AUSTRALIAN CLINICAL TRIAGE GUIDE

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

VERSION 1.1: 14.04.2020

BACKGROUND

Diabetes-related foot disease (DFD) is a leading cause of hospitalisation[1,2] which can be significantly reduced with appropriate evidence-based care by general practitioners, podiatrists, and other clinicians underpinned by interdisciplinary High Risk Foot Services (iHRFS)[3]. The global COVID-19 pandemic will demand more hospital bed capacity[4,5]. Therefore, ensuring that clinicians and iHRFS can provide evidence-based DFD care during this COVID-19 crisis will ultimately help the COVID-19 bed capacity situation and patients with DFD[4,5].

CHALLENGE

iHRFS are critical services for effective DFD management and this applies during the COVID-19 crisis[6-8]. However, during this crisis, iHRFSs may find providing usual best practice face-to-face services challenging due to staffing impacts, patients self-isolating and the real or perceived risk of COVID-19 infection. This means alternative services, such as telehealth, in conjunction with iHRFS face-to-face services may need to be considered for some DFD conditions.

GUIDE

The following clinical guide is to help Australian clinicians who are triaging and caring for people with DFD during the escalating COVID-19 situation (Table 1). This guide is designed to support iHRFS and DFD clinicians, as well as primary care providers and community podiatry, on suggested acceptable alternative processes of care provision. They include considerations for service type and frequency according to factors such as the patient's limb and/or life threatening status, local staffing and resource availability, as well as for minimising risk of COVID-19 infection.

TABLE 1 - REFER TO FOLLOWING PAGE FOR FULL SIZE

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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	• Foot ulcer with systemic **(severe)** infection • Acute limb-threatening ischaemia	Refer **immediately** to Emergency Department including for urgent surgical review	• Hospital inpatient care	• **Hospital inpatient care**
HIGHLY SERIOUS	• 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	• Initial & follow-up consultations to occur face-to-face • Frequency of consultation usually at least **weekly**	• **Initial consultation to occur face-to-face** • **Follow-up consultations may be mix of face-to-face & by telehealth[9]** • **Consultation frequency may be reduced**
SERIOUS	• Foot ulcer **without** infection or ischaemia	Refer to Inter-disciplinary High Risk Foot Service (iHRFS)	• Initial & follow-up consultations to occur face-to-face • Frequency of consultation usually each **1-2 weeks**	• **Initial and follow up consultations may be mix of face-to-face & telehealth[9]** • **Consultation frequency may be reduced**
STABLE	• Healed foot ulcer • Healed amputation • Chronic Charcot foot	Refer routinely to podiatrist (or to a similarly competent foot practitioner) for maintenance care	• 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	• **Initial and follow up consultations may be mix of face-to-face & telehealth[9]** • **Consultation frequency may be reduced** • **Home visits[9] 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.

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[9]TELEHEALTH
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 items[10] HERE.

[9]HOME 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 items[11] 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).

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PLEASE NOTE

The use of personal protective equipment (PPE) should be applied and utilised in line with local protocols and Government recommendations. The rapidly evolving COVID-19 situation means this guide is considered a "living document" and is likely to be updated as we learn more about DFD management during this crisis. Please check the Diabetic Foot Australia and the Australian Diabetes Society websites for latest versions[7,9]. For further specific DFD information during the COVID-19 crisis please refer to the DFA, ADS, IWGDF and DFoot International websites found in the reference section of this guide [6,7,9,10].

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DiabeticFoot Australia | ads Australian Diabetes Society

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[a]TELEHEALTH

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