

Pathway for Preventing and Managing Diabetic Foot Complications



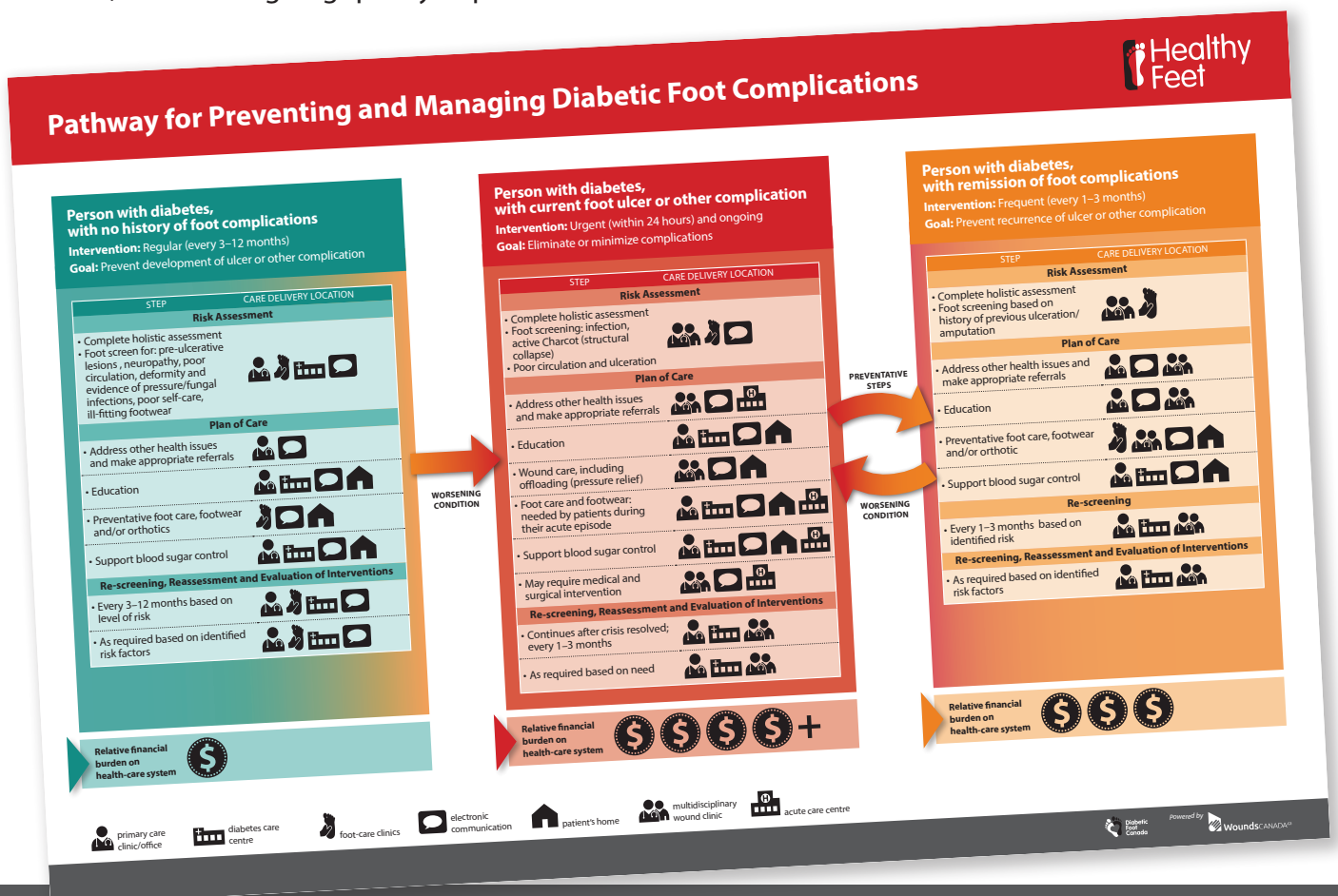
Diabetic foot wounds are serious, debilitating and are considered one of the most feared complications of diabetes. They are also the leading cause of amputations in Canada, with a five-year mortality rate as high as 50%. Recognizing that 85% of amputations can be prevented, the Canadian Diabetic Foot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

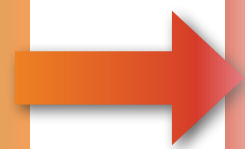


Person with diabetes, with no history of foot complications

Intervention: Regular (every 3–12 months)

Goal: Prevent development of ulcer or other complication

STEP	CARE DELIVERY LOCATION
Risk Assessment	
<ul style="list-style-type: none"> • Complete holistic assessment • Foot screen for: pre-ulcerative lesions, neuropathy, poor circulation, deformity and evidence of pressure/fungal infections, poor self-care, ill-fitting footwear 	
Plan of Care	
<ul style="list-style-type: none"> • Address other health issues and make appropriate referrals 	
<ul style="list-style-type: none"> • Education 	
<ul style="list-style-type: none"> • Preventative foot care, footwear and/or orthotics 	
<ul style="list-style-type: none"> • Support blood sugar control 	
Re-screening, Reassessment and Evaluation of Interventions	
<ul style="list-style-type: none"> • Every 3–12 months based on level of risk 	
<ul style="list-style-type: none"> • As required based on identified risk factors 	



WORSENING CONDITION

Person with complications

Intervention: Regular (every 3–12 months)

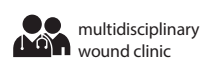
Goal: Eliminate complications

<ul style="list-style-type: none"> • Complete holistic assessment • Foot screen for: pre-ulcerative lesions, neuropathy, poor circulation, deformity and evidence of pressure/fungal infections, poor self-care, ill-fitting footwear 	
<ul style="list-style-type: none"> • Address other health issues and make appropriate referrals 	
<ul style="list-style-type: none"> • Education 	
<ul style="list-style-type: none"> • Wound care and offloading 	
<ul style="list-style-type: none"> • Foot care needed by their acute care centre 	
<ul style="list-style-type: none"> • Support blood sugar control 	
<ul style="list-style-type: none"> • May require surgical intervention 	
Re-screening, Reassessment and Evaluation of Interventions	
<ul style="list-style-type: none"> • Continue every 1–3 months 	
<ul style="list-style-type: none"> • As required based on identified risk factors 	

Relative financial burden on health-care system



Relative financial burden on health-care system



Person with diabetes, with current foot ulcer or other complication

Intervention: Urgent (within 24 hours) and ongoing

Goal: Eliminate or minimize complications

STEP	CARE DELIVERY LOCATION
Risk Assessment	
<ul style="list-style-type: none"> Complete holistic assessment Foot screening: infection, active Charcot (structural collapse) Poor circulation and ulceration 	
Plan of Care	
<ul style="list-style-type: none"> Address other health issues and make appropriate referrals 	
<ul style="list-style-type: none"> Education 	
<ul style="list-style-type: none"> Wound care, including offloading (pressure relief) 	
<ul style="list-style-type: none"> Foot care and footwear: needed by patients during their acute episode 	
<ul style="list-style-type: none"> Support blood sugar control 	
<ul style="list-style-type: none"> May require medical and surgical intervention 	
Re-screening, Reassessment and Evaluation of Interventions	
<ul style="list-style-type: none"> Continues after crisis resolved; every 1–3 months 	
<ul style="list-style-type: none"> As required based on need 	

WORSENING CONDITION

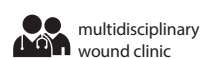
PREVENTATIVE STEPS

WORSENING CONDITION

Relative financial burden on health-care system



Relative financial burden on health-care system



Person with diabetes, with remission of foot complications

Intervention: Frequent (every 1–3 months)

Goal: Prevent recurrence of ulcer or other complication

STEP	CARE DELIVERY LOCATION
Risk Assessment	
<ul style="list-style-type: none"> Complete holistic assessment Foot screening based on history of previous ulceration/ amputation 	
Plan of Care	
<ul style="list-style-type: none"> Address other health issues and make appropriate referrals 	
<ul style="list-style-type: none"> Education 	
<ul style="list-style-type: none"> Preventative foot care, footwear and/or orthotic 	
<ul style="list-style-type: none"> Support blood sugar control 	
Re-screening	
<ul style="list-style-type: none"> Every 1–3 months based on identified risk 	
Re-screening, Reassessment and Evaluation of Interventions	
<ul style="list-style-type: none"> As required based on identified risk factors 	

PREVENTATIVE STEPS

WORSENING CONDITION

Relative financial burden on health-care system

