








<b>Vascular Assessment</b>	Determining blood flow in the lower legs by using the latest diagnostic device in determining Ankle Brachial Pressure Index (ABPI)			
	<p>The ABPI assessment serves as the basis for determining a patient's PAD (Peripheral Arterial Risk or disease profile) and need for referral to the vascular team</p>		<p><b>Handheld Doppler</b> A handheld Doppler device is used to assess pulses and a manual ABPI can be performed</p> 	<p><b>Dopplex Ability device</b></p> <ul style="list-style-type: none"> <li>• The ABILITY diagnostic device performs an automated ABPI simultaneously on both legs</li> <li>• This enables us to evaluate and determine if vascular intervention is required. Reports are sent back to GP</li> </ul> 

<b>Foot Assessment</b>	Stratify risk of foot complications	<ul style="list-style-type: none"> <li>• Evaluating blood flow</li> <li>• Evaluating sensation</li> <li>• Look at overall mobility and footwear needs</li> </ul>	
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<b>Wound Assessment</b>	<p>The wound bed is assessed based on the Wound Bed Preparation Guideline and includes a holistic assessment of the patient</p>		<p>Referrals for wound swabs, x rays and district nursing are organised</p> 	<p>Ongoing review of the wounds progress, regular debridement of devitalised tissue and periwound callus</p> <ul style="list-style-type: none"> <li>• Appropriate wound dressings and footwear modifications</li> <li>• Referrals to other services</li> </ul> 
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## Ministry of Health criteria for podiatry referral for people with diabetes related foot complications

At risk foot (criteria for referral to community-based podiatry services)	High risk foot (criteria for referral to secondary care-based podiatry services)														
<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 protective sensation (patient cannot detect the 10 g monofilament at four or more testing sites)</li> <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> <p><b>Risk factors:</b></p> <table border="0"> <tr> <td>Long standing diabetes</td> <td></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		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	<ul style="list-style-type: none"> <li>Past history of gangrene or amputation</li> <li>Peripheral vascular disease including:</li> <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>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>
Long standing diabetes															
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														

### 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.

<b>Hospital podiatrist</b>	Via eReferral BOPDHB-Public -Allied Health-Podiatry	Phone 0800 333 477	Fax 07 578 1247	Postal BOPDHB Referral Receipt Centre Private Bag 12024
<b>Community podiatrist</b>	Via eReferral WBOPPHO –Public-Diabetes-Community Podiatry			