

**Foot examination:**

1. Foot: Deformity or callus
2. Arteries: Palpate dorsalis pedis and posterior tibial pulses
3. Neuropathy: 10g monofilament
4. Active foot disease

**All of the following:**

1. No neuropathy
2. At least one palpable foot pulse
3. No foot deformity
4. Not on dialysis

**One of the following:**

1. Neuropathy
2. No palpable foot pulses
3. Foot deformity

**One of the following:**

1. Neuropathy AND no palpable foot pulses
2. Neuropathy OR absent foot pulses AND callus OR deformity
3. Previous foot ulcer OR amputation
4. Dialysis

**One of the following:**

1. New foot ulcer
2. Spreading infection
3. Critical ischaemia
4. Gangrene
5. Hot, red, swollen foot (consider possible Charcot foot)

**One of the following:**

1. Foot ulcer with fever or any signs of systemic sepsis
2. Clinical concern that there is a deep-seated soft tissue or bone infection

**LOW RISK**

1. Annual foot screening in primary care
2. Advise importance of good foot care
3. Advise possible progression of foot risk

**MODERATE RISK**  
Refer to community podiatry :  
Podiatry Department  
White Cross Court  
Ramsey Close  
York YO31 8FT  
phone 01423 542300  
Email

**HIGH RISK**  
Refer to high risk community podiatry :  
Podiatry Department  
White Cross Court  
Ramsey Close  
York YO31 8FT  
phone 01423 542300  
Email

**ACTIVE FOOT DISEASE\***  
In all cases advise **MINIMAL** weight-bearing on affected foot  
Urgent same day referral York Hospital  
phone 01904 726761

**LIFE-/LIMB THREATENING DIABETIC FOOT DISEASE**  
Refer urgently to York Hospital vascular on – call via York Hospital switchboard

**For all referrals Email: [HDFT.podiatryreferrals@nhs.net](mailto:HDFT.podiatryreferrals@nhs.net) State priority in subject heading.**

\*If foot is ulcerated and clinically infected prescribe flucloxacillin 1g qds (severe penicillin allergy or previous MRSA: doxycycline 200 mg daily) ADD Metronidazole 400mg tds if anaerobes