

# Bay of Plenty District Health Board

## Specialist Service – Podiatry – High Risk foot Complications.

<p><u>Vascular Assessment</u></p>  	<p>Determining blood flow in the lower legs by using the latest diagnostic device in determining Ankle Brachial Pressure Index (ABPI).</p> <ul style="list-style-type: none"> <li>• The ABPI assessment serves as the basis for determining a patients PAD ( Peripheral Arterial Risk or disease profile ) and need for referral to the vascular team.</li> <li>• <b>Handheld Doppler</b> ⇒ A handheld Doppler device is used to assess pulses and a manual ABPI can be performed</li> <li>• <b>Dopplex ABILITY device</b> ⇒ The ABILITY diagnostic device performs an automated ABPI simultaneously on both legs. ⇒ This enables us to evaluate and determine if vascular intervention is required. Reports are sent back to Gp.</li> </ul>	
<p><u>Foot Assessment</u></p>	<p>Stratify risk of foot complications</p> <ul style="list-style-type: none"> <li>• Evaluating blood flow</li> <li>• Evaluating sensation</li> </ul> <p>Look at overall mobility and footwear needs.</p>	
<p><u>Wound Assessment</u></p>	<ul style="list-style-type: none"> <li>• The wound bed is assessed based on the Wound Bed Preparation Guideline and includes a holistic</li> </ul>	

	<p>assessment of the patient.</p> <ul style="list-style-type: none"> <li>• Referrals for wound swabs, x rays and district nursing are organised.</li> <li>• Ongoing review of the wounds progress, regular debridement of devitalised tissue and periwound callus.</li> <li>• Appropriate wound dressings and footwear modifications.</li> <li>• Referrals to other services.</li> </ul>	<p><b>DARCO Peg Assist Insole Extra Small</b></p>	
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#### Patients are graded on referral information

**Grade 1** – if contacted by phone or email patients can be seen within 48 hours, otherwise within a week.

**Grade 2** – patients that are not urgent, seen within 1 – 4 weeks.

**Grade 3** – patients that may require general foot assessment will be referred to Community Podiatry Program if applicable. Patients requiring non urgent vascular assessment (ie ABPI) will be seen within 3 months.

#### Referral Criteria

#### **Ministry of Health criteria for podiatry referral for people with diabetes related foot complications<sup>17</sup>**

<b>At risk foot (criteria for referral to community-based podiatry services)</b>	<b>High risk foot (criteria for referral to secondary care-based podiatry services)</b>
<ul style="list-style-type: none"> <li>• A positive history of diabetic foot ulceration (and no current ulceration)</li> <li>• Neuropathic foot with absence of</li> </ul>	<ul style="list-style-type: none"> <li>• Past history of gangrene or amputation</li> <li>• Peripheral vascular disease including:</li> </ul>

<p>protective sensation (patient cannot detect the 10 g monofilament at four or more testing sites)</p> <ul style="list-style-type: none"> <li>• Biothesiometer threshold &gt;25 V</li> <li>• Change to circulation and/or sensation with other risk factors present (see below)</li> </ul> <p>Neuropathy, musculoskeletal deformity and pre-ulcerative lesion</p>	<ul style="list-style-type: none"> <li>• Absent pedal pulses and a history of claudication</li> <li>• Ankle brachial index at 0.5–0.8 (indicating impaired arterial flow)</li> <li>• Night pain</li> <li>• Pre-ulcerated or ulcerated ischaemic lesion</li> </ul>														
<p><b>Risk factors:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Long standing diabetes</td> <td style="width: 50%;">Nephropathy</td> </tr> <tr> <td>Elevated HbA<sub>1c</sub></td> <td>Nephropathy</td> </tr> <tr> <td>Visual impairment</td> <td>Poor glycaemic control</td> </tr> <tr> <td>Hypertension</td> <td>Smoking</td> </tr> <tr> <td>Dyslipidaemia</td> <td>Obesity</td> </tr> <tr> <td>Impaired mobility</td> <td>Social isolation</td> </tr> <tr> <td>Perception of risk</td> <td>Male &gt; 40 years</td> </tr> </table>	Long standing diabetes	Nephropathy	Elevated HbA <sub>1c</sub>	Nephropathy	Visual impairment	Poor glycaemic control	Hypertension	Smoking	Dyslipidaemia	Obesity	Impaired mobility	Social isolation	Perception of risk	Male > 40 years	<p><b>URGENT referral to secondary care</b></p> <ul style="list-style-type: none"> <li>• Neuropathic or neuro-ischaemic ulcers that have not demonstrated significant measurable improvement (30–40%) within four weeks of treatment</li> <li>• Ulcers presenting at &gt; Grade 2 or indolent Grade 1 (graded by podiatrist)</li> <li>• Cellulitis</li> <li>• Systemic signs of infection</li> <li>• Infection not responding to oral antibiotic therapy</li> <li>• Radiological or clinical evidence of bone involvement including active Charcot's neuroarthropathy</li> </ul>
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Elevated HbA <sub>1c</sub>	Nephropathy														
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Impaired mobility	Social isolation														
Perception of risk	Male > 40 years														

## Hospital Specialist Podiatrist

Fax: 07 5713109      Direct Ph: 07 5798296 (Scheduler)

Podiatry service: Tauranga 5 days a week. Whakatane 3 days a week.

### Contact Details

Postal: Referral Receipt Centre, BOPDHB, Private Bag 12024, and Tauranga 3142

Fax: 07 578 1247

Phone: 0800 333 477