

**DIABETES MULTIDISCIPLINARY FOOT REFERRAL CRITERIA**

* **RED, HOT, SWOLLEN FOOT WITH OR WITHOUT PAIN**
* **DIABETIC FOOT ULCERATION NOT IMPROVING IN 4 WEEKS**
* **DETERIORATING DIABETIC FOOT ULCERATION**
* **RECURRENT DIABETIC FOOT ULCERATION ON SAME SITE WITHIN LAST 12 MONTHS**
* **NECROSIS**
* **BONE VISIBLE OR PROBED IN WOUND BED**
* **WOUND WITH A SCORE OF ≥3 ON SINBAD WOUND CLASSIFICATION SYSTEM**

|  |
| --- |
| SINBAD WOUND CLASSIFICATION SYSTEM |
| CLINICAL DOMAIN | CONDITION | SCORE |
| **S**ITE | FORE FOOT | 0 |
| HINDFOOT | 1 |
| **I**SCHAEMIA | PEDAL BLOOD FLOW INTACT(at least one pulse palpable) | 0 |
| CLINICAL EVIDENCE OR REDUCE PEDAL BLOOD FLOW | 1 |
| NEUROPATHY | PROTECTIVE SENSATION INTACT | 0 |
| PROTECTIVE SENSATION LOST | 1 |
| **B**ACTERIAL INFECTION | NONE PRESENT | 0 |
| PRESENT | 1 |
| **A**REA | ULCER < 10 MM² | 0 |
| ULCER ≥ 10 MM ² | 1 |
| DEPTH | ULCER CONFINED TO SKIN AND SUBCUTANNEOUS TISSUE | 0 |
| ULCER REACHING MUSCLE TENDON OR DEEPER | 1 |
| Highest score 6 | TOTAL |  |
| Adapted from Ince et al (2008) |

**IF REFERRING TO DIABETES FOOT CLINIC PLEASE ENSURE PHOTOGRAPH, WOUND SWAB, FOOT SCREENING, INCLUDING PULSES, AND DIABETES BLOODS ARE UP-TO-DATE**

**If a person requires patient transport to clinic please note on the referral form for an appropriate appointment slot to be given.**

**If a person cannot physically attend clinic please note in medical history to allow treatment to be discussed at Diabetes Foot Multidisciplinary Team meeting or remote consultation where possible.**

**Please note clinic runs on Wednesday afternoons in DGRI Outpatients only.**



**DIABETES MULTIDISCIPLINARY FOOT CLINIC REFERRAL**

|  |  |
| --- | --- |
| PATIENT DETAILS |  |
| FULL NAME |  |
| ADDRESS |  |
| POSTCODE |  | CHI |  | TRANSPORT REQUIRED Y/N |  |
| REASON FOR REFERRAL |  |
|  |
| REFERRAL CATEGORY | PLEASE MARK WITH X |
| IF URGENT PLEASE SPECIFY REASON BELOW  | ROUTINE |  | SOON |  | URGENT |  |
|  |
| IF A WOUND IS PRESENT PLEASE COMPLETE |  |
| DURATION OF WOUND (WEEKS) |  | SINBAD SCORE (SEE OVER) |  |
| IS BONE VISIBLE OR PROBED IN WOUND (Y/N) |  |
| WOUND DIMENSIONS (mm) | LENGTH |  | WIDTH |  | DEPTH |  |
|  RELEVENT MEDICAL HISTORY |  |
| PERIPHERAL VASCULAR DISEASE Y/N |  | PERIPHERAL NEUROPATHY Y/N |  |
| RECENT X-RAY/MRI Y/N |  | ABLE TO ATTEND OUTPATIENTS Y/N |  |
| CURRENT /RECENT ANTIBIOTICS TYPE AND DOSE |  |
| OTHER |
|  |
| REFERRER DETAILS |  |
| NAME |  | DESIGNATION |  |
| SIGNATURE |  | DATE |  |
| CONTACT PHONE / EMAIL |  |
| PLEASE FORWARD COMPLETED REFERRALS TO DIABETES FOOT TEAMdg.podclin@nhs.scot |