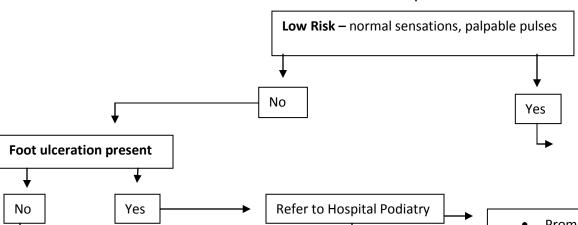
Foot Care Guidelines: Algorithm -BOPDHB

On diagnosis of Type 2 diabetes, and at annual review thereafter

- Examine patient's feet and lower legs to detect risk factors.
- Foot sensations using 10g monofilament
- Palpation of foot pulses
- Inspect for foot deformity or ulceration
- Inspection of footwear



- Include foot care education refer to group sessions.
- General footcare: if required should be sourced through community providers at patients own expense, unless the patient qualifies for WINZ support.
- Arrange recall and annual review
- Promptly refer patients to Surgical Team for patients who will benefit from a vascular assessment.
- Suspected Charcot foot refer to Orthopaedics immediately for immobilisation and management.
- Clinical signs of infection use intensive antibiotic therapy for progressive or non healing ulceration.

High risk with no active ulceration Refer to Community Podiatry Programme criteria

High risk of foot ulceration

• High risk foot assessment – MDT

High risk – refer to Specialist

Podiatry criteria

- Doppler
- Wound care / specialist offloading
- Regular sharp debridement
- Specialist foot wear and insoles