

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 (possible Charcot foot)

One of the following:

1. Foot ulcer with fever or any signs of 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
Bedale Health Clinic
Sussex Street
Bedale. D18 2AH
Email

HIGH RISK
Refer to high risk community podiatry :
Podiatry Department
Bedale Health Clinic
Sussex Street
Bedale. D18 2AH
Email

ACTIVE FOOT DISEASE*
In all cases advise **MINIMAL weight-bearing on affected foot**
Urgent same day referral Email and phone 01423 542455

LIFE-/LIMB THREATENING DIABETIC FOOT DISEASE
Refer directly to **Acute Medicine JCUH**
stees.JCUH-diabetesfoot@nhs.net
AND
Inform diabetes foot MDT by Email

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

*If foot is ulcerated and clinically infected prescribe co-amoxiclav 625mg TDS (severe penicillin allergy or previous MRSA: doxycycline 100mg bd AND trimethoprim 200mg bd)