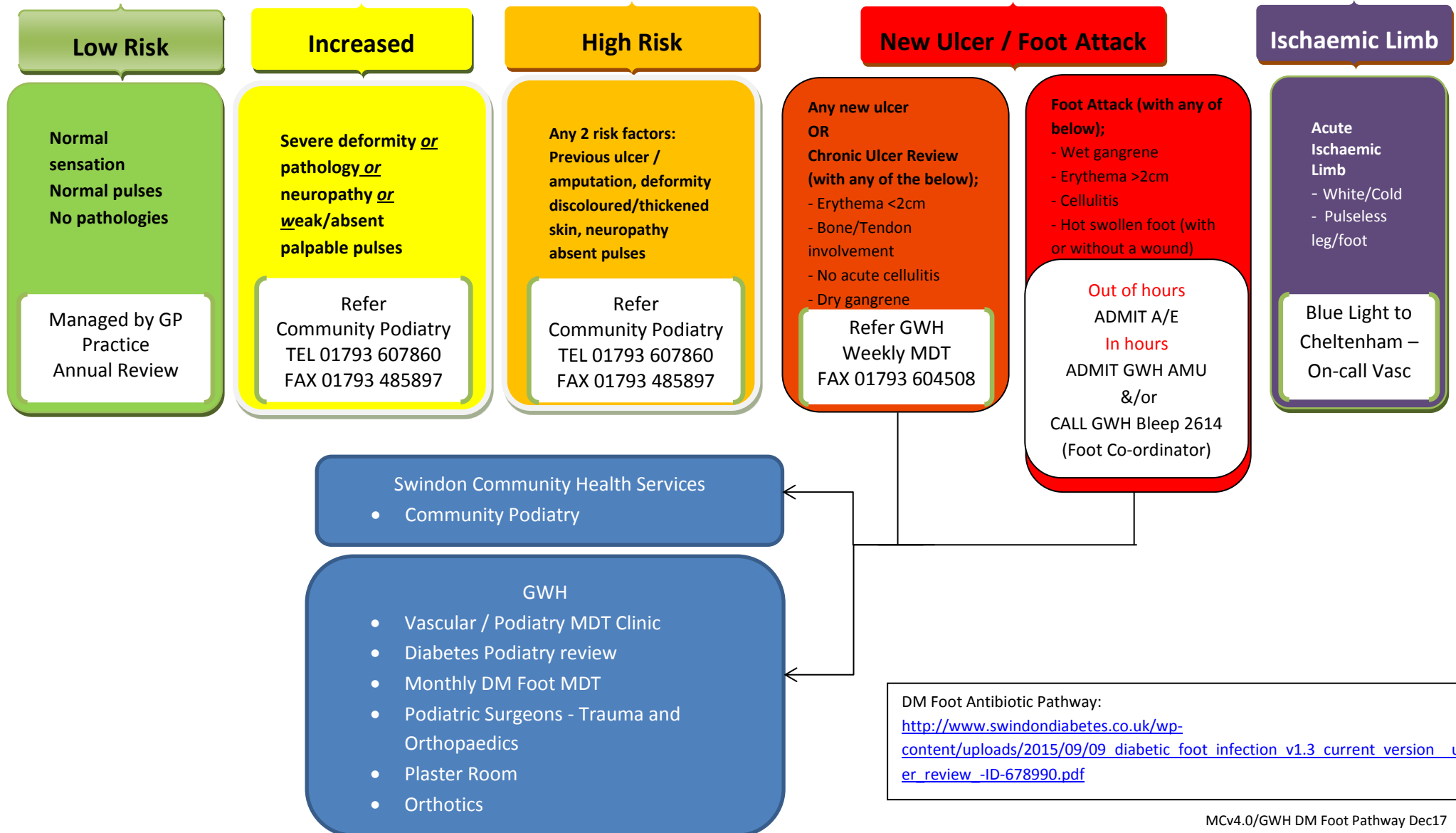


**DIABETIC FOOT ULCER PATHWAY  
RISK ASSESSMENT AND REFERRAL PATHWAY**



## DIABETIC FOOT ULCER PATHWAY RISK ASSESSMENT AND REFERRAL PATHWAY

### Referral Guidelines:

- **Increased and High Risk Patients:**
  - Any patient (either newly diagnosed or existing) with a foot pathology i.e. callus or deformity +/- neuropathy should be screened by a podiatrist with onward referral to a podiatric or orthopaedic foot surgeon if the deformity is at risk of breakdown despite conservative care
  - Any patient with a history of ulceration is 36 times more likely to re-ulcerate (Armstrong et al 1996) and should be seen by a podiatrist every 1-3 months (max)
- **New Ulcer/Chronic Ulcer Review:**
  - Any patient with a newly presenting **ulcer** must be referred to the DM Foot MDT immediately
    - **(An ulcer is** : a wound in the epithelium or mucus lining that is not healing in the normal time-( normal time from injury to repair = 2-3 weeks) or a wound over 1cm in diameter or probing into dermal layer or beyond.)
  - If an infection is suspected, the GP should commence antibiotic treatment in line with GWH antibiotic pathway **if possible after appropriate swab and/or tissue specimens have been obtained** (See Antibiotic Pathway) prior to referring. Antibiotics should then be commenced prior to referral. Antibiotics should not be delayed if infection is clinically suspected
  - Referrals will be seen at the next weekly DM Foot MDT or may be triaged to be seen prior to the next MDT clinic
- **Foot Attack Review:**
  - A patient who meets the criteria for this condition must be referred via the GP to AMU, after discussion with the DM Foot Co-ordinator
  - The DM Foot Co-ordinator should be contacted first, if the referral occurs within work hours (Monday – Friday)
  - If the referral occurs out of hours, referral should be directed to the most appropriate area:
    - SAU: If the patient is medically stable but has a serious foot infection likely requiring surgical debridement
    - AMU: if the patient is medically unstable (+/-Septicaemia) and has a serious foot infection requiring surgical debridement
- **Principles of Infection Management and Antibiotic Selection (See attached Antibiotic Guidelines for further information)**
  - All new wounds should be swabbed to rule out MRSA, deep tissue samples (where possible) is required
  - Antibiotics should only be commenced if there are cardinal signs of infection present
  - All wounds suspected of infection should have, where possible, tissue specimens (Soft tissue or bone) taken prior to commencing antibiotics. This should not delay antibiotic provision which should be provided soon after samples are taken or before if necessary.
    - Podiatrists are appropriately trained to obtain these, and should be contacted via the pathway contact details
- **Foot Attack**
  - If the patient has not commenced on antibiotics and they require immediate referral for admission, **do not** prescribe them. The DM Foot team will take appropriate tissue samples prior to commencing on IV antibiotics at GWH.