HealthPathways Melbourne

Diabetic foot disease masterclass for the primary care physician

15 October 2025

Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts

- clear and concise, evidence-based medical advice
- Reduce variation in care
- how to refer to the most appropriate hospital, community health service or allied health provider.
- what services are available to my patients

HealthPathways – Diabetes-related Foot Disease and Screening

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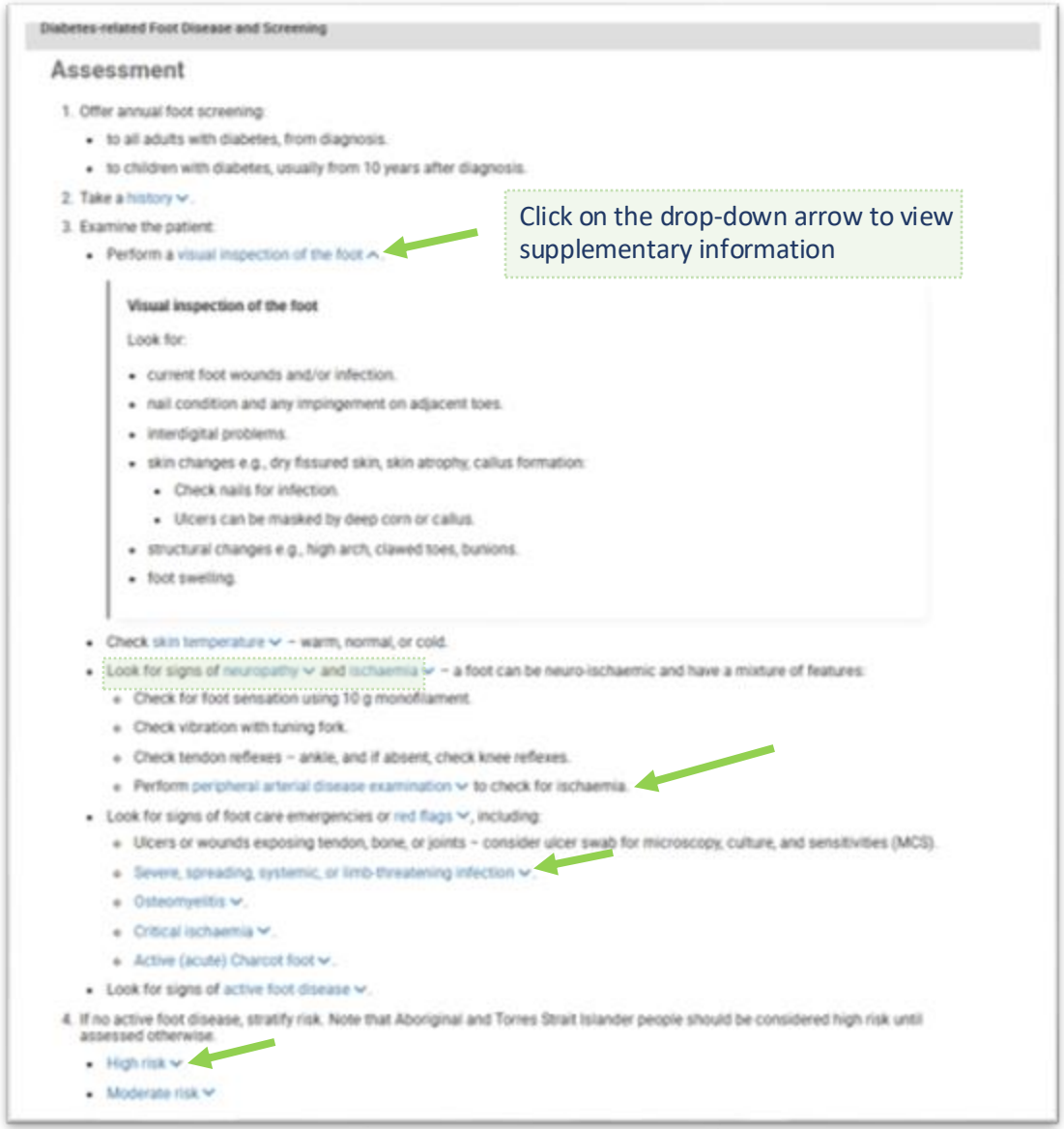


Diabetes-related Foot Disease and Screening

Assessment

1. Offer annual foot screening:
   - to all adults with diabetes, from diagnosis.
   - to children with diabetes, usually from 10 years after diagnosis.
2. Take a history.
3. Examine the patient:
   - Perform a visual inspection of the foot.

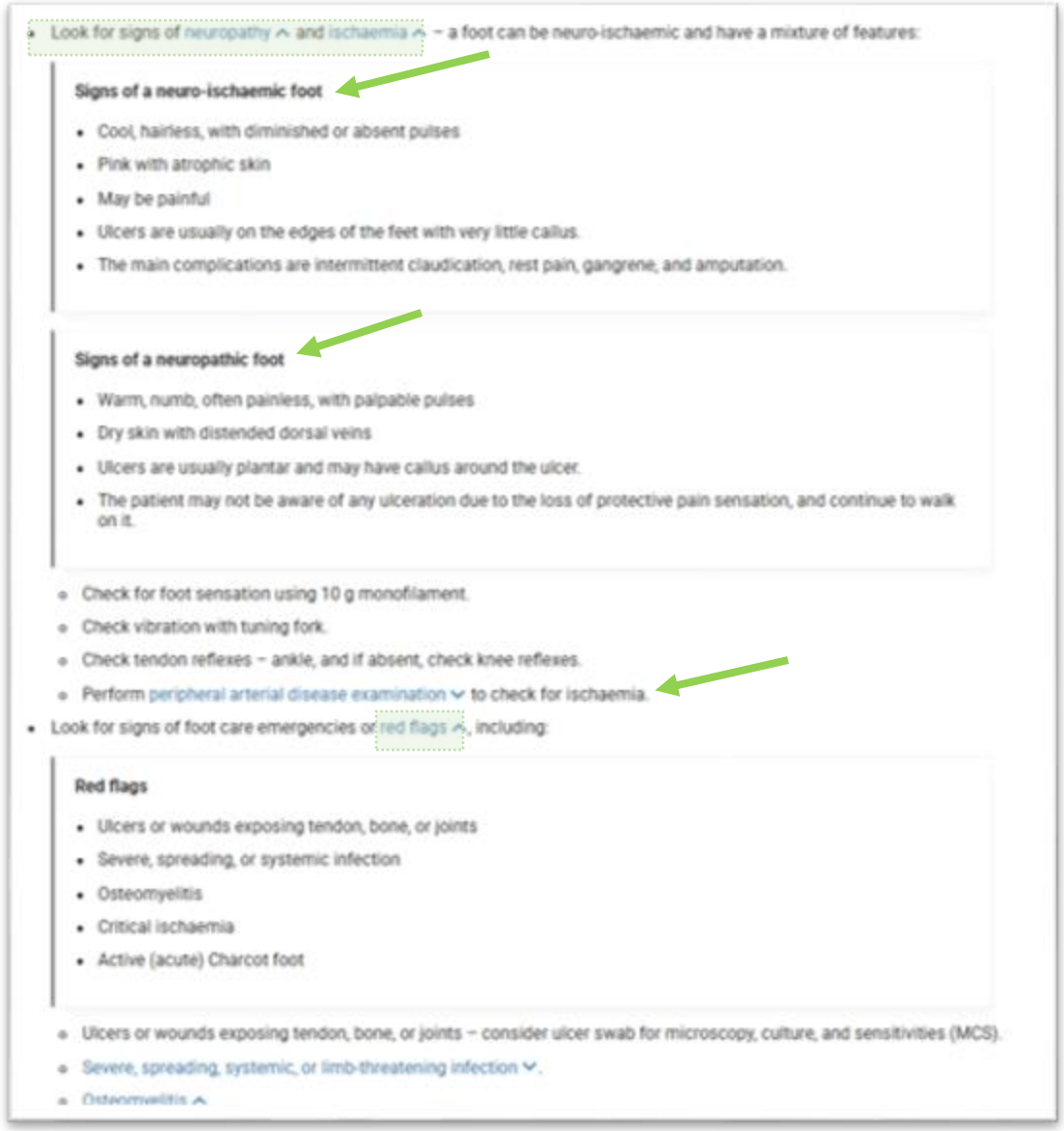
Visual inspection of the foot

Look for:

- current foot wounds and/or infection.
- nail condition and any impingement on adjacent toes.
- interdigital problems.
- skin changes e.g., dry fissured skin, skin atrophy, callus formation:
  - Check nails for infection.
  - Ulcers can be masked by deep corn or callus.
- structural changes e.g., high arch, clawed toes, bunions.
- foot swelling.

   - Check skin temperature – warm, normal, or cold.
   - Look for signs of neuropathy and ischaemia – a foot can be neuro-ischaemic and have a mixture of features:
     - Check for foot sensation using 10 g monofilament.
     - Check vibration with tuning fork.
     - Check tendon reflexes – ankle, and if absent, check knee reflexes.
     - Perform peripheral arterial disease examination to check for ischaemia.
   - Look for signs of foot care emergencies or red flags, including:
     - Ulcers or wounds exposing tendon, bone, or joints – consider ulcer swab for microscopy, culture, and sensitivities (MCS).
     - Severe, spreading, systemic, or limb-threatening infection.
     - Osteomyelitis.
     - Critical ischaemia.
     - Active (acute) Charcot foot.
   - Look for signs of active foot disease.
4. If no active foot disease, stratify risk. Note that Aboriginal and Torres Strait Islander people should be considered high risk until assessed otherwise.
   - High risk
   - Moderate risk

Click on the drop-down arrow to view supplementary information



- Look for signs of neuropathy and ischaemia – a foot can be neuro-ischaemic and have a mixture of features:

Signs of a neuro-ischaemic foot

- Cool, hairless, with diminished or absent pulses
- Pink with atrophic skin
- May be painful
- Ulcers are usually on the edges of the feet with very little callus.
- The main complications are intermittent claudication, rest pain, gangrene, and amputation.

Signs of a neuropathic foot

- Warm, numb, often painless, with palpable pulses
- Dry skin with distended dorsal veins
- Ulcers are usually plantar and may have callus around the ulcer.
- The patient may not be aware of any ulceration due to the loss of protective pain sensation, and continue to walk on it.

  - Check for foot sensation using 10 g monofilament.
  - Check vibration with tuning fork.
  - Check tendon reflexes – ankle, and if absent, check knee reflexes.
  - Perform peripheral arterial disease examination to check for ischaemia.
- Look for signs of foot care emergencies or red flags, including:

Red flags

- Ulcers or wounds exposing tendon, bone, or joints
- Severe, spreading, or systemic infection
- Osteomyelitis
- Critical ischaemia
- Active (acute) Charcot foot

  - Ulcers or wounds exposing tendon, bone, or joints – consider ulcer swab for microscopy, culture, and sensitivities (MCS).
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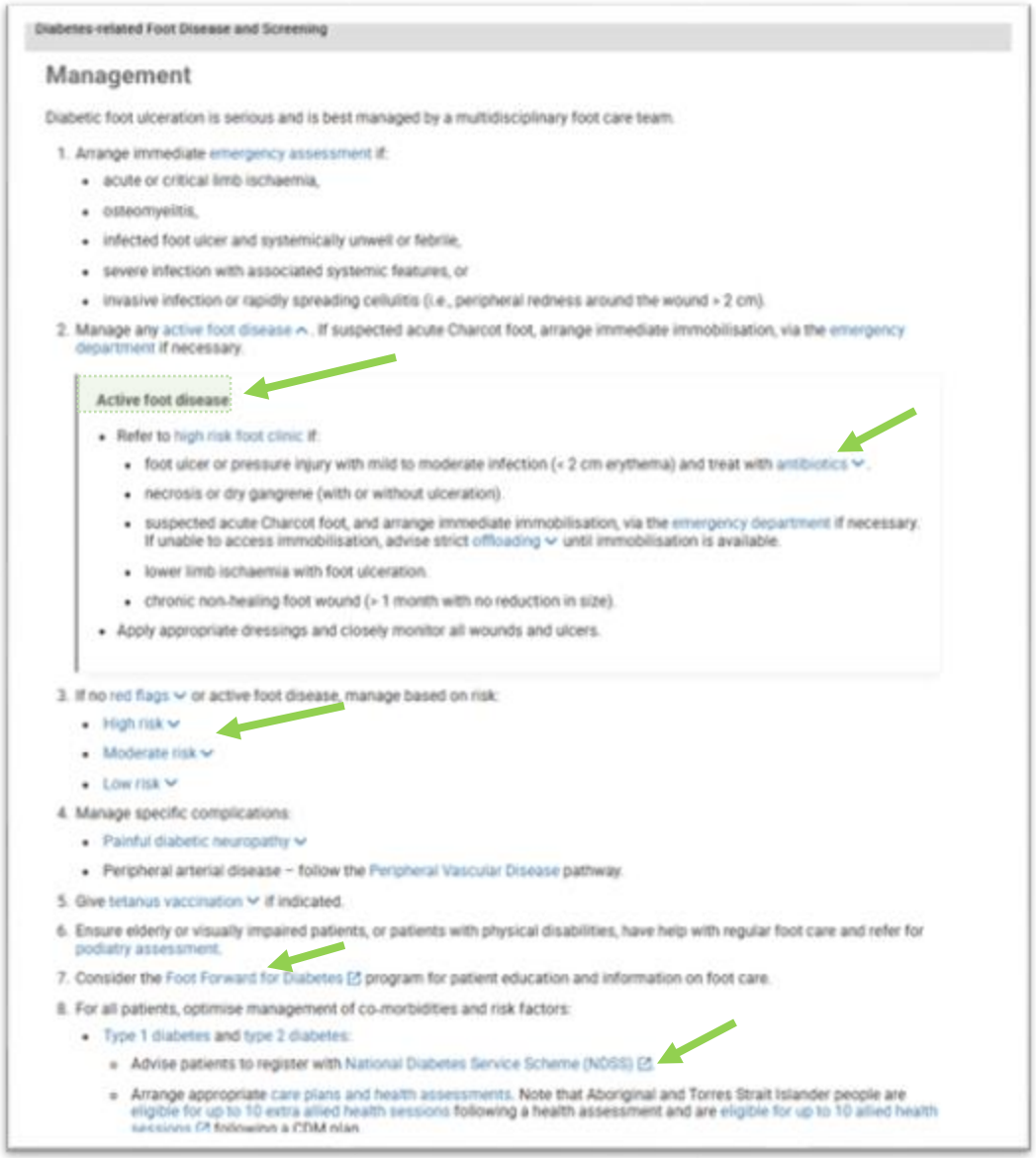
HealthPathways – Diabetes-related Foot Disease and Screening



Diabetes-related Foot Disease and Screening

Management

Diabetic foot ulceration is serious and is best managed by a multidisciplinary foot care team.

1. Arrange immediate emergency assessment if:
   - acute or critical limb ischaemia,
   - osteomyelitis,
   - infected foot ulcer and systemically unwell or febrile,
   - severe infection with associated systemic features, or
   - invasive infection or rapidly spreading cellulitis (i.e., peripheral redness around the wound > 2 cm).
2. Manage any active foot disease. If suspected acute Charcot foot, arrange immediate immobilisation, via the emergency department if necessary.

Active foot disease

- Refer to high risk foot clinic if:
  - foot ulcer or pressure injury with mild to moderate infection (< 2 cm erythema) and treat with antibiotics.
  - necrosis or dry gangrene (with or without ulceration).
  - suspected acute Charcot foot, and arrange immediate immobilisation, via the emergency department if necessary. If unable to access immobilisation, advise strict offloading until immobilisation is available.
  - lower limb ischaemia with foot ulceration.
  - chronic non-healing foot wound (> 1 month with no reduction in size).
- Apply appropriate dressings and closely monitor all wounds and ulcers.

3. If no red flags or active foot disease, manage based on risk:
   - High risk
   - Moderate risk
   - Low risk
4. Manage specific complications:
   - Painful diabetic neuropathy
   - Peripheral arterial disease – follow the Peripheral Vascular Disease pathway.
5. Give tetanus vaccination if indicated.
6. Ensure elderly or visually impaired patients, or patients with physical disabilities, have help with regular foot care and refer for podiatry assessment.
7. Consider the Foot Forward for Diabetes program for patient education and information on foot care.
8. For all patients, optimise management of co-morbidities and risk factors:
   - Type 1 diabetes and type 2 diabetes:
     - Advise patients to register with National Diabetes Service Scheme (NDSS).
     - Arrange appropriate care plans and health assessments. Note that Aboriginal and Torres Strait Islander people are eligible for up to 10 extra allied health sessions following a health assessment and are eligible for up to 10 allied health sessions following a CDM plan.

Active foot disease

- Refer to high risk foot clinic if:
  - foot ulcer or pressure injury with mild to moderate infection (< 2 cm erythema) and treat with antibiotics.

Antibiotics

General Principles:

- Common pathogens in mild infections include *Staphylococcus aureus* and beta-haemolytic streptococci.
- Polymicrobial infections are more likely if the ulcer is > 4 weeks old or recent antibiotics were used.
- Consider MRSA risk in high-risk patients (e.g. prior MRSA colonisation/infection, recent hospitalisation, residential care).
- Always modify treatment based on culture and sensitivity results.

Mild infections – low risk of polymicrobial infection

First-line:

- PBS Flucloxacillin 500 mg orally 6-hourly, or
- PBS Dicloxacillin 500 mg orally 6-hourly

Penicillin allergy (non-severe) – PBS cefalexin 500 mg orally 6-hourly

Penicillin allergy (severe) – treat as high MRSA risk

Mild infections – low risk of polymicrobial infection, high risk of MRSA

- PBS Clindamycin 450 mg orally 8-hourly, or
- PBS Doxycycline 100 mg orally 12-hourly

Alternative (monitor renal function):

- PBS Trimethoprim + sulfamethoxazole 160 + 800 mg orally 12-hourly
- Check creatinine and potassium before and within 7 days of starting.

Mild infections – high risk of polymicrobial infection

First-line:

- PBS Amoxicillin + clavulanic acid 875 + 125 mg orally 12-hourly, or
- PBS Cefalexin 500 mg orally 6-hourly
- **Plus** PBS metronidazole 400 mg orally 12-hourly

Penicillin allergy (non-severe) – use PBS cefalexin + PBS metronidazole regimen

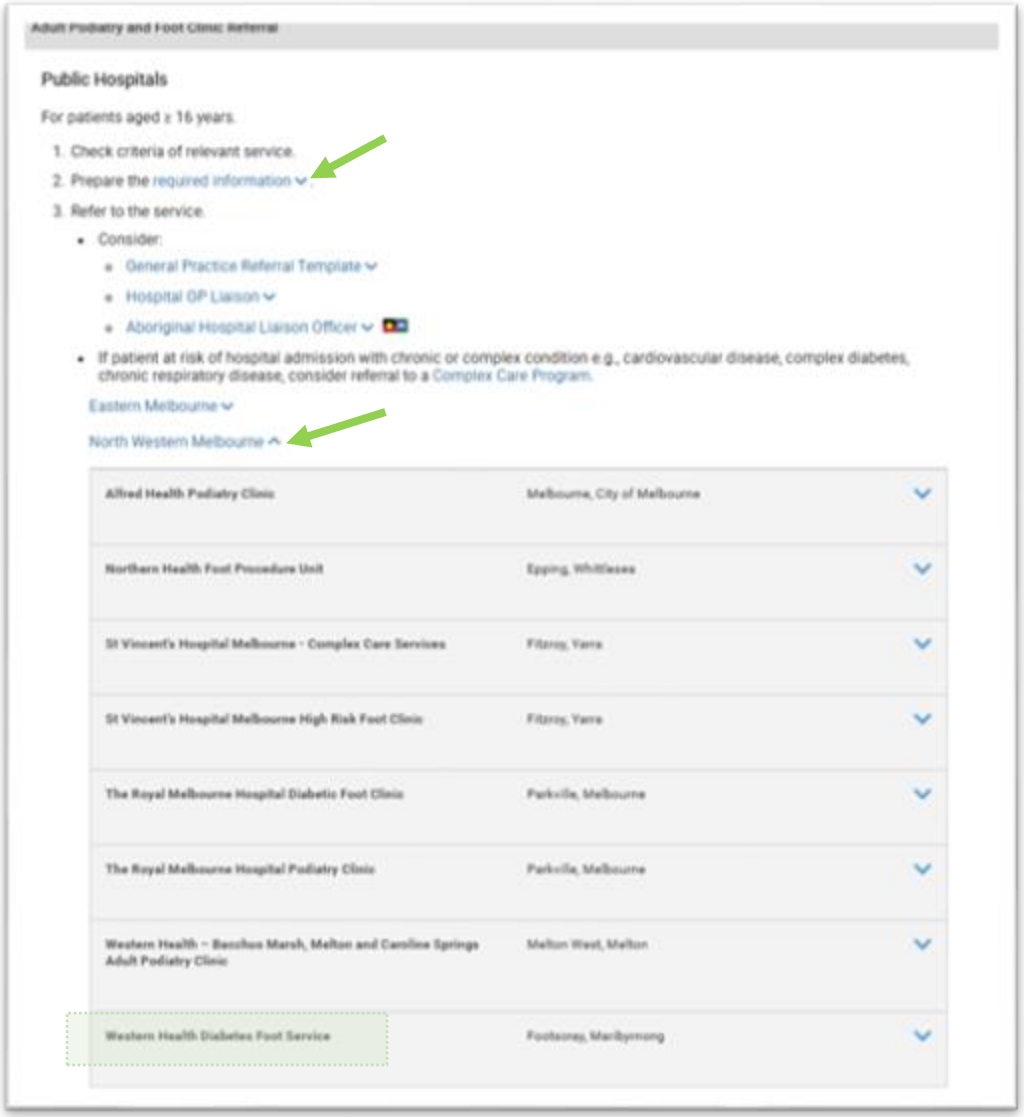
Penicillin allergy (severe) – treat as high MRSA risk – see below.

Mild infections – high risk of polymicrobial infection and MRSA

- PBS Trimethoprim + sulfamethoxazole 160 + 800 mg orally 12-hourly, **plus**
- PBS Metronidazole 400 mg orally 12-hourly

Monitor renal function and potassium at baseline and within 7 days.

HealthPathways – Adult Podiatry and Foot Clinic Referral



Adult Podiatry and Foot Clinic Referral

Public Hospitals

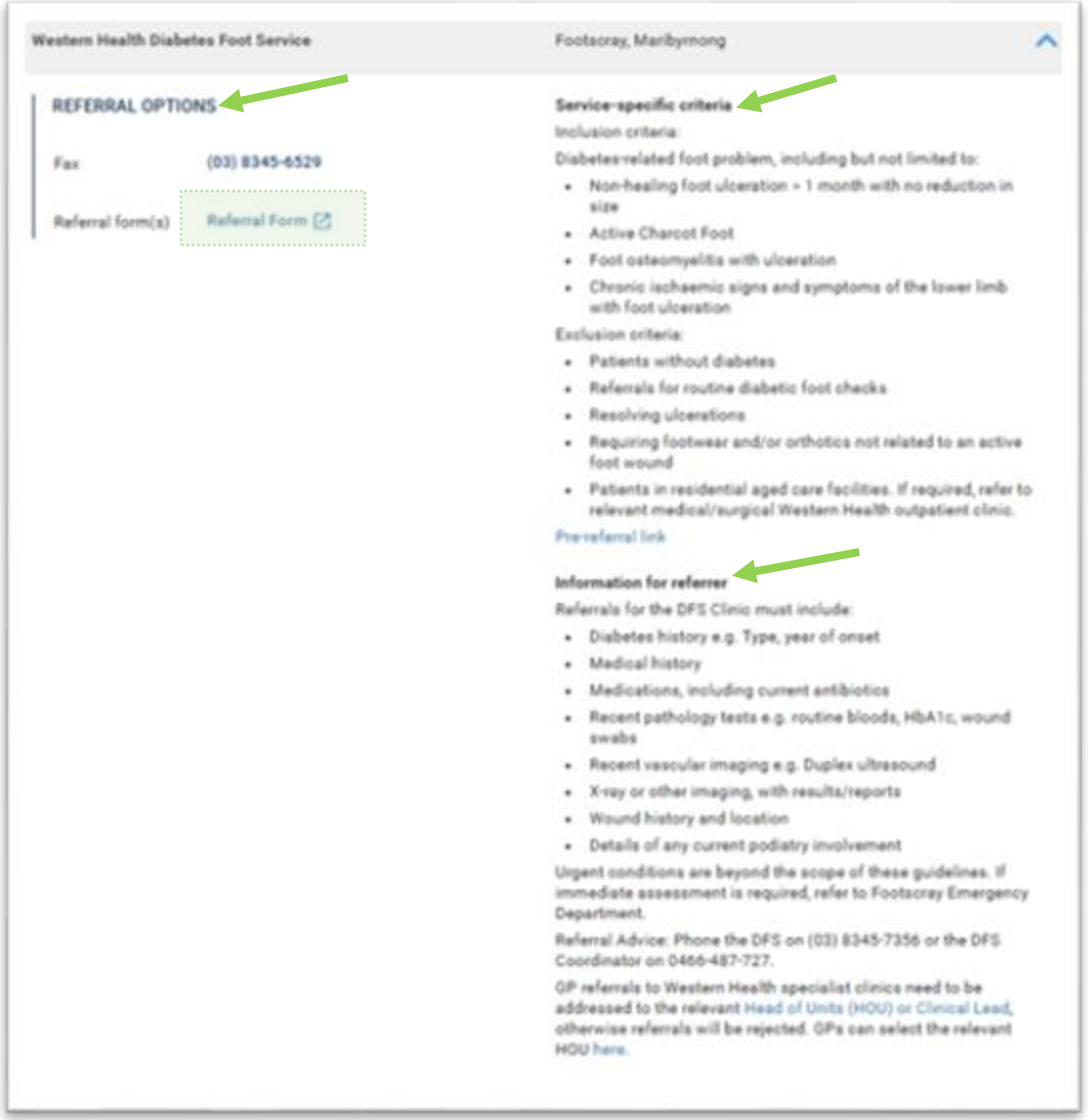
For patients aged ≥ 16 years:

1. Check criteria of relevant service.
2. Prepare the required information
3. Refer to the service.
   - Consider:
     - General Practice Referral Template
     - Hospital GP Liaison
     - Aboriginal Hospital Liaison Officer
   - If patient at risk of hospital admission with chronic or complex condition e.g., cardiovascular disease, complex diabetes, chronic respiratory disease, consider referral to a Complex Care Program.

Eastern Melbourne

North Western Melbourne

Alfred Health Podiatry Clinic	Melbourne, City of Melbourne
Northern Health Foot Procedure Unit	Epping, Whittlesea
St Vincent's Hospital Melbourne - Complex Care Services	Fitzroy, Yarra
St Vincent's Hospital Melbourne High Risk Foot Clinic	Fitzroy, Yarra
The Royal Melbourne Hospital Diabetic Foot Clinic	Parkville, Melbourne
The Royal Melbourne Hospital Podiatry Clinic	Parkville, Melbourne
Western Health – Bacchus Marsh, Melton and Caroline Springs Adult Podiatry Clinic	Melton West, Melton
Western Health Diabetes Foot Service	Footscray, Maribyrnong



Western Health Diabetes Foot Service — Footscray, Maribyrnong

REFERRAL OPTIONS

Fax: (03) 8345-6529

Referral form(s): Referral Form

Service-specific criteria

Inclusion criteria:

Diabetes-related foot problem, including but not limited to:

- Non-healing foot ulceration > 1 month with no reduction in size
- Active Charcot Foot
- Foot osteomyelitis with ulceration
- Chronic ischaemic signs and symptoms of the lower limb with foot ulceration

Exclusion criteria:

- Patients without diabetes
- Referrals for routine diabetic foot checks
- Resolving ulcerations
- Requiring footwear and/or orthotics not related to an active foot wound
- Patients in residential aged care facilities. If required, refer to relevant medical/surgical Western Health outpatient clinic.

Pre-referral link

Information for referrer

Referrals for the DFS Clinic must include:

- Diabetes history e.g. Type, year of onset
- Medical history
- Medications, including current antibiotics
- Recent pathology tests e.g. routine bloods, HbA1c, wound swabs
- Recent vascular imaging e.g. Duplex ultrasound
- X-ray or other imaging, with results/reports
- Wound history and location
- Details of any current podiatry involvement

Urgent conditions are beyond the scope of these guidelines. If immediate assessment is required, refer to Footscray Emergency Department.

Referral Advice: Phone the DFS on (03) 8345-7356 or the DFS Coordinator on 0466-487-727.

GP referrals to Western Health specialist clinics need to be addressed to the relevant Head of Units (HOU) or Clinical Lead, otherwise referrals will be rejected. GPs can select the relevant HOU here.

Relevant and Related Pathways

Relevant and Related Pathways

Diabetes-related Foot Disease and Screening
Managing Type 2 Diabetes
Medications for Type 2 Diabetes (Excluding Insulin)
Diabetes-related Foot Disease and Screening
Glycaemic Control
Hypoglycaemia
Insulin
Newly Diagnosed or Suspected Type 1 Diabetes in Adults
Self-monitoring Blood Glucose (SMBG)
Screening and Detection of Diabetes and Pre-diabetes
Health Assessments

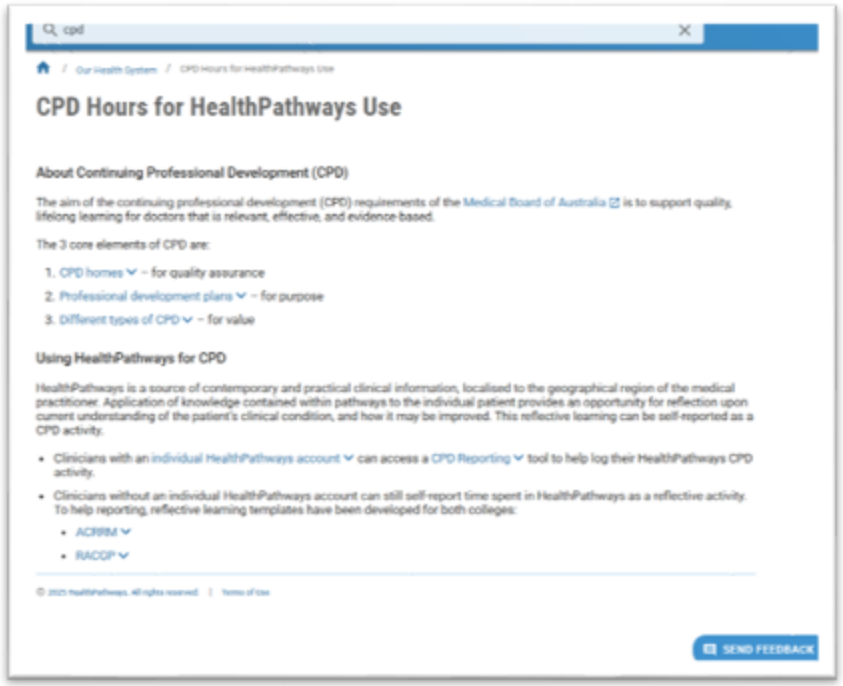
Referral Pathways

Adult Podiatry and Foot Clinic Referral
Acute Diabetes Referral (Same-day)
Non-acute Diabetes Referral (> 24 hours)
Diabetes Education Referrals
Acute Endocrinology Referral (Same-day)
Non-acute Endocrinology Referral (> 24 hours)
Adult Dietetic Referral
Exercise Physiology Referral

CPD Hours for HealthPathways Use

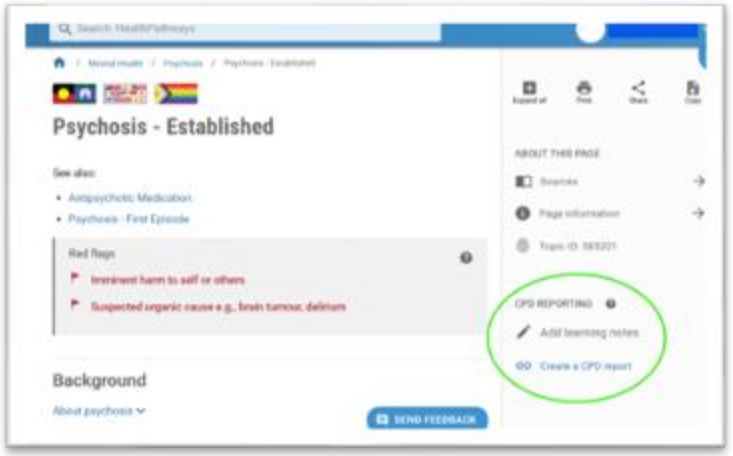
CPD Hours for HealthPathways Use and the CPD Reporting Tool

HealthPathways Melbourne has CPD hours for HealthPathways Use to support clinicians in meeting their **CPD requirements** through everyday use of the platform

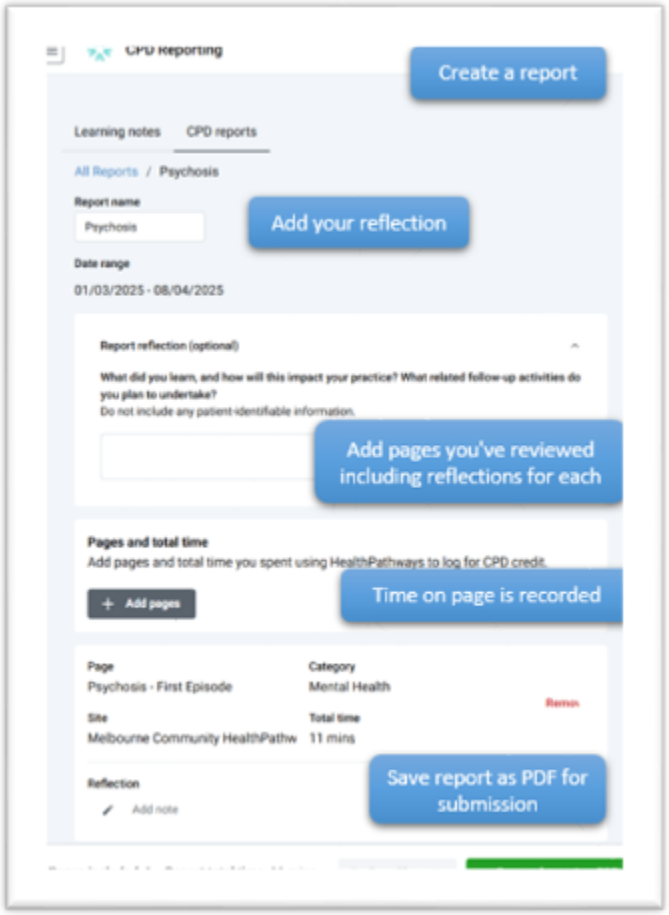


Step 1: Access Pathway page

- Navigate to a clinical pathway (e.g., *Psychosis – Established*).
- Click **"Add learning notes"** or **"Create a CPD report"** to begin tracking your CPD activity.



Step 2: Add Learning Notes



Step 3: Generate Your CPD Report

- Go to the **CPD Reporting** section.
- Add reflections, review pages, and confirm time spent.
- Export your report as a **PDF for submission**.

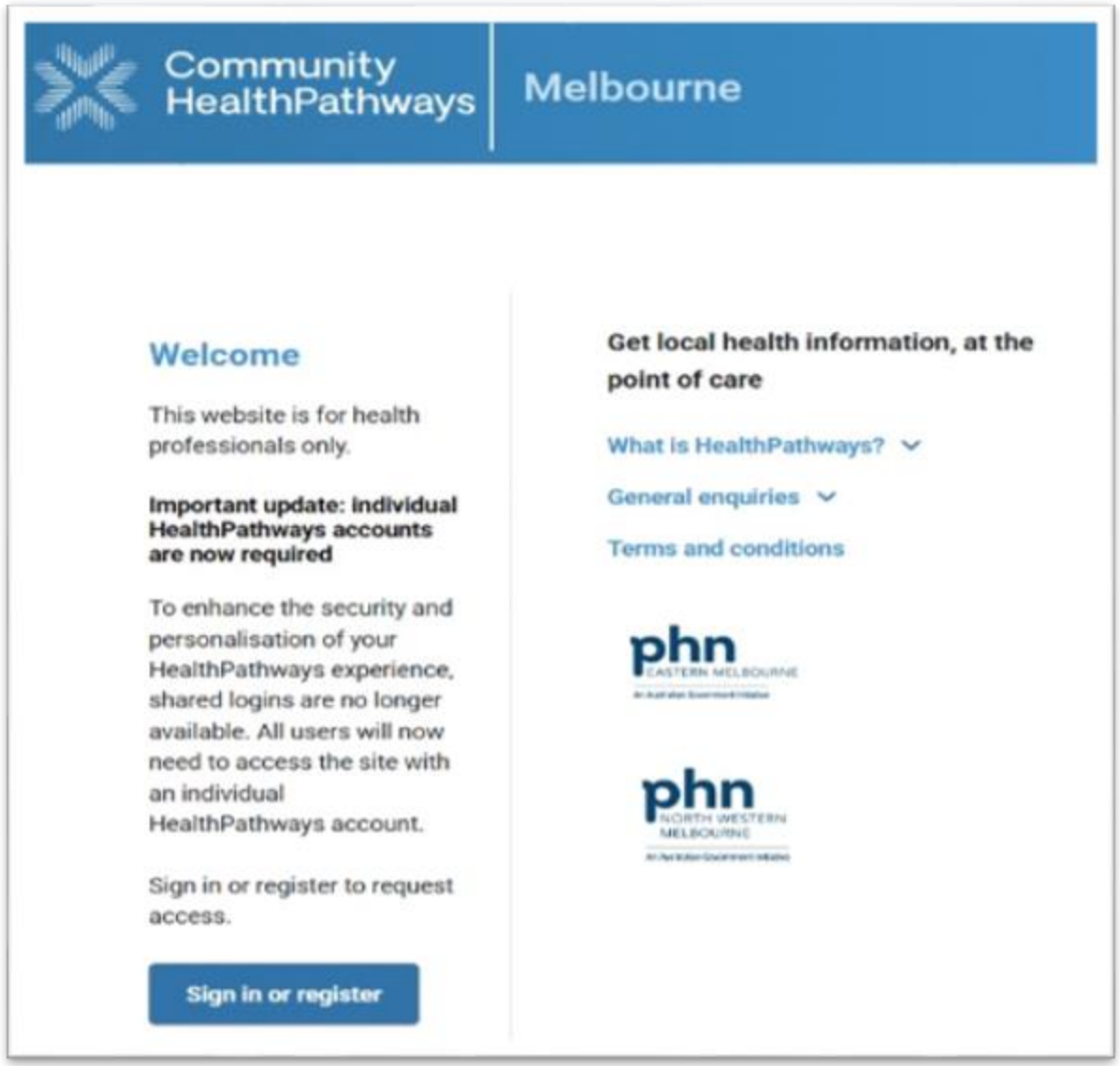
For further information on the CPD reporting tool, please see these videos:

- How to create a CPD report
- How to add learning notes

Accessing HealthPathways

Please click on the **Sign in or register** button to create your individual account or scan the QR code below.

If you have any questions, please email the team info@healthpathwaysmelbourne.org.au



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