

Standards for Access to Diabetes Foot Care Program

Mississauga Halton Region

Please note that the following are guidelines only subject to clinical judgement of the individual situation and program standards!

The In-Low's 60-second Screening Tool will be used for identifying risk and time to booking. For Very High Risk patients, the ability to afford private pay foot care assessment will be waved for reasons of reoccurrence of ulcers or amputations.

Urgent (within 1-2 weeks) – Very High Risk

- History of an ulcer or amputation
- End stage renal disease (eGFR <15%) or on dialysis
- Neuropathic fracture or acute Charcot change
- Loss of Protective Sensation of 4 or more with any of the following:
 - Ingrown nail
 - Deformities
 - Heavy or hemorrhagic callus/corns
 - Diagnosed onychomycosis
 - Poor circulation (absent pulses, cool feet, dependent rubor)

Semi-Urgent (within 2-3 weeks) – High Risk

- Loss of Protective Sensation of 4 or more with any of the following:
 - Ingrown nail
 - Deformities – bunion, claw/hammer toes, stable Charcot change
 - Heavy callus/corns
 - Blister
 - Onychomycosis
 - Poor circulation (absent pulses, cool feet, dependent rubor)
 - Inappropriate foot wear causing pressure/skin breakdown

Non-Urgent (within 4-5 weeks) – Moderate Risk

- Loss of Protective Sensation of 4 or more with possible
 - Dry skin, light callus/corn
 - Thick, unkempt nails