



#### Diabetic Foot Ulcer Risk Stratification & Referral Algorithm



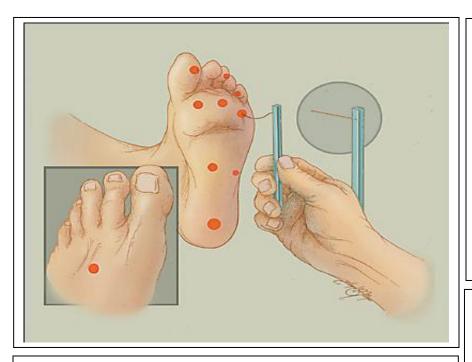
\*See reverse of form for instruction and clinical tips related to this item

## Step 1: Risk assessment

### Step 2: Determine foot ulcer risk

# Step 3: Determine follow-up plan

PHX: Amputation Yes   No			Q1-4/12 assessment and referral to a "High Risk Service" such as	
Ulcer Yes No			Specialty Site	Fax
PAD Yes □ No □			SJHC Parkwood Institute	519-685-4075
	□ PHX amputation	□ 3b	SJHC PCDSP	519-645-6961
Right Left			London Diabetic Foot Clinic	519-432-6266
Dorsalis Pedis			GBHS	519-371-7695
Yes □ No □ Yes □ No □			West Elgin CHC	519-768-2548
			AMGH	519-524-8527
	□ PHx ulcer		TVFHT- Middlesex Centre	519 666 0281
Posterior Tibial	<u>OR</u>		= 4 OMBMOD D: 1	6 F (B) ( 17 1/1 31
Yes □ No □ Yes □ No □	☐ Active ulcer	□ 3a	<ul> <li>Access SWRWCP Diabetic Foot Referral Tool to build an interdisciplinary team <a href="https://www.swrwoundcareprogram.ca">www.swrwoundcareprogram.ca</a></li> </ul>	
			☐ Give structured self-car	
				gram.ca for patient self -management
Deformity			resources	gram.ca for patient self-management
Yes □ No □ Yes □ No □	□ HX PAD	□ 2b		Il to a "Moderate Risk Service"
	OR		☐ Primary care monitoring	1
	□ *Absence of both PT & DP pulses		☐ Access SWRWCP Diab	petic Foot Referral Tool to build an
Monofilament Testing:	on either foot		interdisciplinary team at	
	*Deformity AND *Neuropathy	□ <b>2</b> a	www.swrwoundcareprogram.ca/DiabeticFootUlcer	
	≤6/10 monofilament sensitivity on		☐ Give structured self-care info – Refer to	
	either foot			gram.ca for patient self -management
		resources  Q 6/12 assessment and referral to a "Moderate Risk Service"		
	*Loss of protective sensation			
	≤6/10 sensitivity on either foot to monofilament testing		□ Primary care monitoring □ Access SWRWCP Diabetic Foot Referral Tool to build an	
			interdisciplinary team at	
			www.swrwoundcareprogram.ca/DiabeticFootUlcer	
			☐ Give structured self-car	
			www.swrwoundcarepro	gram.ca for patient self -management
			resources	
	□ Low foot ulcer risk	□ <b>0</b>	Q yr assessment with	
			☐ Primary care monitoring	
			☐ Give structured self-car	
			www.swrwoundcarepro resources	gram.ca for patient self -management
				ccess SWRWCP Diabetic Foot Referral
				tes Support Programs/Diabetes Education
/10 /10			Programs/Diabetes Edu	ucation Centres
/10 /10				gram.ca/DiabeticFootUlcer
	Comments:	Date: Signature:		



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

http://swrwoundcareprogram.ca/DiabeticFootUlcer



#### **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).



**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.

Registered Nurses Association of Ontario (2004). Reducing Foot Complications for People with Diabetes. Toronto, Canada: Registered Nurses Association of Ontario. Registered Nurses' Association of Ontario (2013). Assessment and Management of Foot Ulcers for People with Diabetes (2nded.). Toronto, ON: Registered Nurses' Association of Ontario.