# Initial Diabetes Foot Assessment Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hospital number: | |  | | | | | | | | | | | | | | | | | Date: | | |  | | | | | | | | |
| Clinician: | |  | | | | | | | | | | | | | | | | | Clinic: | | |  | | | | | | | | |
| **Information about the person** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | | | | Male 🞏 Female 🞏 Other 🞏\_\_\_\_\_\_ | | | | | | |
| DOB: |  | | | | | | | | | | Age: | |  | | | | | | | | | | | Phone number: | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | Local health clinic: | | | | | | |
| **Diabetes History:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diabetes diagnosis type: | | | | | | Type I 🞏 | | | | | | | Type II 🞏 | | | | | | | | Other 🞏 | | | | | Unknown 🞏 | | | | |
| Diabetes management: | | | | | | Diet controlled 🞏 | | | | | | | Insulin 🞏 | | | | | | | | Medication 🞏 | | | | |  | | | | |
| Date of most recent diabetes check-up: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Blood glucose level: \_\_\_\_\_\_ mmol/L Fasting 🞏 / Non fasting 🞏 | | | | | | | | | | | | | | | | | | | | | HbA1C: \_\_\_\_\_\_ mmol/mol *(if available)* | | | | | | | | | |
| Diabetes control: Good 🞏 Poor 🞏 | | | | | | | | | | | | Diabetes diagnosis date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |
| Does the client have any of the following diabetes complications?  Peripheral vascular disease 🞏 Cardiovascular disease 🞏 Kidney Disease 🞏 Visual impairment 🞏  Using traditional medicine 🞏 Previous surgical debridement 🞏 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **General physical condition:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Height: \_\_\_\_\_\_ cm | | | Weight: \_\_\_\_\_\_\_ kg | | | | | | | | | Blood pressure: \_\_\_\_\_ mmHg Heart rate: \_\_\_\_\_\_ bpm | | | | | | | | | | | | | | | | | | |
| Medication and additional information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lifestyle factors:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Smoker: | | | | | Yes 🞏 | | | How many per day? \_\_\_\_\_\_ No 🞏 | | | | | | | | | | | | | | | | | | | | | | |
| Alcohol / kava: | | | | | Yes 🞏 | | | How much per day? \_\_\_\_\_\_ No 🞏 | | | | | | | | | | | | | | | | | | | | | | |
| Nutrition: | | | | | Good 🞏 | | | | Poor 🞏 | | | | | | | | | | | | | | | Physical Activity: Good 🞏 Poor 🞏 | | | | | | |
| **Wound history:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have they had a **previous foot wound**? | | | | | **Yes 🞏** | | | | *People who have had a wound are at high risk of getting another one.*  ***Review*** *at least every 3 months.* | | | | | | | | | | | | | | | | | | | | | |
| No 🞏 | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Have they had **a toe or foot amputation**? | | | | | **Yes 🞏**  No 🞏 | | | | *An amputation changes how the foot functions. More pressure is put on parts of the foot that are not used to pressure. This can cause injury.* | | | | | | | | | | | | | | | | | | | | | |
| **Vascular assessment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do they have any of the following signs and symptoms of **ischaemia**? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Symptoms:**   * Foot pain at night? *(rest pain)* * Pain in the back of the leg when walking? *(intermittent* *claudication)* | | | | | | | | | | | Yes 🞏 | | | | | | **Signs:**   * Dry, cracked shiny, hairless skin? * A cold foot? * Thickened toenails? | | | | | | | | | | | Yes 🞏 | | | |
| No 🞏 | | | | | | No 🞏 | | |
| Do they have strong pulses in both feet? *(dorsalis pedis, posterior tibial)* | | | | | | | | | | |  | | | Right Foot | | | | | | | | | | Left Foot | | | | | | |
| Yes 🞏 No 🞏 | | | | | | | | | | | | | Yes 🞏 No 🞏 | | | | | | |
| **Ankle Brachial Index (ABI)** | | | | | | | | | | | Ankle:………. Arm………..  ABI (Ankle / Arm): …….. | | | | | | | | | | | | | Ankle:………. Arm………..  ABI (Ankle / Arm): ………. | | | | | | |
| **Ischaemia**  *What this means:*   * *The person is more likely to develop an ulcer.* * *Foot or leg wounds are slow to heal.* | | | | | | | | | | | | | | | *What to do:*  **Educate** person and family. Explain:   * *Check your feet every day for injuries or red areas.* * *Keep feet clean and dry.* * *It is important to protect the feet with good shoes.*   ***Refer to NDC for review.*** | | | | | | | | | | | | | | | |
| **Neurological assessment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * A burning or tingling feeling? * Numbness? * Reduced feeling? | | | | | | | | | | | Yes 🞏 | | | *These symptoms can be a sign of* ***neuropathy.*** | | | | | | | | | | | | | | | | |
| No 🞏 | | |  | | | | | | | | | | | | | | | | |
| **Sensation test:**  Touch the toes test using finger or monofilament:  On the picture:  ✓ Tick toes that can feel  ✗ Cross toes that can NOT feel | | | | | | | | | | |  | | |  | | | | | | | | | |  | | | | | | |
| ***If two or more toes can’t be felt the client has neuropathy.*** | | | | | | | | | | | | | | | | | | | |
| **Neuropathy**  *What this means:*   * *The person can’t feel damage to their skin.* * *Skin is more easily damaged.* * *Foot deformities can occur.* * *They are more likely to develop a foot wound.* | | | | | | | | | | | | | | | *What to do:*  ***Educate*** *person about neuropathy. Explain:*   * *If you get an injury you may not feel it.* * *Check your feet every day for injuries or red areas.* * *It is important to protect the feet with good shoes.*   ***Refer person to rehabilitation service*** *for orthoses to prevent foot wounds.* | | | | | | | | | | | | | | | |
| **Visual inspection** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do they have any of the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **A current foot wound?** | | | | | | | | | | | **Yes 🞏** | | | **Is the foot swollen, red, hot or is there a bad smell?** | | | | | | | | | **Yes 🞏** | | ***Refer immediately*** *to ECHC or NDC.* | | | | | |
| No 🞏 | | ***Manage wound*** *according to wound management guide.* | | | | | |
| No 🞏 | | |  | | | | | | | | | | | | | | | | |
| * Cracked skin on the foot? * Ingrown or long nails? * Moist skin between toes? | | | | | | | | | | | Yes 🞏 | | | *These can cause a wound.* ***Educate*** *about foot care.* | | | | | | | | | | | | | | | | |
| No 🞏 | | |  | | | | | | | | | | | | | | | | |
| * Thick hardened skin *(callous)* on their feet? | | | | | | | | | | | Yes 🞏 | | | *This is a sign of increased pressure that can lead to a wound.*  ***Refer*** *to ECHC (or NDC) for management.* | | | | | | | | | | | | | | | | |
| No 🞏 | | |  | | | | | | | | | | | | | | | | |
| * A foot deformity?   *Examples:*  *Clawed toes, hammer toes, high arch, bunions, Charcot foot, amputations* | | | | | | | | | | | Yes 🞏 | | | *This can lead to increased pressure that can cause a wound.*  ***Refer*** *to NDC if deformity is changing.* | | | | | | | | | | | | | | | | |
| No 🞏 | | |  | | | | | | | | | | | | | | | | |
| What type of footwear are they wearing? | | | | | | | | | | | Sandals 🞏 Slippers 🞏 Barefoot 🞏 Other 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| **Person and family provided with education about:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Problems found during the assessment? | | | | | | | | | | | Yes 🞏 | | | No 🞏 | | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Examples:*  *Stop smoking, increase physical activity, healthy food, reduce stress, continue medication, and reduce alcohol. Discuss small goals they can start with.* | | | | | | | | | | |
| Wearing appropriate shoes? | | | | | | | | | | | Yes 🞏 | | | No 🞏 | | | | | |
| Checking their feet? | | | | | | | | | | | Yes 🞏 | | | No 🞏 | | | | | |
| Health improvements? | | | | | | | | | | | Yes 🞏 | | | No 🞏 | | | | | |
| **Is the person at risk of a foot wound or has a current foot wound?** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes 🞏** | | | **No 🞏** |
| Referral provided: | | | | Yes 🞏 | | | No 🞏 | | | NDC 🞏 | | | | | | | | ECHC 🞏 | | | | | | Rehabilitation Service 🞏 | | | | | Other 🞏 | |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DFC Honiara:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |