

# Clinical Practice Guideline    High Risk Foot Clinic

## Peninsula Care Goal            Connected

### Target Audience

This guideline is applicable to all Podiatrists working in, and all Peninsula Health staff referring into the High Risk Foot Clinic (HRFC).

### Purpose

The purpose of this guideline is to ensure appropriate and timely assessment, management, documentation and handover of patients seen in the HRFC.

The high risk foot clinic is a multidisciplinary clinic for patients who present with complicated foot wounds or Charcot neuroarthropathy. This team consists of surgical of a Vascular Surgeon, Endocrinologist, Orthopaedic Surgeon, Podiatrists and Dietitian. Evidence based care is used to assess and develop a management plan for patients.

This clinic requires a medical/surgical referral and triage is completed by the High Risk Foot Co-Ordinator (Senior Podiatrist).

Patients may require more than one review in this clinic, depending on the severity of their condition. Where patients are stepped down from this clinic, appropriate podiatry follow up is organised to ensure their foot condition is managed appropriately.

### Guideline

#### Referral

Referral into the HRFC must meet the clinic criteria as outlined below:

#### Eligibility Criteria

- Non Healing Foot/Ankle Wound (>4 weeks with no reduction in size or depth)
- Active ulceration with severe infection (cellulitis/osteomyelitis)
- Active Charcot Neuroarthropathy Foot (red, hot, swollen foot with with/without structural deformity)
- Lower Limb Peripheral Vascular Disease with foot ulceration

#### Exclusions / Not Eligible

- Diabetes foot assessment (no wound present)
- General foot care (nail, callus, corns)
- Previous healed foot ulceration
- Wounds above the ankle
- Endocrinology / Diabetes concerns without foot pathology
- Vascular concerns without foot pathology
- Orthopedic foot concerns other than Charcot neuroarthropathy

#### Alternative referral options for exclusions

Referral Option	Referral Reason
Peninsula Health Chronic Wound Clinic	Wounds above the ankle (refer via Access)
Private Vascular Surgeon (No Vascular Outpatient clinic at PH)	Foot pathologies that do not meet HRFC criteria
Orthopaedic Outpatient Clinic	Foot pathology / deformities other than Charcot Neuroarthropathy
Endocrinology Outpatient Clinic	Diabetes concerns where there is no foot pathology that meets HRFC criteria
Community Health Podiatry	Foot pathologies that do not meet HRFC criteria (refer via Access)

PROMPT doc no: 126058    Version: 2.0		
First created: 27/08/2018	Page 1 of 7	Last reviewed: 25/01/2022
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## Clinical Practice Guideline    High Risk Foot Clinic Peninsula Care Goal            Connected

### Direct to Emergency Department

- Patients who present with sepsis or who are acutely unwell due to a foot ulcer / infection
- Suspected acute lower limb ischaemia

### Minimum Referral Information Required

#### Medical Information

- Referral reason (location and duration of wound/Charcot)
- Aetiology of wound
- Dressings and pressure offloading used to date
- Vascular assessments (Doppler/Toe Pressures)
- Medical history
- Current medication list
- Allergies
- Pathology and imaging results pertaining to the foot/ankle
- Other health professionals involved in care

#### Referrer Information

- Date of referral
- Specialty
- Full name
- Provider number
- Signature

#### Patient Information

- Full name
- Date of birth
- Postal address
- Contact phone number
- Medicare number

The referral form can be found in Appendix 1.

Patients must have access to their own transport to attend HRFC. Transport is not available for this clinic.

Where referral information is incomplete or unclear, or patients do not meeting eligibility criteria, referrals will be redirected to the most appropriate Peninsula Health service (e.g. Community Health Podiatry, Chronic Wound Clinic, Orthopaedic / Endocrinology Outpatients, Private Vascular Surgery).

### Referral from Community Health Podiatry

A medical referral must be completed and faxed to the HRFC Coordinator before an appointment can be made. In special circumstances at the discretion of the HRFC Coordinator or Head of Department, an appointment can be made without a HRFC referral. If this it to occur the referral paperwork must be brought to the first appointment. Please note the HRFC Coordinator must confirm all initial appointments before the time and date is provided to the patient.

Patients already known to Peninsula Health Podiatry with an active episode requiring a HRFC appointment need to have a HRFC handover form completed in DMR. A verbal handover should occur with HRFC Coordinator to confirm an appointment is appropriate.

PROMPT doc no: 126058    Version: 2.0		
First created: 27/08/2018	Page 2 of 7	Last reviewed: 25/01/2022
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## Clinical Practice Guideline    High Risk Foot Clinic Peninsula Care Goal            Connected

### Referral from Peninsula Health Acute Facilities (Frankston Hospital)

Current inpatients of Peninsula Health at Frankston Hospital who have been flagged for referral to HRFC are required to follow the processes outlined below:

- For Endocrinology concerns: Podiatrist to advise admitting medical team to refer directly to the Endocrinology team for inpatient review
- For Vascular concerns: Podiatrist to perform an initial assessment and if appropriate, advise admitting medical team (if not Vascular) to refer directly to the Vascular team for inpatient review
- For patients admitted under Vascular: Podiatrist to discuss case during Vascular Consultant Ward Round and advise that a HRFC referral to be completed before discharge, where appropriate

### Referral from Peninsula Health Sub Acute Facilities and Rosebud Hospital

Current inpatients of Peninsula Health subacute sites and Rosebud Hospital who have been flagged for referral to HRFC are required to follow the processes outlined below:

- For Endocrinology concerns: Subacute Medical team contact Endocrinology team at Frankston Hospital for phone consultation
- For Vascular concerns: Subacute Medical team contact Mr. Justin Jedynak via switch for case discussion and to confirm if HRFC required. If deemed suitable for HRFC, Podiatrist at the site to liaise with HRFC Coordinator regarding the appointment, discuss transport bookings and costs with NUM and ask the Subacute Medical team to fax HRFC referral.

### Assessment

All patients with a new HRFC referral must undergo the following assessments:

- Neurovascular assessment (palpation, Doppler and toe pressures of both feet, monofilament testing where applicable)
- Wound assessment (if applicable)
- Charcot neuroarthropathy assessment (if applicable)

At each appointment wound and Charcot neuroarthropathy assessments and appropriate documentation is to be undertaken.

Vascular assessments should re-occur:

1. Immediately if clinical red flags are present
2. Following revascular procedure (minimum of seven days after)
3. Otherwise as outlined in the Podiatry High Risk Foot Assessment CPG

### Management

The management plan should be developed in consultation with the multidisciplinary team and the patient during the appointment.

### Documentation

The treating podiatrist is responsible for completing the Podiatry documentation inclusive of vascular and orthopaedic recommendations. Documentation should ideally be completed directly in DMR, and where applicable, Podiatry e-templates in DMR should be used (e.g. HRFC Assessment and Management, Podiatry Charcot Assessment and Management). A care plan must also be completed for each patient, when their plan changes.

The HRFC Coordinator is responsible for completing all letters following the clinic unless otherwise determined. Letters will be written for all patients new to HRFC, and in any situation where a change has occurred to the management plan.

PROMPT doc no: 126058    Version: 2.0		
First created: 27/08/2018	Page 3 of 7	Last reviewed: 25/01/2022
Version changed: 25/01/2022	UNCONTROLLED WHEN DOWNLOADED	Next review: 25/01/2025

## Clinical Practice Guideline    High Risk Foot Clinic Peninsula Care Goal            Connected

The HRFC Coordinator is responsible for completing the Multidisciplinary HRFC Huddle e-template if required.

For subacute patients seen in HRFC, documentation must occur in the inpatient history (ClinDocs) by the treating Podiatrist, including Wound Chart, Power Form, and other podiatry documentation requirements as per the inpatient process. The HRFC Coordinator is responsible for providing a handover to the subacute Podiatrist and a verbal handover to the NUM/Nurse in Charge.

### HRFC Huddle

The multidisciplinary huddle will occur at the end of each clinic. This will be led by the HRFC Coordinator.

### Handover and Referrals

Any handover or referrals to other teams involved in the patient's care will be provided by the HRFC Coordinator unless otherwise determined. This includes handover to Hospital in the Home, Orthopedics, Dietitian, Diabetes Nurse Educator and Community Health Podiatry staff providing future treatment.

### **Key Aligned Documents**

Casting CPG  
Management of Charcot Neuroarthropathy CPG  
High Risk Foot Assessment CPG  
Low Frequency Ultrasonic Debridement (LFUD) CPG  
Peninsula Care Clinical Governance Framework  
Skin Integrity – Pressure Injury Prevention and Management Policy  
Wound Management in Podiatry CPG

### **Evaluation**

A range of tools will be used to evaluate guideline compliance. Feedback from incident reports, complaints, performance indicators and specific audits will be used to ensure feedback is linked with the guideline review process.

### **Appendix**

Appendix 1 – HRFC Referral form

### **Keywords**

High Risk Foot Clinic, HRFC, Vascular, Podiatry

Document management	Position
Executive Sponsor:	Executive Director of Nursing Midwifery and Allied Health
Document Owner:	Head of Podiatry
Document Author	Head of Podiatry
Approved by:	Allied Health Leadership Team
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PROMPT doc no: 126058    Version: 2.0		
First created: 27/08/2018	Page 4 of 7	Last reviewed: 25/01/2022
Version changed: 25/01/2022	UNCONTROLLED WHEN DOWNLOADED	Next review: 25/01/2025

# Clinical Practice Guideline High Risk Foot Clinic

## Peninsula Care Goal Connected

### Appendix 1

Peninsula Health Podiatry Department  <b>REFERRAL                  HIGH RISK FOOT CLINIC                  AND CARE PLAN</b>	UR NUMBER ..... SURNAME ..... GIVEN NAMES ..... DATE OF BIRTH ..... Please fill in if no Patient Label available <span style="float: right;">App. 9/5/19 Print Code: 15983</span>
Fax this Referral to: 03 9788 1873 <span style="float: right;">Date Faxed: ...../...../.....</span>	
<b>Eligibility Criteria</b>	<b>Referral to</b>
Non Healing Foot/Ankle Wound (> 4 weeks with no reduction in size or depth)	Vascular Consultant: Mr Justin Jedynak
Acute Ulceration with severe infection (cellulitis / osteomyelitis)	Endocrinology Consultant: Dr. Stella Sarlos
Active Charcot Foot	Orthopedic Consultant: Dr. Amy Touzell
Lower Limb Peripheral Arterial Disease with foot ulceration	
<i>Incomplete referrals will not be accepted and are likely to be prioritised incorrectly.</i>	
Does patient have access to transport to attend appointment? Yes / No *Please note transport is not available for this clinic	
Is patient ambulant and able to transfer independently or with assistance? Yes / No	
Does this patient receive active care from a Vascular / Endocrinologist / Orthopedic specialist? Yes / No	
<b>Patient ID:</b>	
Name: ..... DOB: .....	
Address: ..... Post Code: .....	
Contact number: ..... Next of Kin Name & Number: .....	
General Practitioner: ..... Clinic Name: .....	
<b>Foot Pathology Summary:</b>	
Charcot Suspected / Confirmed: ..... Duration: .....	
Ulcer/s Location: ..... Duration: .....	
Aetiology: ..... Doppler / Toe Pressure results: .....	
Current Dressing Regime: .....	
Current Pressure Offloading Regime: .....	
<b>Medical history, surgical and medication: (Please attach Medical History to referral)</b>	
<input type="checkbox"/> Type 1 Diabetes (HbA 1 c ..... ) <input type="checkbox"/> Type 2 Diabetes (HbA1c ..... ) <input type="checkbox"/> PAD <input type="checkbox"/> Charcot Foot	
<input type="checkbox"/> Peripheral Neuropathy <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Previous Amputation	
<input type="checkbox"/> Current Smoker <input type="checkbox"/> Ex-Smoker <input type="checkbox"/> ESRF - Dialysis (days ..... )	
Other .....	
<b>Pathology/Radiology Results (Please Include all results related to foot/ankle wound)</b>	
<input type="checkbox"/> X-Ray <input type="checkbox"/> MRI <input type="checkbox"/> Wound Swab <input type="checkbox"/> Doppler (Arterial)	
<b>Referrer Details</b>	
Signature: ..... Print Name: ..... Provider Number .....	
<input type="checkbox"/> General Practitioner <input type="checkbox"/> Medical Specialist ..... <input type="checkbox"/> Peninsula Health doctor (team)..... <small>(please specify speciality) (please specify)</small>	
Please note that the High Risk Foot Clinic requires a Medical Practitioners referral. If this patient is under active care with a vascular consultant this referral will not be accepted without phone discussion	
<b>Please complete next page if the patient you are referring is a current / recent Peninsula Health inpatient</b>	

9/5/19 Print Code: 15983 Page 1 of 2 Referral Link

REFERRAL HIGH RISK FOOT CLINIC AND CARE PLAN

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Peninsula Care Goal****High Risk Foot Clinic  
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PROMPT doc no: <b>126058</b> Version: <b>2.0</b>		
First created: <b>27/08/2018</b>	Page 6 of 7	Last reviewed: <b>25/01/2022</b>
Version changed: <b>25/01/2022</b>	UNCONTROLLED WHEN DOWNLOADED	Next review: <b>25/01/2025</b>

**Clinical Practice Guideline  
Peninsula Care Goal**

**High Risk Foot Clinic  
Connected**

Peninsula Health Podiatry Department  <p style="text-align: center;"><b>REFERRAL HIGH RISK FOOT CLINIC AND CARE PLAN</b></p>	UR NUMBER ..... SURNAME ..... GIVEN NAMES ..... DATE OF BIRTH ..... <small>Please fill in if no Patient Label available</small>
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**Please complete for inpatient discharges only:**



Admission Reason	
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Past History	
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Case Synopsis	
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Discharge Dressings	
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Discharge Antibiotics	
Wound / tissue m / c / s	
Inpatient Infectious Disease Review	

Inpatient Endocrinology Review	
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Inpatient Podiatry Review	
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9/5/19 Print Code: 15983 Page 2 of 2 Referral Link