



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, Hx of 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 following YES NO risk factors, ONE BEING NEUROPATHY OR LIMB **ISCHAEMIA?** Neuropathy No appointment Limb ischaemia – monophasic pulses with offered clear clinical signs of ischaemia and / or abnormal ABPI / toe pressures. Podiatric Need: Signpost to **YFS** Pathological Callous / corns private Symptomatic pathological nails providers Consider Nail Surgery or If patient has an active foot ulcer and / or MSK Podiatry

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.

referral.

• 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.

NO