

Eligibility Criteria

- A diagnosis of diabetes is required
- A completed Provincial Diabetic Foot Screening Tool (the Diabetes Foot Screen in the EMR CHR) is required
- Admission is ultimately based at the discretion of the Foot Care Nurse. To screen applications, those referrals with **HIGH RISK and STABLE HIGH RISK are automatically eligible** regardless of insurance status
- Referrals with a MODERATE RISK are eligible for one appointment with the Foot Care Nurse to determine their appropriateness for additional care within the clinic unless the client states they have sufficient insurance coverage
 - Sufficient insurance coverage – Equal or greater than 80% of footcare needs based on \$50/appointment at 8 appointments per year
- Referrals with a **LOW RISK are not eligible**

Ineligibility Criteria

- Clients that do not have diabetes
- Clients that are screened LOW RISK by the Provincial Diabetic Foot Screening Tool (Diabetes Foot Screen in the EMR CHR)
- MODERATE RISK clients who report they have sufficient insurance coverage
 - Sufficient insurance coverage – Equal or greater than 80% of footcare needs \$50/appointment at 8 appointments per year
- Clients who are unable to travel to the foot care clinic site
- Clients who are unable to get into the foot care chair

What will the Foot Care Nurse do:

- Accepted referrals will be assessed, educated, and encouraged to provide self-care or alternative care outside of the foot care clinic when appropriate to prevent/delay the clinics reaching capacity
- Can provide physical care above the dermis, including nail care, callus care, and corn care
- Can provide education to the client and caregivers regarding self-care and when to seek further medical attention

What the Foot Care Nurse cannot do:

- Provide care below the dermis; if a wound exists the Foot Care Nurse has basic dressing supplies only to protect the area until client receives medical attention from a primary care provider
- Cannot manage infections or prescribe medications, client will be advised to seek medical attention from a primary care provider

Provincial Preventative Diabetes Foot Care Program
Phone: 1-902-288-1170 Fax: 1-833-652-1546
Referral Form

Client name:

DOB:

MRN:

Clinic Location: (Select One) Polyclinic Professional Centre East Prince DEC
 Montague Health Centre Eastern Kings Health Centre Tyne Valley Health Centre
 O'Leary Health Centre Alberton Health Centre Tignish Health Centre

Diabetes Status: Type 1 Type 2

Does the client have sufficient insurance coverage for foot care? Yes No
(Sufficient insurance coverage is equal or greater than 80% of foot care needs based on \$50/appointment at 8 appointments/year).

Is the client able to travel to the clinic site? Yes No

Does the client have caregiver assistance to transfer into the foot care chair, or can they do so independently? Yes No

Provincial Diabetes Screening Tool Risk Level (A completed tool < 6 months old to be sent with referral)
 Moderate Risk High Risk Stable High Risk

Specific foot care needs/concerns: Education Ragged/unkept nails Callouses/corns/cracks
 Client does not check feet Limited self-care ability Caregiver education

Risk factors for foot complications: Cardiovascular Disease Peripheral Vascular Disease
 Chronic Kidney Disease Cerebrovascular Accident Foot Deformity

Comments:

Referring Provider _____ Date: _____ Fax: _____

*****Referrals will not be accepted if they are incomplete. This referral is to be accompanied by a completed Provincial Diabetic Foot Screening Tool (Diabetes Foot Screening in Provincial EMR) *****