Diabetic Foot Evaluation	Referral Guide: Page 1 of 1	Podiatry

Diagnosis/Definition:

Diabetic foot is a general term used to describe a variety of foot problems related to D.M. these complications range from skin fissures to large non-healing ulcers that commonly originate from shoe blisters, corns, or unidentified trauma and may potentially lead to amputation. Other factors that contribute to diabetic foot complications include: peripheral neuropathy, structural changes and deformities (i.e., hammertoes, bunions, boney prominence, Charcot joint), arterial insufficiency, and venous insufficiency.

Initial Diagnosis and Management:

History of IDDM or NIDDM.
History of prior lower extremity ulcer.
Physical assessment of the foot to include:
-Presence of ulceration, skin fissures, ingrown/infected toenail, excessive callous, absence of pedal pulses.
-Loss of protective threshold diagnosed with monofilament and vibratory testing.
-Presence of foot deformity.
-Signs of lower extremity infection.

Symptoms of claudication
Symptoms of peripheral neuropathy to include burning, tingling, numbness or hyperesthesia.

Ongoing Management and Objectives:

To decrease the rate of toe, foot and lower extremity amputation in the diabetic population with prompt referral of active ulceration and those patients at high risk for developing ulceration to a group of specialists who focus on mechanical, medical and surgical intervention in the treatment of the diabetic foot.

Indications for Specialty Care Referral:

Test(s) to Prepare for Consult:	Test(s) Consultant May Need To Do:
None	None

Criteria for Return to Primary Care:

After any acute problem has been appropriately treated.

Patients found to be at high risk for foot ulcerations should be followed in the podiatry clinic at intervals determined by the clinic providers in conjunction with the primary care provider. These follow-up intervals will change based upon the progression or regression of the complications identified in each specific event.

Revision History: Created 6/23/03 **Revised**