Foot Ulcer Assessment Pathway Secondary Care

NHS
Rotherham Doncaster and South Humber
NHS Foundation Trust

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

(For the Diabetic Foot Check Team, the Skin Integrity Team, the Podiatry Foot Protection Team and the Podiatry Team).

Aim: To ensure that patients with a Foot Ulcer are assessed, managed and referred appropriately in line with national and local guidance to increase healing rates and reduce the risk of complications such as amputations and associated mortality. People with diabetes are 23 times more likely to have a leg, foot or toe amputation than someone without diabetes, and both ulceration and amputation are associated with high mortality (NWCSP 2020).

1. Does the patient have an Hba1c result out of range?	YES	Ask the managing clinician to refer to the Diabetes Nurse Specilaists.
2. Does the patient have an active ulcer and/or areas at risk with no suitable or offloading footwear?	YES	Refer to the Orthotics for offloading footwear.
3. Does the patient have new foot/toe deformity that requires offloading padding around the ulcer or area at risk and/or unknown pain source?	YES	Refer to Podiatry Team.
4. Does the patient have an active foot ulcer?	YES	Refer to the Skin Integrity Team.
5. Does the patient have a Ipswich Touch Test score (ITTNS) of 1 or above with no previous diagnosis of neuropathy?	YES	Refer to the foot protection service/podiatry for a Monofilament Exam.
6. Does the patient have a DFU risk assessment score of 1 or above?	YES	Refer to the MDT Foot Clinic for review on discharge (Doncaster patients only).
7. Does the patient have devitalised tissue, pathological callus or corns that is suitable and require sharp debridement and/or toes nails at risk of causing injury or preventing mobility.	YES	Refer to Podiatry to review for Sharp Debridement/nail care.

8. Does the patient have any 'red flag', if so action accordingly.

RED FLAGS: Immediately escalate to the appropriate clinician.	
Acute infection	**Consult the senior clinician involved in the patient's care.**
New acute or chronic limb threating Ischaemia, and/or absent or monophasic Posterior tibial or Dorsalis pedis pulses and/or rest pain or Intermittent claudication and or acute diabetic foot sepsis with or without ischaemia?	**Refer urgently via switchboard to the Vascular on call Consultant.**
Suspected Charcot or Osteomyelitis *(Charcot foot = Swelling or redness of the foot, warm sensation, deep aching feeling, deformation of the foot. Osteomyelitis =Pain, swelling, redness, warm sensation over an area of bone with either: recent fracture, injury/wound, bone surgery, immunosuppressed, diabetes or previous osteomyelitis or diabetes).*	**Ask the managing clinician to organise bloods and an X –ray for diagnosis. If Charcot Foot and/or Osteomyelitis is confirmed Refer urgently to Podiatry via rdash.podiatryreferrals@nhs.net.** *Title to email 'a diabetes in-pt', and provide the following information: NHS number, name, ward, the foot problem and the initiated plan.*
Suspected Skin Cancer	**Refer to the Dermatology Department as per the 2 week wait protocol.**

9. Undertake wound cleansing in accordance with the Pathway for Wound Cleansing and consider using Prontosan Debridement pad to support soft mechanical debridement.

10. Manage any ulceration as per the Foot Ulcer Pathway.

Reference: *NICE (2015) Diabetic Foot Problems: prevention and management. Diabetes UK, NHS Diabetes (2011) Putting Feet First: National Minimum Skills Framework. Diabetes UK, London.*
Developed by: The Foot Protection Service (RDASH) and The Skin Integrity Team (DBTH) June 2022. For review June 2024.