

## APPENDIX B: TDHB PODIATRY REFERRAL CRITERIA PROTOCOL

### Standard

**All individuals with active foot complications or high risk feet, particularly those with diabetes, are eligible to receive a TDHB podiatry assessment in accordance with the following criteria. Patients will then be prioritised and follow up appointments booked as per recommended timeframes.**

### Criteria

1. Patient has diabetes with one of the following:

- Current active ulceration
- History of ulceration/amputation
- Has loss of protective sensation – insensitivity to 5.07(10gm) semmes weinstein monofilament
- Has no palpable pedal pulses and/or history of peripheral artery disease

2. Non-diabetic patient with peripheral vascular disease, rheumatoid arthritis or ESRF (end stage renal failure) **and** has current ulceration/infection **or** previous history of ulceration/amputation

### Priority/Timeframes

A (urgent)Active foot complication    within 2 weeks  
B (Semi-urgent)High Risk                within 8 weeks  
C (Routine) High Risk/at risk            within 12 weeks

D (Discharge 1) At risk but does not qualify for continued TDHB podiatry care currently.

E (Discharge 2) Does not meet criteria

### Measure

Audit

### Training

Orientation

### Supporting Information

- MOH Tier 3 Podiatry for people with at risk/high risk feet service specification Oct 2004
- TDHB guidelines: Criteria for assessing patients eligibility for TDHB podiatry services, and recommendations for providing follow up care.

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