Diabetes Foot Risk Assessment Triage Referral

Date of Screening and Triage (yyyy-Mon-dd)  HRFT Fax #

- 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) (√)

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>Moderate Risk Criteria with or without Loss of Protective Sensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶️ Routine annual foot exam &amp; diabetes education</td>
<td>Managed by Primary Care</td>
</tr>
<tr>
<td>□ Callus/Corn/Fissure/Crack (not bleeding or draining)</td>
<td></td>
</tr>
<tr>
<td>□ Inadequate foot care - missing, sharp, unkept, thickened, long or deformed toe nails</td>
<td></td>
</tr>
<tr>
<td>□ Inadequate foot wear</td>
<td></td>
</tr>
<tr>
<td>□ Sensation of numbness/tingling/throbbing/burning</td>
<td></td>
</tr>
<tr>
<td>▶️ Refer to Foot Care Provider: podiatrist or trained foot care nurse</td>
<td></td>
</tr>
<tr>
<td>▶️ Foot exam every 4-6 months or as per assessed need</td>
<td>Managed by Primary Care</td>
</tr>
</tbody>
</table>

### Moderate Risk Criteria - Loss of Protective Sensation at one or more of 5 identified sites, PLUS any of the following:

- Prior history of Diabetic Foot Ulcer (ulcer in remission) and or amputation
- Decreased range of motion at ankle or toe joint
- Inadequate footwear requiring therapeutic/custom footwear
- Sensation of numbness/tingling/throbbing/burning
- 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:

- Blister, fissure or crack (bleeding or draining) and or hemorrhagic callus
- Diabetic Foot Ulcer
- Redness over structural deformity of the foot/toes related to pressure
- Signs of arterial insufficiency (PAD; ischemia) cool skin with pallor, cyanosis or mottling, dependent rubor
- One or more pedal pulses not palpable or audible
- 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)
- 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) | Managed by High Risk Foot Team |

### Urgent Risk Criteria - Patient presents with one or more of the following:

- Infection - draining Diabetic Foot Ulcer and/or wet gangrene
- Red, hot, painful joint, or acute Charcot foot
- Acute onset of pain in a previously insensate foot
- Absent pedal pulses with cold white painful foot or toes

Refer to:

- 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