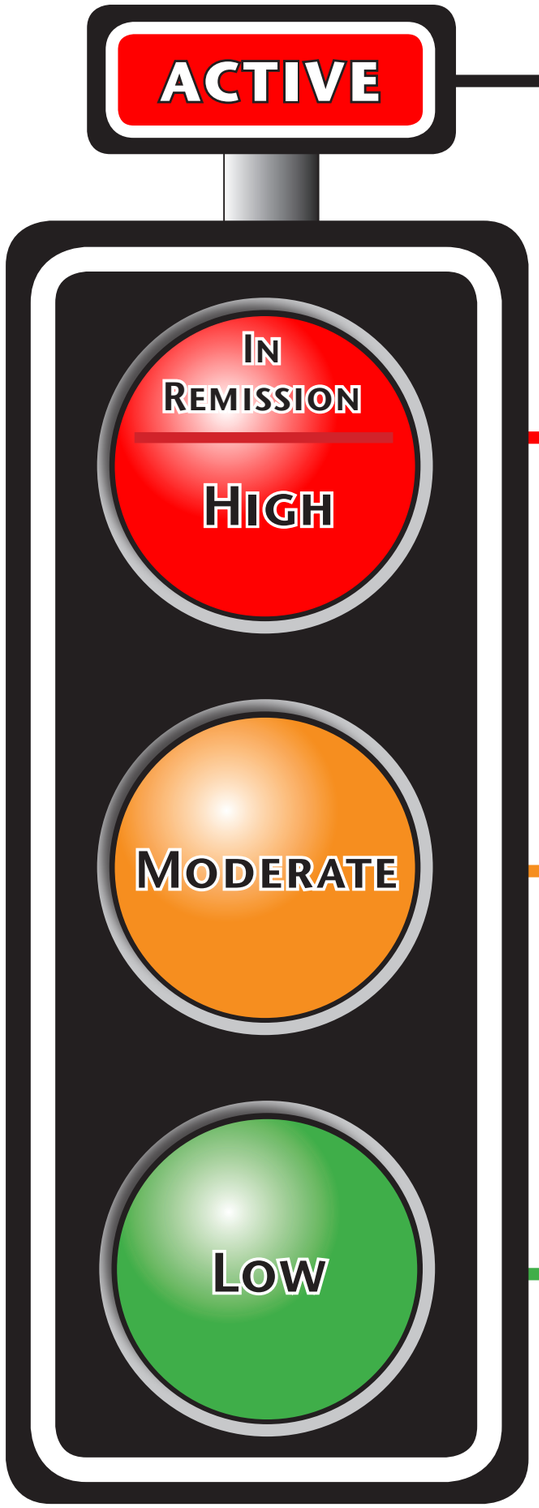
Diabetic Foot Risk Stratification and Triage



ACTIVE

Definition

Presence of active ulceration, infection, with or without ischaemia, gangrene or unexplained hot, red, swollen foot with or without the presence of pain.

Action

- Rapid referral to, and management by a member of the multidisciplinary diabetes foot team or directly to vascular when appropriate

In Remission / High

Definition

Previous ulceration, amputation or consolidated Charcot.

More than one risk factor present e.g. a combination of loss of sensation, signs of peripheral arterial disease, significant callus, significant structural deformity, unable to or has no help to self care or an eGFR <30.

Action

- No further foot screening required as risk level will not reduce
- Implementation of a treatment/management plan by a podiatrist experienced in the diabetic foot agreed with the patient focused on preventing primary or recurrent ulceration according to patient needs and recorded on the SCI-Diabetes system
- Review of agreed treatment/management plan annually, as a minimum, according to patients needs and recorded on the SCI-Diabetes system
- Further review of patient's own or prescription footwear and insoles by an orthotist/podiatrist, especially for those 'In Remission'
- Referral to other relevant specialists as required
- Provide written and verbal education including information on how to access podiatry (urgent or otherwise) as required
- Provide cardiovascular risk reduction information and encourage and signpost all smokers to a smoking cessation programme.

Moderate

Definition

One risk factor present e.g. loss of sensation or signs of peripheral arterial disease or significant callus or significant structural deformity or unable to or has no help to self care or an eGFR <30.

Action

- Annual screening (rather than every 2 years) by a trained Healthcare Worker recorded on the SCI-Diabetes foot screening page.
- Foot assessment by podiatrist when first identified as moderate risk (which may be a one off appointment) with the implementation of a treatment/management plan agreed with the patient if required.
- Consider the provision of prescription footwear and insoles if required, measured and fitted by an orthotist/podiatrist
- Provide written and verbal education including information on how to access podiatry (urgent or otherwise) as required
- Provide cardiovascular risk reduction information, encourage and signpost all smokers to a smoking cessation programme.

Low

Definition

No risk factors present e.g. no loss of sensation, no signs of peripheral arterial disease, no significant callus, no significant structural deformity, able to self care and an eGFR >30.

Action

- Screening every two years by a trained Healthcare Worker recorded on the SCI-Diabetes foot screening page
- Agree personal foot care and self-care management plan with the patient
- Review footwear
- Provide written and verbal education including information on how to access podiatry (urgent or otherwise) as required.
- Provide cardiovascular risk reduction information and encourage and signpost all smokers to a smoking cessation programme.

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These risk categories relate to the use of the SCI-Diabetes foot risk stratification tool

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