

# DIABETES FOOTCARE PATHWAY for WESTERN DEVON

## Primary care annual foot review

### Foot examination with shoes and socks removed

- Test sensation using 10g monofilament
- Feel for foot pulses
- Check for ulceration
- Inspect for deformity
- Classify foot risk & advise patient
- Inspect for significant callus
- Ask about previous ulceration
- Check footwear
- Ask about pain
- Provide foot care education

Based on Diabetes UK/NICE "Putting Feet First", June 2012, revised Sept 2016  
Authors: Plymouth Diabetes Team: University Hospitals Plymouth NHS Trust & Livewell South West CIC.

GRADE

ACTIVE

HIGH

MODERATE  
(INCREASED\*)

LOW

Ulceration  
Critical ischaemia or gangrene  
Unexplained red, hot, swollen foot

Infection  
Suspected Charcot

### Emergency admission

- Severe infection / sepsis – to Medical Assessment Unit (MAU).  
Tel: **01752 437777 Acute GP Service for admission via MAU**
  - Critical ischaemia – direct to vascular surgery via SAU, FAO  
duty Consultant Vascular Surgeon Tel: **01752 245060**
- Cases not requiring emergency admission refer to UHPNT  
Multidisciplinary Foot Team rapidly: Email: [plh-tr.MultiDisciplinaryPodiatry@nhs.net](mailto:plh-tr.MultiDisciplinaryPodiatry@nhs.net) Post: Diabetes Centre,  
Level 6, Derriford Hospital, Plymouth. Tel: **01752 439802**
- Manage infection according to formulary guidelines

Severe neuropathic pain without ulceration:  
• Follow joint formulary guidance on diabetic neuropathic pain management  
• If unresponsive or opiates required refer to Pain Management Team.

Refer to PHNT Pain Management Clinic

Previous ulceration or amputation OR more than one risk factor e.g.  
• Loss of sensation  
• Signs of peripheral vascular disease  
• With callus or deformity

Refer to Community Podiatry: Email [PCHCIC.Plymouth-Podiatry@nhs.net](mailto:PCHCIC.Plymouth-Podiatry@nhs.net); Post: Nuffield Clinic, Baring Street; E-Referral. Tel: **01752 434855 / 434848**

- Assessment 1-3 monthly or according to need
- Enhanced foot care education
- Will consider the need for onward referral for specialist footwear & orthotics

One risk factor present e.g.  
• Loss of sensation  
• Signs of Peripheral arterial disease  
• Callus or significant deformity

Refer to Community Podiatry (as above)

- Assessment 3-6 monthly or according to need
- Enhanced foot care education
- Will consider the need for onward referral for specialist footwear & orthotics

Deformity requiring surgical solution

Follow Orthopaedic MSK Foot & Ankle pathway

No risk factors present:  
• Normal sensation  
• No sign of peripheral vascular disease  
• No other significant risk factors

Continue primary care annual review

- Provide education about foot protection & diabetic foot attacks