

High Risk Foot Service Referral Guideline



Austin Health Inter-disciplinary High Risk Foot Service (iHRFS) manages conditions including Foot Ulceration, Infection and Charcots Neuroarthropathy in people with or without diabetes. The team of clinicians include Podiatry, Vascular Surgery, Infectious diseases, Endocrinology, Orthopaedics, Orthotics, Dietetics and Diabetes Nurse.

Department of Health clinical urgency categories for specialist clinics

For all emergency cases that require immediate review, or pose an immediate risk to life or limb, please dial 000 or send the patient to the Emergency Department.

Direct the patient to the Emergency Department for the following reasons:

- Systemically or acutely unwell due to foot infection (Fever, rigours, vomiting, nausea)
- Rapidly deteriorating ulceration/necrosis/cellulitis
- Acute critical limb ischemia
- Critical limb ischemia with necrosis, pain or ulceration
- Suspected infection from foreign body in the foot
- Suspected Charcot Neuroarthropathy (neuropathy with unilateral, red, hot, swollen foot +/- aching foot)

Urgent: Referrals should be categorised as urgent if the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly. These patients should be seen **within 30 days** of referral receipt.

Routine: Referrals should be categorised as routine if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month.

Exclusions: High Risk Foot Service does not provide the following services:

- Care for patients without a foot ulcer
- Routine skin and nail care
- Foot pain, musculoskeletal injury
- Diabetes foot assessments

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
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<p>Foot ulceration not responding to standard care, deteriorating or with:</p> <ul style="list-style-type: none"> -Active foot infection, osteomyelitis or cellulitis - Deep ulcers to bone, tendon, joint 	<p>When to Refer:</p> <p>Foot ulceration not responding to standard care, deteriorating or with:</p> <ul style="list-style-type: none"> -Active foot infection, osteomyelitis or cellulitis 	<p>To be included in referral:</p> <ul style="list-style-type: none"> -Clinical history, wound history -Current medication list <p><i>**Imaging and Diagnostics preferred but not essential. Do not delay referral if unavailable.</i></p> <p>Imaging</p>	<p>Urgent: Within 5 working days of receipt of referral</p> <p>Routine: Within 14 working days of receipt of referral</p>	<ul style="list-style-type: none"> • Establishing the diagnosis • Establishing treatment plan • Establishing a community-based support service for 	<p>Dependent on condition and disease progression</p>
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Department of Health clinical urgency categories for specialist clinics					
<ul style="list-style-type: none"> - Signs/symptoms of ischemia/peripheral arterial disease - Risk of hospital admission - Risk of amputation. 	<ul style="list-style-type: none"> - Deep ulcers to bone, tendon, joint - Signs/symptoms of ischemia/peripheral arterial disease - Risk of hospital admission - Risk of amputation. <p>Previous treatment already tried may include:</p> <ul style="list-style-type: none"> - Community based nursing, wound care, Podiatry management - Standard dressings 	<ul style="list-style-type: none"> -Recent X-ray, US, MRI results - Recent DUS results <p>Diagnostics</p> <ul style="list-style-type: none"> - Recent pathology (i.e FBE, CRP, HbA1c, Vit D, renal function) - Recent microbiology (wound swab, biopsy) 		<p>ongoing care needs and/or safe discharge</p> <ul style="list-style-type: none"> • Securing patient/family confidence of understanding and self-care 	

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<p>Charcot neuroarthropathy (neuropathy with unilateral, red, hot, swollen foot +/- aching foot):</p> <p>-Suspected or confirmed</p>	<p>Immediate referral required to HRFS or ED for assessment</p> <p>Immediate GP management:</p> <p>Offload patient. Aim for non-weight bearing until further assessment to confirm.</p>	<p>As above</p>	<p>Call HRFS directly for urgent triage or refer to ED if outside business hours.</p> <p>Contact information available at: Austin Health: High Risk Foot Service</p>	<p>As above</p>	<p>As above</p>