

# Diabetic Foot Ulcer Risk Stratification & Referral Algorithm

## Step 1: Risk assessment > Step 2: Determine foot ulcer risk

<b>PHX:</b> Amputation Yes <input type="checkbox"/> No <input type="checkbox"/> Ulcer Yes <input type="checkbox"/> No <input type="checkbox"/> PAD Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> PHX amputation	<input type="checkbox"/> <b>3b</b>
<b>Right</b> <b>Left</b> Dorsalis Pedis Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> PHx ulcer <b>OR</b> <input type="checkbox"/> Active ulcer	<input type="checkbox"/> <b>3a</b>
Posterior Tibial Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> HX PAD <b>OR</b> <input type="checkbox"/> *Absence of both PT & DP pulses on either foot	<input type="checkbox"/> <b>2b</b>
Deformity Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> *Deformity <b>AND</b> *Neuropathy $\leq 6/10$ monofilament sensitivity on either foot	<input type="checkbox"/> <b>2a</b>
Monofilament Testing: 	<input type="checkbox"/> *Loss of protective sensation $\leq 6/10$ sensitivity on either foot to monofilament testing	<input type="checkbox"/> <b>1</b>
<input type="checkbox"/> Low foot ulcer risk		<input type="checkbox"/> <b>0</b>
<b>Comments:</b>  		
<b>Date:</b>		<b>Signature:</b>

## Step 3: Determine follow-up plan

**Level of Risk 3: Q1-4/12 assessment and referral to a "High Risk Service" such as**

<input type="checkbox"/> SJHC Parkwood Institute- Dr. Keast; London	519-685-4075	<input type="checkbox"/> Thames Valley FHT-Middlesex Centre, Dr. Howard; Ilderton	519-913-2899
<input type="checkbox"/> SJHC Primary Care Diabetes Support Program; London	519-645-6961	<input type="checkbox"/> Alexandra Marine and General Hospital- Dr. Kittmer; Goderich	519-524-8527
<input type="checkbox"/> West Elgin Community Health Centre; West Lorne	519-768-2548	<input type="checkbox"/> Grey Bruce Health Services-Diabetic Foot Ulcer Clinic; Owen Sound	519-371-7695
<input type="checkbox"/> London Diabetic Foot Clinic- Dr. Thompson; London	519-432-6266	<input type="checkbox"/> South East Grey Community Health Centre	519-986-3999
<input type="checkbox"/> London Family Health Team	519-471-7734	<input type="checkbox"/> Oxford County Community Health Centre	519-539-9111
		<input type="checkbox"/> Central Community Health Centre	519-633-8467

Access SWRWCP Diabetic Foot Referral Tool to build an interdisciplinary team [www.swrwoundcareprogram.ca](http://www.swrwoundcareprogram.ca)

Give structured self-care info – Refer to [www.swrwoundcareprogram.ca](http://www.swrwoundcareprogram.ca) for patient self -management resources

**Level of Risk 1 and 2: Q 3/12 or Q 6/12 assessment and referral to a "Moderate Risk Service"**

Primary care monitoring

Access SWRWCP Diabetic Foot Referral Tool to build an interdisciplinary team at [www.swrwoundcareprogram.ca/DiabeticFootUlcer](http://www.swrwoundcareprogram.ca/DiabeticFootUlcer)

Give structured self-care info – Refer to [www.swrwoundcareprogram.ca](http://www.swrwoundcareprogram.ca) for patient self -management resources

**Level of Risk 0: Q yr assessment with**

Primary care monitoring

Give structured self-care info – Refer to [www.swrwoundcareprogram.ca](http://www.swrwoundcareprogram.ca) for patient self -management resources

IF no Family MD/NP- Access SWRWCP Diabetic Foot Referral Tool to find local Diabetes Support Programs/Diabetes Education Programs/Diabetes Education Centres [www.swrwoundcareprogram.ca/DiabeticFootUlcer](http://www.swrwoundcareprogram.ca/DiabeticFootUlcer)