

# Pathway for Preventing and Managing Diabetic Foot Complications



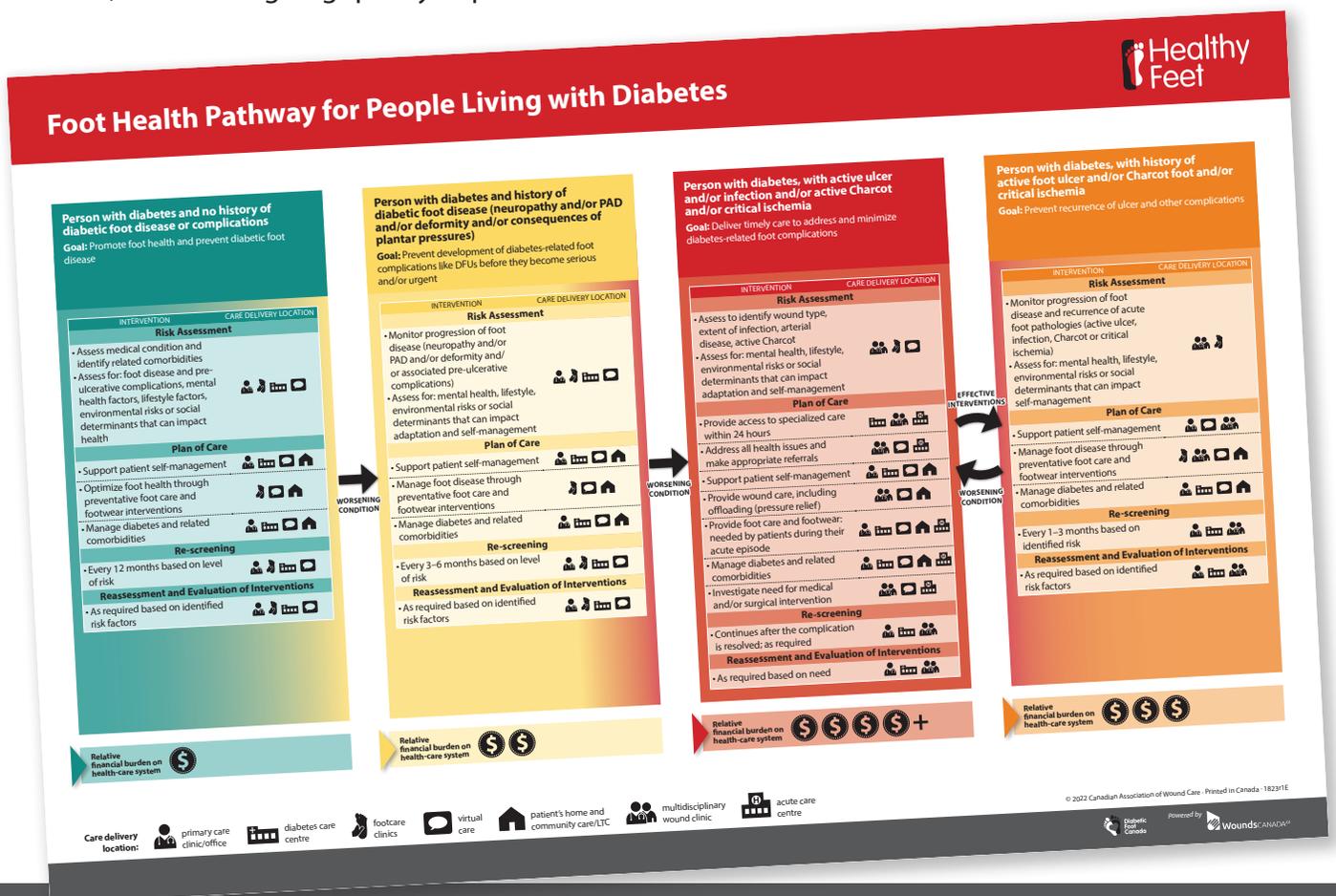
Diabetic foot wounds are serious, debilitating and are considered one of the most feared complications of diabetes. They are also the leading cause of amputations in Canada, with a five-year mortality rate as high as 50%. Recognizing that 85% of amputations can be prevented, the Canadian Diabetic Foot Task Force recommends:

## All persons with diabetes receive

1. affordable and timely access to the medications, devices, education and care necessary for achieving optimal diabetes control and preventing serious complications such as amputation
2. access to publicly funded services and devices to prevent and treat foot ulcers and avoid amputation, including preventative foot care, foot care education, professionally fitted footwear and devices and timely referrals to multidisciplinary teams

## All health regions/agencies

1. prevent and manage foot complications by providing a well-defined referral pattern, and by co-ordinating care and communication between health-care professionals who support people with diabetes as part of a multi-disciplinary team
2. publish, on an annual basis, reliable data on diabetes-related foot care, using internationally recognized metrics, to assist ongoing quality improvement efforts



## Person with diabetes and no history of diabetic foot disease or complications

**Goal:** Promote foot health and prevent diabetic foot disease

INTERVENTION	CARE DELIVERY LOCATION
<b>Risk Assessment</b>	
<ul style="list-style-type: none"> <li>Assess medical condition and identify related comorbidities</li> <li>Assess for: foot disease and pre-ulcerative complications, mental health factors, lifestyle factors, environmental risks or social determinants that can impact health</li> </ul>	
<b>Plan of Care</b>	
<ul style="list-style-type: none"> <li>Support patient self-management</li> </ul>	
<ul style="list-style-type: none"> <li>Optimize foot health through preventative foot care and footwear interventions</li> </ul>	
<ul style="list-style-type: none"> <li>Manage diabetes and related comorbidities</li> </ul>	
<b>Re-screening</b>	
<ul style="list-style-type: none"> <li>Every 12 months based on level of risk</li> </ul>	
<b>Reassessment and Evaluation of Interventions</b>	
<ul style="list-style-type: none"> <li>As required based on identified risk factors</li> </ul>	

WORSENING CONDITION

## Person with diabetes and history of diabetic foot disease (neuropathy and/or PAD and/or deformity and/or consequences of plantar pressures)

**Goal:** Prevent development of diabetes-related foot complications like DFUs before they become serious and/or urgent

INTERVENTION	CARE DELIVERY LOCATION
<b>Risk Assessment</b>	
<ul style="list-style-type: none"> <li>Monitor progression of foot disease (neuropathy and/or PAD and/or deformity and/or associated pre-ulcerative complications)</li> <li>Assess for: mental health, lifestyle, environmental risks or social determinants that can impact adaptation and self-management</li> </ul>	
<b>Plan of Care</b>	
<ul style="list-style-type: none"> <li>Support patient self-management</li> </ul>	
<ul style="list-style-type: none"> <li>Manage foot disease through preventative foot care and footwear interventions</li> </ul>	
<ul style="list-style-type: none"> <li>Manage diabetes and related comorbidities</li> </ul>	
<b>Re-screening</b>	
<ul style="list-style-type: none"> <li>Every 3–6 months based on level of risk</li> </ul>	
<b>Reassessment and Evaluation of Interventions</b>	
<ul style="list-style-type: none"> <li>As required based on identified risk factors</li> </ul>	

WORSENING CONDITION

Relative financial burden on health-care system



Relative financial burden on health-care system



Care delivery location:



primary care clinic/office



diabetes care centre



footcare clinics



virtual care



patient's home and community care/LTC



multidisciplinary wound clinic



acute care centre

## Person with diabetes, with active ulcer and/or infection and/or active Charcot and/or critical ischemia

**Goal:** Deliver timely care to address and minimize diabetes-related foot complications

INTERVENTION	CARE DELIVERY LOCATION
<b>Risk Assessment</b>	
<ul style="list-style-type: none"> <li>Assess to identify wound type, extent of infection, arterial disease, active Charcot</li> <li>Assess for: mental health, lifestyle, environmental risks or social determinants that can impact adaptation and self-management</li> </ul>	
<b>Plan of Care</b>	
<ul style="list-style-type: none"> <li>Provide access to specialized care within 24 hours</li> <li>Address all health issues and make appropriate referrals</li> <li>Support patient self-management</li> <li>Provide wound care, including offloading (pressure relief)</li> <li>Provide foot care and footwear: needed by patients during their acute episode</li> <li>Manage diabetes and related comorbidities</li> <li>Investigate need for medical and/or surgical intervention</li> </ul>	
<b>Re-screening</b>	
<ul style="list-style-type: none"> <li>Continues after the complication is resolved; as required</li> </ul>	
<b>Reassessment and Evaluation of Interventions</b>	
<ul style="list-style-type: none"> <li>As required based on need</li> </ul>	

WORSENING CONDITION

EFFECTIVE INTERVENTIONS



WORSENING CONDITION

## Person with diabetes, with history of active foot ulcer and/or Charcot foot and/or critical ischemia

**Goal:** Prevent recurrence of ulcer and other complications

INTERVENTION	CARE DELIVERY LOCATION
<b>Risk Assessment</b>	
<ul style="list-style-type: none"> <li>Monitor progression of foot disease and recurrence of acute foot pathologies (active ulcer, infection, Charcot or critical ischemia)</li> <li>Assess for: mental health, lifestyle, environmental risks or social determinants that can impact self-management</li> </ul>	
<b>Plan of Care</b>	
<ul style="list-style-type: none"> <li>Support patient self-management</li> <li>Manage foot disease through preventative foot care and footwear interventions</li> <li>Manage diabetes and related comorbidities</li> </ul>	
<b>Re-screening</b>	
<ul style="list-style-type: none"> <li>Every 1–3 months based on identified risk</li> </ul>	
<b>Reassessment and Evaluation of Interventions</b>	
<ul style="list-style-type: none"> <li>As required based on identified risk factors</li> </ul>	

Relative financial burden on health-care system



Relative financial burden on health-care system



Care delivery location:



primary care clinic/office



diabetes care centre



footcare clinics



virtual care



patient's home and community care/LTC



multidisciplinary wound clinic



acute care centre



# Healthy Feet