Referral Pathways for the Diabetic Foot – Harrogate and Rural District

Foot examination:

- 1. Foot: Deformity or callus
- 2. Arteries: Palpate dorsalis pedis and posterior tibial pulses
- 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
- 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 (consider possible Charcot foot)

One of the following:

- 1. Foot ulcer with fever or any signs of systemic 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
Harrogate District
Hospital
Harrogate HG2 7SX
phone 01423 553220
Email

HIGH RISK
Refer to high risk
community podiatry:
Podiatry Department
Harrogate District
Hospital
Harrogate HG2 7SX
phone 01423 553220
Email

ACTIVE FOOT DISEASE*

In all cases advise
MINIMAL
weight-bearing on
affected foot
Urgent same day
referral Harrogate
Hospital
phone 01423 553220

LIFE-/LIMB
THREATENING
DIABETIC FOOT
DISEASE

Refer urgently to York Hospital vascular on – call via York Hospital switchboard

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

*If foot is ulcerated and clinically infected prescribe flucloxicillin 1g qds (severe penicillin allergy or previous MRSA: doxycycline 200 mg daily) ADD Metronidazole 400mg tds if anaerobes