

Diabetes Foot Referral Pathway

All patients with diabetes should be carefully assessed for evidence of:

- Active foot ulcer
- Severe infection- deep abscess/patient systemically unwell/ spreading cellulitis
- Acute critical limb ischaemia
- Necrosis/gangrene
- Acute Charcot Foot: red, hot, swollen foot with or without pain.

Are pulses present?
Sign: **Palpable** femoral **and** dorsalis pedis or posterior tibial arterial pulses.

Yes

Active foot ulcer

Yes

If foot ulcer is showing signs of **Mild to Moderate** infection:
Deep wound swab
Initiate antibiotics, if appropriate.
Consider x-ray (as baseline) to query **Osteomyelitis**
Complete Podiatry Point of Contact Form

SEVERE Infection:
Urgent admission via **on-call medical team**
Contact surgical team, if urgent surgical debridement indicated

No

Acute Charcot Foot:
Baseline weight bearing x-ray
Inconclusive x-ray: MRI

Yes

No

Immediate immobilisation required if Charcot foot is suspected, until a definitive diagnosis is determined (with crutches, if required)
Basic Non-weight Bearing Information
Complete Podiatry Point of Contact Form

If no clinical features, consider differential diagnosis:

- DVT
- Acute Gout
- Inflammatory Arthritis
- Sprain/Fracture

Refer to relevant specialist team

No

Discoloration of toes/foot (pale, dusky, black)
Signs of necrosis/gangrene
Pain at Rest (often at night)
Urgent review by vascular team

Acute Critical Limb Ischaemia
Acute pain, Pallor, Pulse less, Perishing Cold,
Paraesthesia/acute sensory change, paralysis/acute motor dysfunction
Urgently contact on-call Vascular Team