

Diabetes Foot Risk Assessment Triage Referral

Date of Screening and Triage (yyyy-Mon-dd)	HRFT Fax #
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- Send the completed Diabetic Foot Screening Tool and Triage Referral Form with your site based referral form to the High Risk Foot Team.
- The High Risk Foot Team will follow referred patients until foot risk factors are addressed - appropriate interventions initiated. Transition of ongoing foot management plan will be communicated to referring Primary Care site.

Risk Features (check all that apply) (✓)		
Low Risk	▶ Routine annual foot exam & diabetes education	Managed by Primary Care
Moderate Risk Criteria with or without Loss of Protective Sensation		
<input type="checkbox"/> Callus/Corn/Fissure/Crack (not bleeding or draining) <input type="checkbox"/> Inadequate foot care - missing, sharp, unkept, thickened, long or deformed toe nails <input type="checkbox"/> Inadequate foot wear <input type="checkbox"/> Infected ingrown toe nail <input type="checkbox"/> Sensation of numbness/tingling/throbbing/burning		
▶ Refer to Foot Care Provider: podiatrist or trained foot care nurse		Managed by Primary Care
▶ Foot exam every 4-6 months or as per assessed need		
Moderate Risk Criteria - Loss of Protective Sensation at one or more of 5 identified sites, PLUS any of the following:		
<input type="checkbox"/> Prior history of Diabetic Foot Ulcer (ulcer in remission) and or amputation <input type="checkbox"/> Decreased range of motion at ankle or toe joint <input type="checkbox"/> Foot Deformities <input type="checkbox"/> Inadequate footwear requiring therapeutic/custom footwear <input type="checkbox"/> Altered structure		
▶ Refer to High Risk Foot Team or local health care professional (recommended patient be seen within one month of referral)		Managed by High Risk Foot Team
High Risk Criteria - Patient presents with one or more of the following:		
<input type="checkbox"/> Blister, fissure or crack (bleeding or draining) and or hemorrhagic callus <input type="checkbox"/> Diabetic Foot Ulcer <input type="checkbox"/> Redness over structural deformity of the foot /toes related to pressure <input type="checkbox"/> Signs of arterial insufficiency (PAD; ischemia) cool skin with pallor, cyanosis or mottling, dependent rubor <input type="checkbox"/> One or more pedal pulses not palpable or audible <input type="checkbox"/> Inappropriate footwear causing pressure and/or skin breakdown		
Refer to:		
▶ High Risk Foot Team or local health care professional(s) (recommend patient be seen within 2 weeks of referral)		Managed by High Risk Foot Team
▶ Infectious Disease for consultation if warranted		
▶ Vascular Surgeon if appropriate		
▶ Antibiotic therapy (Guided by Diabetic Foot Infection Guidelines in BUGS AND DRUGS 2012 or consult Infectious Disease)		
Urgent Risk Criteria - Patient presents with one or more of the following :		
<input type="checkbox"/> Infection - draining Diabetic Foot Ulcer and /or wet gangrene <input type="checkbox"/> Red, hot, painful joint, or acute Charcot foot <input type="checkbox"/> Acute onset of pain in a previously insensate foot <input type="checkbox"/> Absent pedal pulses with cold white painful foot or toes		
▶ Primary Provider Initiates antibiotic therapy guided by Diabetic Foot Infection Guidelines in BUGS AND DRUGS 2012 and/or consult Infectious Disease		
▶ Offload the affected foot		
▶ Refer to the appropriate health care provider based on the patient assessment findings (ie Foot and Ankle Surgeon, or Vascular Surgeon if absent pedal pulses on auscultation)		
▶ May Require Acute Care Admission		
▶ Refer to High Risk Foot Clinic once patient is stable and specialist referrals have been arranged		
Comments		
Date Faxed (yyyy-Mon-dd)	High Risk Foot Team	Signature