# Madigan Army Medical Center
# Referral Guidelines

## High Risk Diabetic Foot Evaluation

### Ongoing Management and Objectives

To decrease the rate of toe, foot, and lower extremity amputation in the diabetic population.

### Definition:

The "high risk diabetic foot" is a general term used to describe a variety of foot complications related to diabetes mellitus. Complications arise in the feet in patients with diabetes due to peripheral neuropathy, i.e., ulceration, Charcot neuroarthropathy. The term is generic as this complications can occur in patients with peripheral neuropathy of any etiology, diabetes being the most common.

Patients with diabetes and peripheral neuropathy and any of the following conditions have high risk feet:

- Deep or superficial infections
- Hammertoes, bunions, and boney prominences which could lead to ulceration
- Charcot feet (See Charcot Foot Referral Guideline)
- Arterial and/or venous insufficiency
- Foot and ankle trauma
- Foreign body

### Initial Diagnosis and Management

#### Risk Factors:

- > 10 year history of diabetes
- Previous foot ulceration or partial foot/lower limb amputation
- HgA1c ≥ 9%
- Peripheral sensory neuropathy
- Rigid foot deformity

#### History and Physical examination to include:

- Duration of diabetes diagnosis
- History of previous foot ulceration, infection or amputation
- Loss of protective sensation diagnosed with monofilament testing
- Presence of foot deformity as evidenced by the inability to straighten the toes out completely, callus tissue formation and findings of bilateral feet weight-bearing radiographs

### Prior to consultation:

- Obtain weight-bearing radiographs of both feet

- Dispense a prescription for "Apex ambulator shoe gear and multi-density over the counter foot orthoses" which will be filled at the orthotic/prosthetic department. These can be reissued annually.
- Coordinate with Endocrinology's Diabetes Care Center (DCC) for appropriate classes. There are several classes for diabetes patients available. Referral is required for attendance. Tel. 968-4671
- If a wound is present see the "Non-Infected Lower Extremity Wound" Referral Guideline.
- If lower extremity infection or cellulitis is present see the "Cellulitis or Lower Extremity Infection" Referral Guideline.
- Any diabetic patient with ulcerations, signs of infection, traumatic injury, presence of a foreign body or suspected Charcot should be referred ASAP

**Criteria for return to Primary Care Provider**

All patients should be followed by the primary care provider for treatment of all co-morbid conditions and routine care with the goal of optimal health and wellness for the whole patient.

**References:**

1. Mason J, et al. A systematic review of foot ulcer in patients with type 2 diabetes mellitus-1: prevention. Diab Med 16:801, 1999
2. Rith-Najarian S, et al. Prevention of foot problems in persons with diabetes. J Family Pract 49(Suppl):30, 2000
3. Singh N, et al. Preventing foot ulcers in patients with diabetes. J Amer Med Assoc 293:217, 2005
4. Crawford F, et al. Predicting foot ulcers in patients with diabetes: a systematic review and meta-analysis. Q J Med 100:65, 2007
5. Valk G, et al. Patient education for preventing diabetic foot ulceration: a systematic review. Endocrinol Metab Clin N Amer 31:633, 2002

Last Review for this Guideline: **November 2012**
Referral Guidelines require review every three years.

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Clinical Practice and Referral Guidelines Administrator