

Diabetic Foot Ulcer Risk Stratification & Referral Algorithm

*See reverse of form for instruction and clinical tips related to this item

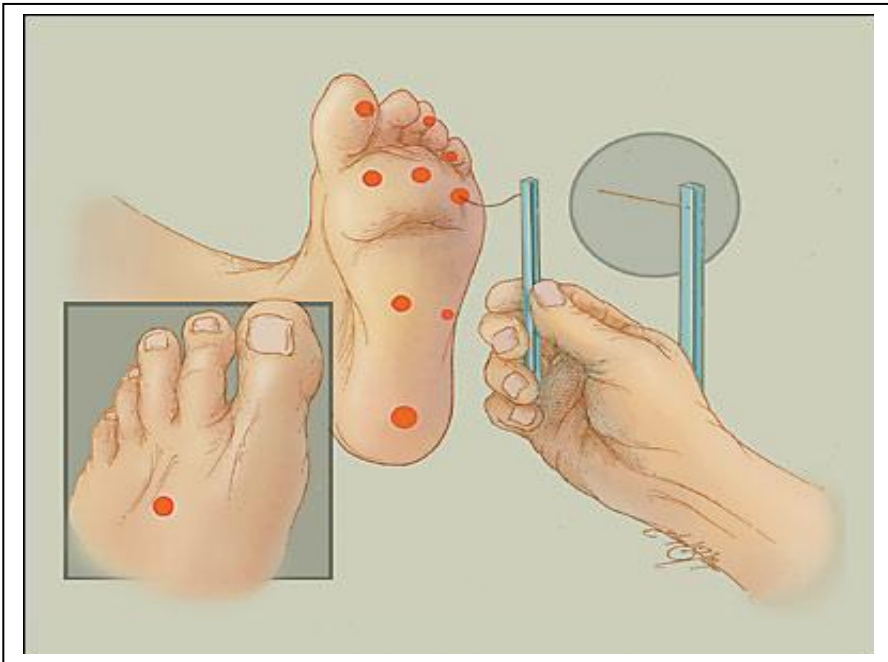


Step 1: Risk assessment

Step 2: Determine foot ulcer risk

Step 3: Determine follow-up plan

<p>PHX: Amputation Yes <input type="checkbox"/> No <input type="checkbox"/> Ulcer Yes <input type="checkbox"/> No <input type="checkbox"/> PAD Yes <input type="checkbox"/> No <input type="checkbox"/></p> <table border="1"> <tr> <th>Right</th> <th>Left</th> </tr> <tr> <td>Dorsalis</td> <td>Pedis</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Posterior Tibial</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Deformity</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>	Right	Left	Dorsalis	Pedis	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Posterior Tibial		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Deformity		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> PHX amputation	<input type="checkbox"/> 3b	<p>Q1-4/12 assessment and referral to a "High Risk Service" such as</p> <table border="1"> <thead> <tr> <th>Specialty Site</th> <th>Fax</th> </tr> </thead> <tbody> <tr> <td>SJHC Parkwood Institute</td> <td>519-685-4027</td> </tr> <tr> <td>SJHC PCDSP</td> <td>519-645-6961</td> </tr> <tr> <td>London Diabetic Foot Clinic</td> <td>519-432-6266</td> </tr> <tr> <td>GBHS</td> <td>519-371-7695</td> </tr> <tr> <td>West Elgin CHC</td> <td>519-768-2548</td> </tr> <tr> <td>AMGH</td> <td>519-524-8527</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Access SWRWCP Diabetic Foot Referral Tool to build an interdisciplinary team www.swrwoundcareprogram.ca Give structured self-care info – Refer to www.swrwoundcareprogram.ca for patient self -management resources 	Specialty Site	Fax	SJHC Parkwood Institute	519-685-4027	SJHC PCDSP	519-645-6961	London Diabetic Foot Clinic	519-432-6266	GBHS	519-371-7695	West Elgin CHC	519-768-2548	AMGH	519-524-8527
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<input type="checkbox"/> PHx ulcer OR <input type="checkbox"/> Active ulcer	<input type="checkbox"/> 3a																														
<input type="checkbox"/> HX PAD OR <input type="checkbox"/> *Absence of both PT & DP pulses on either foot	<input type="checkbox"/> 2b	<p>Q 3/12 assessment and referral to a "Moderate Risk Service"</p> <ul style="list-style-type: none"> Primary care monitoring Access SWRWCP Diabetic Foot Referral Tool to build an interdisciplinary team at www.swrwoundcareprogram.ca/DiabeticFootUlcer Give structured self-care info – Refer to www.swrwoundcareprogram.ca for patient self -management resources 																													
<input type="checkbox"/> *Deformity AND *Neuropathy ≤6/10 monofilament sensitivity on either foot	<input type="checkbox"/> 2a																														
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<p>Monofilament Testing:</p> <p>/10 /10</p>	<p>Comments:</p>	<p>Date:</p>	<p>Signature:</p>																												



Deformity

Bony and soft tissue deformities include: toe deformities (claw, hammer and mallet toes), bunions (hallux valgus), Charcot's joint, blister, callus/corn, fungal infection and prominent metatarsal heads with inadequate soft tissue padding. Limited joint mobility (ankle and great toe).

Build an interdisciplinary team using the South West Regional Wound Care Program Diabetic Foot Referral Tool at

<http://swrwoundcareprogram.ca/DiabeticFootUlcer>



Dorsalis Pedis: To palpate pulse, place fingers just lateral to the extensor tendon of the great toe. If you cannot feel a pulse, move fingers more laterally.



Posterior Tibial: To palpate pulse, place fingers behind and slightly below the medial malleolus of the ankle. In an obese or edematous ankle, the pulse may be more difficult to feel.

Note: To enhance technique: Assume a comfortable position for you and the client. Place hand in position and linger on the site. Varying pressure may assist in picking up a weak pulsation. Do not confuse client's pulse with your own pulsating fingertips. Use your carotid pulse for comparison, if needed.