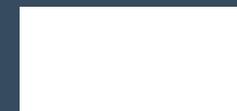


AUSTRALIAN CLINICAL TRIAGE GUIDE

For people with diabetes-related foot disease during the COVID-19 pandemic⁴



| LIMB & OR LIFE THREATENING STATUS | FOOT DISEASE CONDITION(S) | MAINTAIN USUAL TRIAGE PLAN | BEST PRACTICE CLINICAL CARE IN NON COVID-19 CRISIS | COVID-19 POTENTIAL IMPACT ON CLINICAL CARE* |
|-----------------------------------|--|--|---|---|
| CRITICAL | | | | |
| | <ul style="list-style-type: none"> Foot ulcer with systemic (severe) infection Acute limb-threatening ischaemia | Refer immediately to Emergency Department including for urgent surgical review | <ul style="list-style-type: none"> Hospital inpatient care | <ul style="list-style-type: none"> Hospital inpatient care |
| HIGHLY SERIOUS | | | | |
| | <ul style="list-style-type: none"> Foot ulcer with local (mild or moderate) infection (including osteomyelitis) Chronic limb-threatening ischaemia Acute or suspected Charcot foot | Refer same day to Inter-disciplinary High Risk Foot Service (iHRFS) &/or if chronic limb-threatening ischaemia to a vascular specialist | <ul style="list-style-type: none"> Initial & follow-up consultations to occur face-to-face Frequency of consultation usually at least weekly | <ul style="list-style-type: none"> Initial consultation to occur face-to-face Follow-up consultations may be mix of face-to-face & by telehealth^a Consultation frequency may be reduced |
| SERIOUS | | | | |
| | <ul style="list-style-type: none"> Foot ulcer without infection or ischaemia | Refer to Inter-disciplinary High Risk Foot Service (iHRFS) | <ul style="list-style-type: none"> Initial & follow-up consultations to occur face-to-face Frequency of consultation usually each 1-2 weeks | <ul style="list-style-type: none"> Initial and follow up consultations may be mix of face-to-face & telehealth^a Consultation frequency may be reduced |
| STABLE | | | | |
| | <ul style="list-style-type: none"> Healed foot ulcer Healed amputation Chronic Charcot foot | Refer routinely to podiatrist (or to a similarly competent foot practitioner) for maintenance care | <ul style="list-style-type: none"> Initial & follow-up consultations to occur face-to-face Frequency of consultation varies from 1-6 months depending on the risk of acute foot disease and care | <ul style="list-style-type: none"> Initial and follow up consultations may be mix of face-to-face & telehealth^a Consultation frequency may be reduced Home visits^b may be considered |

LEGEND: ⁴Adapted from Rogers et al 2020. *COVID-19 potential impact in terms of local COVID transmission and/or impacts on local staffing and resource availability may differ across jurisdictions.



^aTELEHEALTH

Telehealth options may include telephone, store-and-forward clinical or radiological images, videocall and other remote monitoring methods (e.g. foot temperature monitoring, step activity monitoring etc.). Telehealth can potentially be funded by Medicare, please refer to Medicare Telehealth items¹¹ [HERE](#)



^bHOME VISITS

Clinician visits the patient's home to perform treatment. This can potentially be funded by under Medicare, please refer to Medicare Chronic Disease Management items¹² [HERE](#)



iHRFS

Inter-disciplinary High Risk Foot Service (or equivalent multiple disciplines that include at a minimum a doctor, nurse and podiatrist with direct access to a surgeon, all of whom are experienced in diabetes-related foot disease care).