINIMAL** weight-bearing on affected foot
Urgent same day referral York Hospital
phone 01904 726761

LIFE-/LIMB THREATENING DIABETIC FOOT DISEASE
Refer urgently to York Hospital vascular on – call via York Hospital switchboard

For all referrals Email: HDFT.podiatryreferrals@nhs.net State priority in subject heading.

*If foot is ulcerated and clinically infected prescribe flucloxacillin 1g qds (severe penicillin allergy or previous MRSA: doxycycline 200 mg daily) ADD Metronidazole 400mg tds if anaerobes