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| --- | --- |
| **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 604508Email: 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 |
| **Wiltshire Community Podiatry**  | Routine diabetes foot referrals for Wiltshire please complete referral form and submit 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/ lesionCancerImmunosuppressed- detailsConnective 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 or

Fax: 01793 487435 or Office Telephone: 01793 696621

Wiltshire

Diabetes Referrals: whc.diabetesreferrals@nhs.net

Advice and guidance: whc.diabetesnurses@nhs.net

Tel North, East and West – 01249 456483