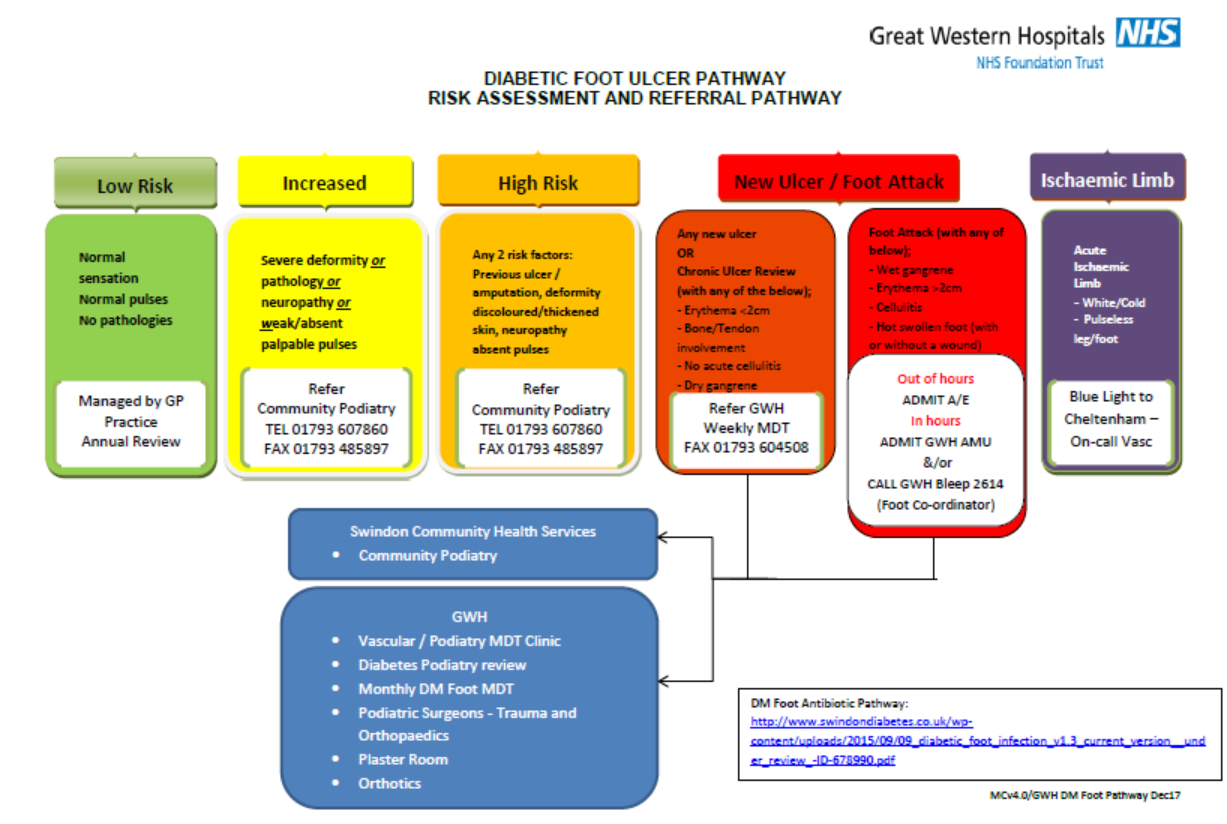
|  |  |
| --- | --- |
| **Urgent referrals** | **Diabetic foot ulcer with spreading infection/swelling/discoloration** or suspected Charcot  send to Ambulatory Care and bleep **2614**  **Limb threatening ischaemia-** On-call Vasc -Blue Light to Cheltenham |
| **new ulcer** | ulcer not responding within 2 weeks of treatment,  Fax referral form to **GWH 'Foot attack'** clinic Acute Team 01793 604508  Email: [gwh.diabetesfootref@nhs.net](mailto:gwh.diabetesfootref@nhs.net) |
| **Community Podiatry**  **Swindon** | Routine diabetes foot referrals for SWINDON please complete referral form and submit via ERS or email it to [gwh.podiatryadmin@nhs.net](mailto:gwh.podiatryadmin@nhs.net) |
| **Wiltshire Community Podiatry** | Routine diabetes foot referrals for Wiltshire please complete referral form and submit [whc.adminpodiatry@nhs.net](mailto:whc.adminpodiatry@nhs.net) (01249 456635) |

*Please complete all boxes to ensure your referral is dealt with in the most appropriate and timely manner*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Patient Name** | | | **Address** | | |
| **NHS Number** | | |
| **GP** | | **Practice Name/ Network** | | **Tel**: | |
| **Diabetes** | | **Type 1/ Type 2** | | **Year of onset:** | |
| **Recent HbA1c** | | *Date and record* | | *Date of Birth* | |
| **Renal Disease** | | **Yes/ No** | | **Dialysis yes/ no *record Days*** | |
| **Medical Concerns *(attached printed history if available)***  **Ischaemia/PVD** (details and intervention)  **History of amputation**: (lower limb, digits)  **Neuropathy**  Spinal Nerve/ Injury/ lesion  Cancer  Immunosuppressed- details  Connective Tissue Disease  **Other**: | | | Medication | | |
| Allergy- *details needed* | | |
| **Date of Onset** | | **Cause of Ulcer** | | | |
| **Size, site and appearance of ulcer and surrounding skin *(include photos- ensure consent to sharing is agreed if patient is on systmone)*** | | | | | |
| **Action/Investigations & Results** (if known)- *when referring to Foot attack clinic please ensure patient has had recent blood tests that include-* ***Full Blood Count, HbA1c, U&E’s, C-RP, ESR*** | | | | | |
| **Wound swab** | Yes/No (date) | | | | |
| **Tissue sample** | Yes/No | | | | |
| **Antibiotic therapy** | Yes/No *(Name and dose, date commenced)* | | | | |
| **X-ray** Yes/No (date- | (*if suspected bone involvement or osteomyelitis please refer for x-ray*) | | | | |
| **USS** | Yes/No *(outcome)* | | | | |
| Is patient receiving treatment if so where?- *Ensure on-going care is in place until outcome letters from the foot attack team* | | | | | |
| Name and contact details of referrer *(email and telephone number)* | | | | | Date |



Diabetic foot Ulceration can deteriorate very quickly, TIME IS TISSUE

**New Ulcer/Chronic Ulcer Review**: Any patient with a newly presenting **ulcer** must be referred to the DM Foot attack immediately

* If an infection is suspected, the GP should commence antibiotic treatment in line with GWH antibiotic pathway See Antibiotic Pathway) prior to referring.
* 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

**Review *Cardiovascular risks***

* Aim for Blood Pressure less than <140/80
* Review Lipids- TG,LDH,HDL
* Smoking history- if patient is smoking provide smoking cessation advice

Understand the diabetes management, aim for Good Glycaemic control – review HbA1c

**Note**: option of referring our patients with poor diabetes control to the community diabetes team

Swindon:

[SWICCG.CommunityDiabetesService@nhs.net](mailto:SWICCG.CommunityDiabetesService@nhs.net) or

Fax: 01793 487435 or Office Telephone: 01793 696621

Wiltshire

Diabetes Referrals: [whc.diabetesreferrals@nhs.net](mailto:whc.diabetesreferrals@nhs.net)

Advice and guidance: whc.diabetesnurses@nhs.net

Tel North, East and West – 01249 456483