



Podiatry Eligibility Pathway for Patients with Diabetes

Does the patient present with any of the following risk factors or Podiatric Needs:

- Neuropathy
- Limb ischaemia –monophasic pulses with clear clinical signs of ischaemia and / or abnormal ABPI / toe pressures
- History of major or minor foot amputation
- Foot ulceration, current of past
- Foot infection and / or inflammation Charcot foot, current or past
- Gangrene of the foot Advanced Renal Disease

Podiatric Need:

- Pathological Callous / corns
- Symptomatic pathological nails

Active Foot Problem:

Current foot ulceration, infection, gangrene or active charcot foot

Eligible for Rapid Treatment following Diabetic Pathway

High Risk:

Previous foot ulceration or amputation, on renal replacement therapy, or more than one risk factor one of which must be neuropathy

or ischaemia

Moderate Risk:

One risk factor present that is a podiatric need = short package of care, then discharge. Not eligible for routine care

If limb ischaemia suspected, patient entitled to assessment.

Low Risk:

No risk factors present

Not eligible to be seen. No appointment offered.

- Eligible to remain on the caseload for Rapid Access to the service. Eligible
- for long term routine care if there is a Podiatric Need OR HX OF MAJOR AMPUTATION.

If no podiatric need, Hxof Major Amputation, or Rapid Access Contact:

To be offered annual foot protection checks to update their diabetic foot checks, reinforce self care advice, manage biomechanics and maintain remission status.

- Refer to local structured education program.
- Signpost to private providers
- Consider Nail
 Surgery or MSK
 Podiatry
 referral.
 Annual foot
 screening
 through GP.







Podiatry Eligibility Pathway for Patients WITHOUT Diabetes

Do any of the following apply?

- Patient is immunocompromised to include high dose steroids, HIV, cancer treatment or transplant drugs
- Patient has advanced PVD, absent or monophasic pulses, with clinical signs and symptoms.
- Patient has significant venous impairment to include lymphoedema and history of severe ulcerated chilblains.
- Patient has advanced renal disease or is on renal replacement therapy.
- Patient has a neuropathic condition or damage to the peripheral nerve system which may be caused by disease or trauma.
- Patient suffers from COPD, emphysema, or cystic fibrosis, and/or receives oxygen therapy.
- Patient suffers from inflammatory systemic arthritis.
- Patient has an active foot ulceration, gangrene and / or inflammation

Does the patient present with two of the **YES** following risk factors, ONE BEING NEUROPATHY OR LIMB ISCHAEMIA? Neuropathy • Limb ischaemia – monophasic pulses with clear clinical signs of ischaemia and / or abnormal ABPI / toe pressures. Podiatric Need: **YFS** Pathological Callous / corns Symptomatic pathological nails If patient has an active foot ulcer and / or inflammation / gangrene, package of care to be NO **provided**. Patient to remain on the caseload for

No appointment offered

• Signpost to private providers

NO

 Consider Nail Surgery or MSK Podiatry referral.

- Provided. Patient to remain on the caseload for Rapid Access to the service.
 If patient has a podiatric need, eligible for long term care unless risk factors reduce or non compliance.
- If no podiatric need or Rapid Access Contact: To be offered annual foot protection checks to update their foot checks, reinforce self care advice, manage biomechanics and maintain remission status.
- If patient has an active foot ulcer and / or inflammation / gangrene, package of care to be provided but discharged once healed if clinically appropriate.
- If limb ischaemia suspected, patient entitled to assessment.
- Otherwise, patient is not eligible for assessment, package of care, or long term care. No appointment offered. Consider alternative care pathways.

