



High Risk Foot Clinic

Clinic Overview:

The High Risk Foot Clinic (HRFC) is a multidisciplinary clinic that consists of Podiatrists, Diabetes Educator, Dietician, Registered Nurse and a Medical Consultant as required. We use evidence based care to assess and develop an effective management plan for active foot wounds and other high risk foot pathologies such as Charcot Neuroarthropathy.

Clinic Information:

Every Wednesday - 8:30am to 4:30pm

Community Care Centre
Northeast Health Wangaratta
4-12 Clark Street Wangaratta VIC 3677

Phone: (03) 5722 5555

Email: hafc@nhw.org.au

*Please do not send referrals or patient information via email.
Email is to be used for generic or de-identified queries only.*

ELIGIBILITY CRITERIA:

HIGH RISK



**HRFC appointment
to be made ASAP**

- Ulcer/wound/pressure injury located on the ankle and/or foot (excluding leg), and;
- Deep – probe to tendon, joint or bone
- Local infection – mild, moderate or osteomyelitis (systemic/severe – refer immediately to the Emergency Department).
- Known or suspected acute Charcot Neuroarthropathy (hot, swollen and reddened area)
- Amputation site with delayed healing
- Necrosis / gangrene
- Suspected critical limb ischemia

**If unsure of diagnosis please
contact the HRFC to discuss:**

Phone: (03) 5722 5555 Wed only

Email: hafc@nhw.org.au

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information via email.*

Required information for ALL referrals:

Referral:

- Date of referral
- Referring practitioner name and contact details
- GP details

Patient demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- ATSI status
- Medicare number
- Next of Kin

Clinical:

- Reason for referral
- Wound location
- Duration of wound
- Current wound care plan
- Management to date
- Pathology and radiology results if relevant
- Past medical history
- Clinical photograph

Fax referral information
to:

(03) 5721 7785

If you do not have fax, please
contact our admin team for
instructions on our secure file
transfer system.



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EXCLUSION CRITERIA:

<p>INTERMEDIATE RISK</p> <p>↓</p> <p>Not eligible</p> <p>Refer to alternative Podiatry or Community Services (GP, DNS)</p>	<ul style="list-style-type: none">• Wounds above the ankle• History of healed ulcers• Non-active Charcot foot• Peripheral neuropathy/neuropathic disorders in feet without ulceration• Peripheral arterial/vascular disease (PAD/PVD)/poor blood supply to the feet without ulceration• Annual diabetes foot assessment
<p>LOW RISK</p> <p>↓</p> <p>Not eligible</p> <p>Refer to alternative Podiatry services</p>	<ul style="list-style-type: none">• Nail care (including ingrown toe nails)• Callous and corn removal• Tinea pedis/fungal skin or nail infection• Orthotics (not relating to off-loading an active wound or pressure injury)• Foot pain (without wounds)

Correspondence

We will correspond with the referrer following the initial appointment, at time of discharge and throughout the patient's episode of care as required.

Updated treatment plans are provided to other services providing regular wound care reviews.

Discharge information:

Discharge from the HRFC will occur once the wound/s have healed and remained healed for 4-6 weeks and long term off-loading has been provided (if indicated), or a long term off-loading plan is clearly established.

Alternatively, discharge may occur when all high risk foot podiatric management options have been exhausted within our service capacity and further podiatric intervention will not impact on the patients current wound status. The patient may also be discharged if they choose not to engage with recommended best clinical practice.