

WHAT IS MY PATIENT'S LEVEL OF RISK?

There is an international classification to categorise the level of risk of your patients.

It is extremely important to identify the level of risk of each patient with diabetes regularly.

The criteria are very simple: LOPS*, PAD**, foot deformities, past history of foot ulceration or lower-extremity amputation or end-stage renal disease.

This classification will provide you with the monitoring frequency required for each case, and the recommended specialist level of care.

01

ULCER RISK

Very low

CHARACTERISTICS

No LOPS and no PAD

PROFESSIONALS,
MONITORING FREQUENCY

Once a year

02

ULCER RISK

Low

CHARACTERISTICS

LOPS or PAD

PROFESSIONALS,
MONITORING FREQUENCY

Once every 6-12 months

SPECIALIST LEVEL OF
CARE RECOMMENDED

**General practitioner,
podiatrist, diabetes nurse**

03

ULCER RISK

Medium

CHARACTERISTICS

**LOPS + PAD or LOPS+ foot
deformity or PAD + foot
deformity**

PROFESSIONALS,
MONITORING FREQUENCY

Once every 3-6 months

SPECIALIST LEVEL OF
CARE RECOMMENDED

**Diabetologist, surgeon
(general, orthopedic or
foot), vascular specialist,
podiatrist, diabetes nurse**

04

ULCER RISK

High

CHARACTERISTICS

**LOPS or PAD and one or
more of the following:**

- History of a foot ulcer
- A lower-extremity amputation (minor or major)
- End-stage renal disease

PROFESSIONALS,
MONITORING FREQUENCY

Once every 1-3 months

SPECIALIST LEVEL OF
CARE RECOMMENDED

**Multi-disciplinary team
specialized in diabetic foot
care**

For more information about
how to identify LOPS
and PAD, visit

savefeetsavelives.com

It is important to reassess the level of risk of your patients with the recommended frequency in the classification.
In case you can't perform yourself your patient's risk assessment, make sure he is referred to the right healthcare professional.

*Loss Of Protective Sensation **Peripheral Artery Disease