Foot Ulcer Assessment Pathway (Secondary Care)

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

(For the Diabetic Foot Check Team, the Skin Integrity Teamand the Podiatry Foot Protection Service).

Aim: To ensure that patients with a Foot Ulcer are assessed, managed and referred appropriately in line with national and local guidance to increase healing rates and reduce the risk of complications such as amputations and associated mortality. Foot ulceration is usually caused by combination of factors including peripheral arterial disease, peripheral neuropathy, and infection and rapid assessment, diagnosis and treatment is crucial for all those who develop it (NWCSP 2023). People with diabetes are 23 times more likely to have a leg, foot or toe amputation than someone without diabetes, and both ulceration and amputation are associated with high mortality (NWCSP 2020).

RED FLAGS: Immediately escalate to the appropriate clinician.	
Acute infection	**Consult the senior clinician involved in the patient's care.**
New acute or chronic limb threating Ischaemia, and/or absent or monophasic Posterior tibial or Dorsalis pedis pulses and/or rest pain or Intermittent claudication and or acute diabetic foot sepsis with or without ischaemia?	**Refer urgently via switchboard to the Vascular on call Consultant.**
Suspected Charcot *Swelling or redness of the foot, warm sensation to touch, deep aching feeling, deformation of the foot.*	**Urgent referral to Orthopeadics for management /offloading**
Osteomyelitis *May have pain, swelling, redness, warm sensation over an area of bone with either: recent fracture, injury/wound, bone surgery, immunosuppressed, diabetes or previous osteomyelitis or diabetes).*	**Non-diabetics:** Urgent referral to Orthopeadic for management. **Diabetic:** For DRI and MMH urgent referral to Multidisciplinary Foot Clinic (MDFT) For BDGH refer to the Orthopeadics team for inpatient Management and also the Bassetlaw Podiatry Service (they will be seen as an outpatient)
Suspected Skin Cancer	**Refer to the Dermatology Department as per the 2 week wait protocol.**

1. Does the patient have an Hba1c result out of range?	YES	Ask the managing clinician to refer to the Diabetes Nurse Specilaist.
2. Does the patient have an active ulcer and/or areas at risk with no suitable or offloading footwear?	YES	Refer to the Orthotics for offloading footwear.
3. Does the patient have Diabetes with either an active new foot/toe deformity that requires offloading padding around the ulcer or area at risk and/or unknown pain source and/or and active Diabetic foot ulcer?	YES	**DRI** = Refer to the Doncaster Podiatry Foot Protection Service **BDGH** and **MMH** = Refer to the Orthopeadic Service
4. Does the patient have an active non diabetic foot ulcer?	YES	Refer to the Skin Integrity Team.

5a. Non Diabetic foot

The Skin Integrity Team will manage these patients and undertake a foot assessment Trust wide

Does the patient have a Ipswich Touch Test score (ITTNS) of 1 or above with no previous diagnosis of neuropathy?	YES	**DRI** - Refer to the foot protection services for a post discharge review for a Mono-filament exam. **BDGH/MMH** - Refer to the patients local podiatry service r a post discharge review for a Mono-filament exam.
Does the patient have an ischemic ulcer (that does not meet a red flag)	YES	Trust wide – Refer to the Vascular Team for management.
Does the patient have devitalised tissue causing injury or preventing mobility.	YES	Trust wide - Skin Integrity to review and consider sharp debridement.

5b. Diabetic foot

DRI - The Diabetic Foot Check Team AND/OR Podiatry Foot Protection Service will manage these patients and undertake a foot assessment.

BDGH/MMH - The Skin Integrity Team will manage these patients and undertake a foot assessment.

Does the patient have a Ipswich Touch Test score (ITTNS) of 1 or above with no previous diagnosis of neuropathy?	YES	**DRI** - A Monofulament exam is required. **BDGH/MMH** - Refer to the foot protection/ podiatry services on discharge for a Monofulament exam.
Does the patient have a DFU risk assessment score of 1 or above?	YES	**DRI** - Refer to the DRI MDT foot clinic for review on discharge. **BDGH/MMH** - Refer to the foot protection/ podiatry services on discharge
Does the patient have devitalised tissue, pathological callus or corns that is suitable and require sharp debridement and/or toe nails at risk of causing injury or preventing mobility	YES	**DRI** - patient to be managed by the Podiatry Foot Protection Service. **BDGH/MMH** Refer to the Podiatry Foot Protection Service for post discharged

6. Undertake wound cleansing in accordance with the Pathway for Wound Cleansing and consider using Prontosan Debridement pad to support soft mechanical debridement.

7. Manage any ulceration as per the Foot Ulcer Pathway.

Referral to the Doncaster Podiatry Foot Protection Service is via email on:
rdash.podiatryreferrals@nhs.net

Referral to the Bassetlaw Podiatry Foot Protection Service is via email on:
dbth.diabetesbass@nhs.net

Referral to the MDFT is via email on:
dbth.diabsec@nhs.net

Referral to Skin Integrity is via Nerve Centre on the wound assessment form or via email on:
dbth.skinintegrityteam@nhs.net

Reference: *NICE (2015) Diabetic Foot Problems: prevention and management. Diabetes UK, NHS Diabetes (2011) Putting Feet First: National Minimum Skills Framework. Diabetes UK, London.*
Developed by: The Foot Protection Service (RDASH) and The Skin Integrity Team (DBTH) July 2024. For review July 2027.