Monash Health Referral Guidelines
High Risk Foot Podiatry

EXCLUSIONS

Services not offered by Monash Health Hospitals

Routine/general care
Orthotics and biomechanical issues
Patients under 18 years of age: consider referral to
- Monash Health Community
- Monash Health Children's Hospital

CONDITIONS

High Risk Foot

PRIORITY

All referrals received are triaged by **Monash Health clinicians** to determine **urgency of referral.**

EMERGENCY

For emergency cases please do any of the following:
- send the patient to the Emergency department OR
- Contact the on call Vascular (reduced blood flow) registrar /Orthopaedic (adequate blood flow) registrar OR Podiatrist OR
- Phone 000 to arrange immediate transfer to ED

URGENT

The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.

ROUTINE

The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month

Head of Unit: Alicia James
General Manager:
Last updated: 03/07/2024

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High Risk Foot

REFERRAL

How to refer to Monash Health

Mandatory referral content

Demographic:
Full name
Date of birth
Next of kin
Postal address
Contact number(s)
Email address
Medicare number
Referrer details
Usual GP (if different)
Interpreter requirements

Clinical:
Reason for referral
Duration of symptoms
Management to date and response to treatment
Past medical history
Current medications and medication history if relevant including allergies
Functional status
Psychosocial history
Diagnostics as per referral guidelines

Refer via HealthLink
If you are unable to refer via HealthLink, submit a referral on letterhead.

CONTACT US

Medical, Nursing & Allied Health practitioners

To discuss complex & urgent referrals contact: Podiatry on 0408 816 401 (Dandenong) or 0408 898 674 (Monash) or on-call Vascular/Orthopaedic registrar via 9594 6666

General enquiries

Phone:
9554 8465 (Dandenong) or
9594 2382 (Monash Medical Centre)

Submit a referral

Submit referral via HealthLink

For those without a prescriber number email referral to:
HighRiskFootCoordinator@monashhealth.org

Medical, Nursing and Allied Health referrals accepted

Head of Unit:
Alicia James

General Manager:

Last updated:
03/07/2024

DIABETIC FOOT / HIGH RISK FOOT CONDITIONS

HIGH RISK FOOT CONDITIONS

Criteria for referral to public hospital Specialist Services

- Non-healing foot ulceration present for more than one month with no reduction in size despite medical management
- Red hot swollen foot (active Charcot foot)
- Foot osteomyelitis with ulceration
- Chronic ischaemic signs and symptoms of the lower limb with foot ulceration
- Neuropathic symptoms associated with deranged function and structure
- Foot problems with underlying diabetes
- Ongoing reulceration despite conservative offloading

Information to be included in Referral

- Past medical history including history of diabetes (e.g. year of onset, type) and smoking
- Current medication list including any antibiotics
- Duration of symptoms, wound history and location
- Current management to date and response to treatment including current podiatry treatment
- Recent HbA1c and creatinine blood test
- Recent vascular imaging
- Current medications and medication history if relevant including antibiotics
- Allergies
- Functional status
- Psychosocial history

Initial GP Work Up

- UEC, LFT's, FBE, CRP
- HbA1C and fasting glucose
- Fasting cholesterol – HDL, LDL, TG
- Urine ACR
- Plain x-ray (weight bearing if concerned for Charcot)
- Vascular imaging
- Tissue sample/wound swab MC&S

Management Options for GP

- X-rays or other imaging if concerned with Charcot or osteomyelitis
- Arterial ultrasound if pedal pulses are not palpable
- Consider commencing oral antibiotics for infected ulcer, prescribe as per antibiotic guidelines
- Referral to podiatrist for wound management and offloading if stable and showing signs of healing

WHEN TO REFER?

Emergency

Direct to an emergency department for:

- Systemic toxicity - Sepsis or acutely unwell due to foot infection
- Critical lower limb ischaemia with necrosis, pain or ulceration
- Suspected acute limb ischaemia
- Cellulitis: erythema, swelling and tender foot
- Rapidly deteriorating deep ulceration or necrosis or purulent discharge
- Suspected foreign body in the foot

Urgent

- Foot ulcers > 4 weeks duration that are not improving despite best practice wound care and offloading
- Red hot swollen foot suspicious of active Charcot foot
- Foot ulcers in the presence of known or suspected Peripheral Arterial Occlusive Disease, i.e. no palpable pulses, short distant claudication or rest pain
- Suspected osteomyelitis e.g. wound probing to bone or x-ray changes, or persistent soft tissue infection of the foot not responding to appropriately prescribed antibiotic therapy
- Foot ulcers in the presence of significant renal disease

Routine

Neuropathic symptoms associated with deranged foot function and structure

BACK