

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

Health PEI

Patient label

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 their 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

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Referral Form

Select preferred clinic location:

Montague
Health Centre

Polyclinic

Harbourside
Health Centre

West Prince
Primary Care

Provincial Diabetic Screening Tool Risk:

Low Risk

Moderate Risk

High Risk

Stable High Risk

(Low Risk Ineligible)

Attach completed Provincial Diabetic Screening Tool (Diabetes Foot Screen in EMR CHR) with referral

Diabetes status:

Type I

Type II

Other (Comments):

Does client have sufficient insurance coverage for foot care? Yes No

(sufficient insurance coverage is equal or greater than 80% of footcare needs based on 50\$/appointment at 8 appointments per year. Clients at moderate risk with self-reported sufficient coverage are not eligible for the program.)

Is client able to travel to clinic site? Yes No (If no client ineligible)

is client able to get into the foot care chair? Yes No (If no client ineligible)

Specific foot care concerns:

Limited knowledge

Ragged/unkept nails

Callouses/Corns

Client does not check feet

Limited self-care ability

Caregiver education

Other risk factors for foot complications:

Cardiovascular disease

Peripheral Vascular Disease

Chronic Kidney Disease

Foot deformity

Cerebrovascular Accident

*****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 Screen in EMR CHR). Please fax referral to 1-833-652-1546*****

Referring Provider:

Referring Contact:

Date: