Foot Health Pathway for People Living with Diabetes

Healthy Feet

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
Risk Assessment	
• Assess medical condition and identify related comorbidities • Assess for: foot disease and pre-ulcerative complications, mental health factors, lifestyle factors, environmental risks or social determinants that can impact health	
Plan of Care	
• Support patient self-management	
• Optimize foot health through preventative foot care and footwear interventions	
• Manage diabetes and related comorbidities	
Re-screening	
• Every 12 months based on level of risk	
Reassessment and Evaluation of Interventions	
• As required based on identified risk factors	

Relative financial burden on health-care system: $

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
Risk Assessment	
• Monitor progression of foot disease (neuropathy and/or PAD and/or deformity and/or associated pre-ulcerative complications) • Assess for: mental health, lifestyle, environmental risks or social determinants that can impact adaptation and self-management	
Plan of Care	
• Support patient self-management	
• Manage foot disease through preventative foot care and footwear interventions	
• Manage diabetes and related comorbidities	
Re-screening	
• Every 3–6 months based on level of risk	
Reassessment and Evaluation of Interventions	
• As required based on identified risk factors	

Relative financial burden on health-care system: $ $

WORSENING CONDITION

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
Risk Assessment	
• Assess to identify wound type, extent of infection, arterial disease, active Charcot • Assess for: mental health, lifestyle, environmental risks or social determinants that can impact adaptation and self-management	
Plan of Care	
• Provide access to specialized care within 24 hours	
• Address all health issues and make appropriate referrals	
• Support patient self-management	
• Provide wound care, including offloading (pressure relief)	
• Provide foot care and footwear: needed by patients during their acute episode	
• Manage diabetes and related comorbidities	
• Investigate need for medical and/or surgical intervention	
Re-screening	
• Continues after the complication is resolved; as required	
Reassessment and Evaluation of Interventions	
• As required based on need	

Relative financial burden on health-care system: $ $ $ $ +

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
Risk Assessment	
• Monitor progression of foot disease and recurrence of acute foot pathologies (active ulcer, infection, Charcot or critical ischemia) • Assess for: mental health, lifestyle, environmental risks or social determinants that can impact self-management	
Plan of Care	
• Support patient self-management	
• Manage foot disease through preventative foot care and footwear interventions	
• Manage diabetes and related comorbidities	
Re-screening	
• Every 1–3 months based on identified risk	
Reassessment and Evaluation of Interventions	
• As required based on identified risk factors	

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

Diabetic Foot Canada

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