

OUTPATIENT GP REFERRAL GUIDELINES High Risk Foot Services Podiatry Southern Adelaide Local Health Network (SALHN)

Description of Service

SALHN High Risk Foot Services – Podiatry provides a multi-site (FMC, Noarlunga Hospital and GP Plus Marion) comprehensive podiatric service that deals with the prevention, diagnosis, treatment and rehabilitation of medical and surgical conditions of the feet.

There is a strong emphasis on high risk foot management for individuals at risk of/with current ulceration or amputation. There is also provision of nail surgery clinics for infected ingrown toenails, orthopaedic interventions and paediatric services to accommodate the broader podiatric needs of the southern community. Individuals are transferred between SALHN Podiatry sites based on care needs. This allows for both step down and escalation pathways.

Footwear provision and ongoing general care is not provided. For access to these services please consider referral to a private podiatrist (see list of services at the Podiatry Association http://www.podiatry.org/find-a-podiatrist) or the UniSA student clinic on Ph (08) 8302 2269

Services provided

- High Risk Foot Service (Interdisciplinary High Risk Foot Clinic, Podiatry/ Orthopaedic Clinic, Acute Foot Clinic, Acute inpatient Care and Subacute Foot clinic,
- 2. Paediatric podiatry (including multi-disciplinary clinic)
- 3. Ingrown Toenail surgery

Referral should include:

- Patient details including address, date of birth and contact phone number
- Reason for referral
- Relevant clinical history of the patient
- List of current medications
- Any risks to staff
- Your contact details

Fax Referrals to Flinders Medical Centre High Risk Foot Service – Podiatry: 8204 5020 or Email to

Health.SALHNPodiatry@sa.gov.au

High Risk Foot phone: 0403 937 758

FMC High Risk Foot Service Clinic: (08) 8204 4884

Referrals are triaged daily and allocated to services based on inclusion criteria. Referrals are accepted from

medical, nursing and allied health

Red Flags

Red flags should prompt immediate GP referral to **Emergency Department**

- Critical Limb ischaemia
- Foot wound with systemic signs of illness (eg sepsis)

Triage Criteria for Referral Critical

Target 24 - 48 hours

- Foot wound deep to tendon or bone
- Foot wound in absence of pedal pulses
- Foot wound not healing after 4 weeks of appropriate treatment
- Known or suspected acute Charcot neuroarthropathy
- Local foot infection (eg cellulitis/osteomyelitis)

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Urgent

Target within 1-2 weeks

- Foot wound with no signs of clinical infection
- Foot wound with a non interventional management plan
- Chronic Charcot neuroarthropathy management
- Identify as Aboriginal or Torres Strait Islander with active foot issues
- On dialysis or end stage renal failure with active foot issues
- Infected ingrown toenail

Semi Urgent

Target within 2-12 weeks

- Persistent lower limb pain, night pain, limping or joint stiffness
- Toe walking > 3 years or inability to reach plantar grade foot position
- Not walking > 18 months
- Structural and/or congenital or functional variance affecting gait or ability to participate in activity expected for their age
- Newly diagnosed neurological, rheumatology or complex orthopaedic condition with referral from AH/Medical with no previous podiatry intervention
- Ingrown toenail not responding to conservative management

General Information to assist with referrals and the and Referral templates are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients

Version	Date from	Date to	Amendment
1.0	25/02/2022	01/02/2025	Original

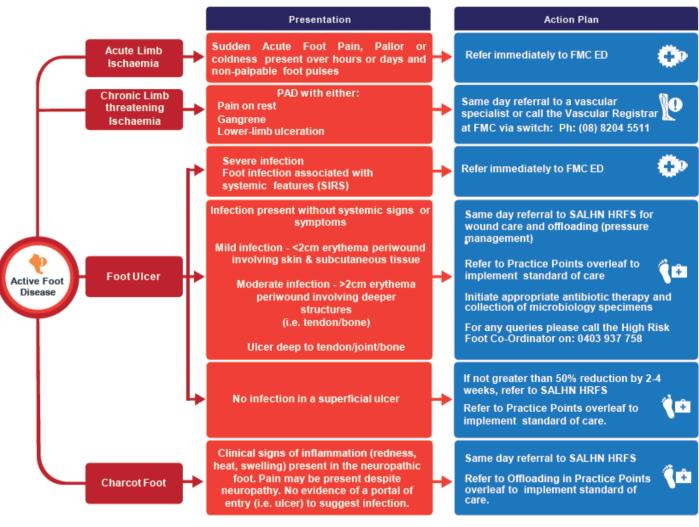


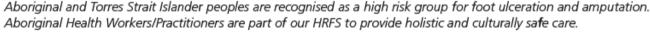
SA Health

Southern Adelaide Local Health Network (SALHN)

Diabetes Foot Care Pathway

Active Foot Disease Pathway







diabetes

FootForward

Southern Adelaide Local Health Network (SALHN)

Diabetes Foot Care Pathway

Active Foot Disease Pathway

Practice Points



Address infection if present



Score ulcer (use SINBAD plus other classification system as appropriate) to assess progress and facilitate faster triage



Local wound care: sharp debridement and ulcer dressing to absorb exudate



Optimise perfusion, diabetes holistic management and modifiable risk factors





Offloading the ulcer or charcot foot, consider immobilising the affected leg with knee-high cast/boot and/or wound care. Discuss options with local HRFS

Definitions

High Risk Foot Service: The SALHN High Risk Foot Service comprises of clinics at multiple sites to provide best practice care. These include, FMC, NH and Marion GP Plus.

Clinics include:

- •The interdisciplinary foot clinic consisting of Podiatry, Vascular Surgery, Endocrinology, Infectious Diseases, Orthopaedic Surgery, Dietetics, Orthotics and Prosthetics. Aboriginal Health. Medical Illustration. Diabetes Nurse Educator.
- · Podiatry/Orthopaedic clinic
- · Nail surgery clinic
- · Podiatry Outpatient clinics

Co-morbidities: The presence of one or more additional conditions co-occurring with a primary disease. While many people with diabetes + foot infection may not require hospitalisation, comorbidities, such as renal failure or an immunocompromised state, may require an admission.

Abbreviations

ED: Emergency department FMC: Flinders Medical Centre NH: Noarlunga Hospital HRFS: High Risk Foot Service LOPS: Loss of Protective Sensation SINBAD: Site (Ulcer), Ischaemia, Neuropathy (LOPS), Bacterial infection, Area, Depth SIRS: Systemic Inflammatory Response Syndrome (refer to local guidelines)

References

International Working Group Diabetic Foot Guidelines – 2019: <a href="https://iwgdfguidelines.org/quidelines/g

https://www.nice.org.uk/guidance/NG19

D-Foot International fast track pathway: https://d-foot.org/projects/fast-track-pathway-for-diabetic-foot-ulceration

NADC Collaborative Interdisciplinary Diabetes HRFS Standards 2018: https://nadc.net.au/wp-

content/uploads/2019/07/HRFS-Standards-FINAL-9.7.18.pdf









