

Wound care pathway

This pathway aims to facilitate your decision making when you come across wounds in the community that require specialist input.

The table below will help you decide using your clinical reasoning which clinical setting is most appropriate for your patient:

For any queries please contact podiatry admin staff on 020 3074 2240/ 020 7288 5695 Monday-Friday 9am-4pm)

Whittington Hospital Clinic 3B	Community ulcer clinic – Tynemouth Road or Holloway Community Health Centre
Active ulcer	Active ulcer
Vascular complications – needs further investigation	Non healing ulcer that’s static or slow healing
Suspected osteomyelitis	Requires specialist dressings / input
Deteriorating wounds	Signposting for X-rays, swabs, blood tests, specialist referrals (surgical appliances, vascular, orthopaedics, diabetes, rheumatology)
Severe infection, recurrent infections	
Needs multi-disciplinary care	
Any suspected Charcot	

Vascular complications needing further investigation/screening by the Vascular team- non-palpable pulses, monophasic doppler signals, ischaemia, rest pain / intermittent claudication, PVD.

Who is part of the multi-disciplinary team (MDT) - Senior Podiatrists, Tissue Viability Nurse, Diabetes Consultants, Vascular Consultant, Orthopaedics Team, Diabetes Specialist Nurses, Dieticians, Ophthalmologists, Microbiology, Imaging, Ambulatory Care Team, Plaster Technicians, and Surgical Appliances.

Osteomyelitis- Wound probing to bone, ‘sausage toe’

Charcot- Red/erythema, Hot/elevated heat, Swollen/oedema, Pain, neuropathy, deformity- Sudden onset/unexplained.

How to refer your patient:

Community based care.

Complete referral form; attached downloaded document titled community referral form / link to referral page.

Email copy to arti.centralbooking@nhs.net or haringey.adult-referrals@nhs.net.

Contact number for central booking service: 020 3316 1111 / 0203 316 1600 (10- 4pm)

Whittington Hospital Clinic 3B based care.

This is consultant led; arrange a referral relevant consultant at Whittington Hospital, copy in the podiatry clinic who can arrange an appointment and review the patient podiatry.whitthealth@nhs.net

'Hot clinic' running at Royal Free hospital

For those patients who require urgent podiatry care (for severe or complicated ulceration / Charcot foot) The Royal Free hospital offers a Hot clinic. The **clinic** is running 09.00 – 17.00 Monday – Friday and 09.00 – 12.30 Saturday and Sunday.

Patients should attend via A&E for triage to the podiatry hot clinic, where patients attend out of hours they will be offered an appointment in the next running clinic session. Once treated patients will be referred to their local MDT/ high risk clinic following treatment where possible.

A&E

Where ulcerations are complicated by severe limb or life threatening infection, attendance at A and E or ambulatory care is advised.

Please remember many patients may have diabetic, vascular, orthopaedic consultants based within a different hospital and may wish to receive their care somewhere other than Whittington, eg UCLH / North Middlesex Hospital/ Royal Free Hospital. It is advisable to check the podiatry departments within each hospital will offer MDT care to patients and if there are exclusions to MDT care offered.

Diabetes Foot Care Pathway

Annual Foot Review

Patient part of ongoing care and one to one education as per NICE/NSF guidelines

Foot Examination with shoes and socks removed

Test foot sensations
Inspect for any deformity

Ask about previous ulceration
Inspect for any significant callus

Ask about any pain
Inspect footwear

Palpate foot pulses
Check for signs of ulceration

Diabetic Foot Risk Assessment

Definition

Action

Risk status

Documented and patient provided with written and verbal education and emergency contact numbers.

Leaflets on Rio:

- Low Risk
- Moderate Risk
- High Risk
- Ulcer

Low

Normal sensation,
palpable pulses

Give standard foot care advice
and leaflets. Annual screening
carried out by Practice nurse
or GP

Moderate

One risk factor present
e.g. neuropathy or
absent pulses or other
foot changes

Surveillance 3-6 monthly by
podiatrist with increased
training

High

Previous ulcer or
amputation or more
than one risk factor
e.g. neuropathy or
absent pulses plus
deformity or skin
changes

Increased surveillance 1-3
monthly by specialist
Podiatrist or member of Foot
Protection Team

Active
Ulceration
or Charcot

Active foot disease,
i.e. ulceration/break in
the skin, spreading
infection, gangrene or
unexplained hot, red,
swollen foot with or
without the presence
of pain

Rapid assessment by MDT
foot care team
**Referral to the Hospital or
Community Ulcer Clinic**

24 hour assessment,
admission to secondary care if
patient systemically unwell

Multidisciplinary team
assessments with
individualised care plan
produced and follow up
within Primary /
Secondary care