

Complete Diabetes Foot Assessment:
MODERATE or HIGH RISK NICE 2015
 Low Risk managed in Primary Care

Solent Podiatry Service –SPA
 Attached DFA with referral form to:
 Podiatry Service
 1st Floor Adelaide Health Centre
 William Macleod Way, Southampton, Hampshire, SO16 4XE
Email: snhs.solentnhspodiatry@nhs.net
Tel: 0300 300 2011

DIABETIC FOOT ULCER

Refer all new foot ulcerations
(Foot ulcer = below malleoli)

If mild to moderate infection refer and also

- Initiate Empirical antibiotics
- Deep wound swab
- Review response to antibiotics

Diabetes Multidisciplinary Foot Clinic QAH

Referral by phone/ email as indicated by patients' condition Diabetes Foot Clinic, Queen Alexandra Hospital

Email: pho-tr.diabetesendocrinology@nhs.net
Tel: 023 92286260

Referral form on PIP or by GP Summary + letter detailing foot neuro/vasc/infection status and wound photograph

SEVERE INFECTION

- Patient systemically unwell &/or
- Spreading infection (moderate/severe) despite antibiotics &/or
- Deep abscess

Admit to Queen Alexandra Hospital via Emergency Department
 patient to be reviewed by surgical SpR

Podiatry admit via **AMU admissions** and, where possible, discuss in advance with On call Vascular Surgeon **In hours** 0830-1700 via switchboard **Tel: 023 92286000**
OUT OF HOURS: Admission via ED

CRITICAL ISCHAEMIA

Features include the following:

- Discoloration of toes (pale, dusky, black)
- Signs of necrosis
- Pain at rest (often at night)
- Cold
- Diminished / absent pulses

Urgent Refer to Vascular Team

Discuss with On Call Vasc Surgeon
Tel: 023 92286000
Email - pho-tr.qahvascular@nhs.net

OUT OF HOURS: Admission via ED

HOT, SWOLLEN, NEUROPATHIC FOOT
(Suspect CHARCOT)

Features may include:

- Pain on walking when usually neuropathic
- Adequate blood supply
- Recent minor trauma

Diabetes Foot MDT Clinic

1. Avoid weight bearing
2. Refer to orthotics for offloading walker boot by email **pho-tr.orthoticsenquiries@nhs.net**
3. Refer by letter / email to Diabetes MDT Foot Clinic details as above

Why refer to an MDT?

- The risk of a lower extremity amputation in a person with diabetes is more than 20 x that of a person without diabetes
- 95% of all non-traumatic amputations start with a foot ulcer