

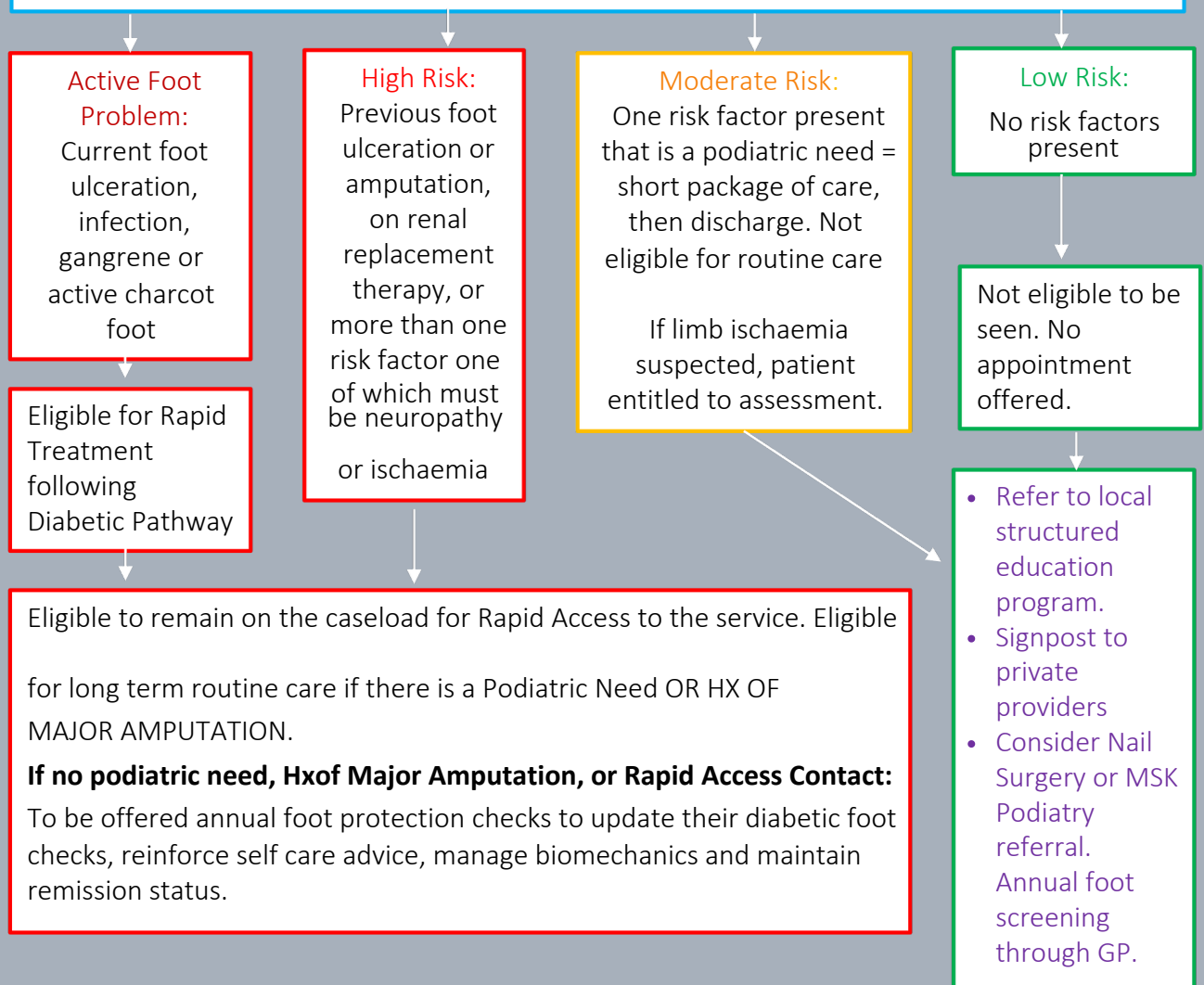
Podiatry Eligibility Pathway for Patients with Diabetes

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 or 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



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

YES

Does the patient present with two of the 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:

- Pathological Callous / corns
- Symptomatic pathological nails

YES

NO

No appointment offered

- Signpost to private providers
- Consider Nail Surgery or MSK Podiatry referral.

NO

- **If patient has an active foot ulcer and / or inflammation / gangrene, package of care to be 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.