Foot Health Pathway for People Living with Diabetes



Person with diabetes and no history of diabetic foot disease or complications

Goal: Promote foot health and prevent diabetic foot

INTERVENTION	CARE DELIVERY LOCATION			
Risk Assessment				
 Assess medical condition and identify related comorbidities Assess for: foot disease and preulcerative complications, mental health factors, lifestyle factors, environmental risks or social determinants that can impact health 	& 3 tm 🖸			
Plan of Care)			
Support patient self-management				
Optimize foot health through preventative foot care and footwear interventions	30A			
 Manage diabetes and related comorbidities 				
Re-screening				
• Every 12 months based on level of risk				
Reassessment and Evaluation	n of Interventions			
 As required based on identified risk factors 	& 3 tm 🖸			

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

and/or digent			
INTERVENTION CARE DELIVERY LOCATION)N		
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	WOR		
• 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			

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

Risk Assessment

INTERVENTION

	 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	EFFECTIVE	
	Provide access to specialized care within 24 hours	INTERVENTION	>
>	• Address all health issues and make appropriate referrals		
١G	• Support patient self-management		
N	Provide wound care, including offloading (pressure relief)	WORSENING	
	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		

Person with diabetes, with history of active foot ulcer and/or Charcot foot and/or critical ischemia

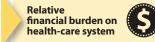
Goal: Prevent recurrence of ulcer and other complications

	INTERVENTION C	CARE DELIVERY LOCATION
	Risk Assessment	t
3	 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 	A D
	Plan of Care	
	Support patient self-management	
	 Manage foot disease through preventative foot care and footwear interventions 	3 & D A
	 Manage diabetes and related comorbidities 	
	Re-screening	
	 Every 1–3 months based on identified risk 	& E &
	Reassessment and Evaluation of	of Interventions
	 As required based on identified risk factors 	

financial burden on health-care system





















CARE DELIVERY LOCATION











Care delivery location:











multidisciplinary











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