

<p>South West Regional Wound Care Program</p> <p>Interdisciplinary Diabetic/Neuropathic Foot Assessment Form</p>	<p>Person's Name: _____</p> <p>ID Number: _____</p> <p>Assessment Date: _____</p>
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MEDICAL HISTORY: Not applicable as the person does NOT have diabetes

Question	Response
Year diabetes diagnosed:	_____
Characteristics of onset of diabetes:	<input type="checkbox"/> Diabetic ketoacidotic episode <input type="checkbox"/> Asymptomatic laboratory finding <input type="checkbox"/> Symptomatic laboratory finding
Eating patterns:	<input type="checkbox"/> Three regularly scheduled meals per day <input type="checkbox"/> Multiple small meals per day <input type="checkbox"/> Other (describe): _____ <input type="checkbox"/> Following a diabetic diet <input type="checkbox"/> Not following a diabetic diet <input type="checkbox"/> Weight reduction diet
Physical activity patterns:	<input type="checkbox"/> Daily cardiovascular exercise daily, time spent per day: _____ <input type="checkbox"/> 150 minutes of cardiovascular exercise and two sessions of resistance exercise per week <input type="checkbox"/> Other (describe) _____ <input type="checkbox"/> Type of exercise(s) (describe) _____
Diabetes education:	<input type="checkbox"/> History of attending formal diabetes education (when/where): _____ <input type="checkbox"/> Currently attending formal diabetes education (when/where): _____ <input type="checkbox"/> No history of formal diabetes education

Current Diabetes Treatment and Response: Not applicable as the person does NOT have diabetes

<p>Oral Hypoglycemic Agents:</p> <input type="checkbox"/> Metformin, current dose: _____ <input type="checkbox"/> Acarbose, current dose: _____ <input type="checkbox"/> Glyburide, current dose: _____ <input type="checkbox"/> Gliclazide, current dose: _____ <input type="checkbox"/> Januvia, current dose: _____ <input type="checkbox"/> Other: _____	<p>Injectable Hypoglycemic Agents:</p> <input type="checkbox"/> Long-acting insulin: Name: _____ Current dose: _____ <input type="checkbox"/> Short-acting insulin: Name: _____ Current dose: _____
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Response:

 Self-blood glucose level before meals is between 4-7
 Self-blood glucose level after meals is between 5-10
 HgbA1c is 7% or less
 Self-blood glucose levels not within range
 HgbA1c is not within range


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Frequency of Self-Blood Glucose Monitoring (as per CDC recommendations):

Not applicable as the person does NOT have diabetes

Condition	Glucose Monitoring Frequency	Meeting Expectation?
Using multiple daily injections of insulin or an insulin pump	Prior to each insulin injection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pregnant, or planning pregnancy (whether on insulin or not)	Individualized by physician (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospitalized or acutely ill	Individualized by physician (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Starting a new medication known to cause hyperglycemia, i.e. steroids	Individualized by physician (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Experiencing an illness known to cause hyperglycemia, i.e. infection	Individualized by physician (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Using drugs known to cause hypoglycemia	When symptoms of hypoglycemia occur or are known to occur	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has an occupation that requires avoidance of hypoglycemia	As often as required by employer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Not meeting glycemic targets	≥2 times per day	<input type="checkbox"/> Yes <input type="checkbox"/> No
Newly diagnosed with diabetes (<6 months)	≥once per day (at different times) to learn effects of exercise, meals, and medications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treated with lifestyle and oral agents and meeting glycemic targets	Once or twice per week	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treated with lifestyle and is meeting glycemic targets	Infrequent (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-diabetic	Infrequent (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Diabetes Related Complications: Not applicable as the person does NOT have diabetes

Microvascular	<input type="checkbox"/> Retinopathy	<input type="checkbox"/> Nephropathy	<input type="checkbox"/> Neuropathy
Macrovascular	<input type="checkbox"/> Coronary artery disease	<input type="checkbox"/> Cerebrovascular disease	<input type="checkbox"/> Peripheral arterial disease
Other	<input type="checkbox"/> Psychosocial problems	<input type="checkbox"/> Dental disease	

- Actions:**
- Refer to a diabetic educator
 - Refer to a dietician
 - Refer to a general physician for review of diabetes medications
 - Refer to endocrinologist for review of diabetes management

FOOT EXAMINATION:

Right Foot

- Hammer toes
- Claw toes
- Dropped MTH
- Hallux valgus
- Dropped arch
- Callus
- Corns
- Taylor bunion
- Fixed ankle joint
- Hallux rigidus
- Fissures
- Other: _____

Nails

- Thick
- Yellow
- Brittle
- Fungal
- Abnormal
- Ingrown

Left Foot

- Hammer toes
- Claw toes
- Dropped MTH
- Hallux valgus
- Dropped arch
- Callus
- Corns
- Taylor bunion
- Fixed ankle joint
- Hallux rigidus
- Fissures
- Other: _____

Nails

- Thick
- Yellow
- Brittle
- Fungal
- Abnormal
- Ingrown



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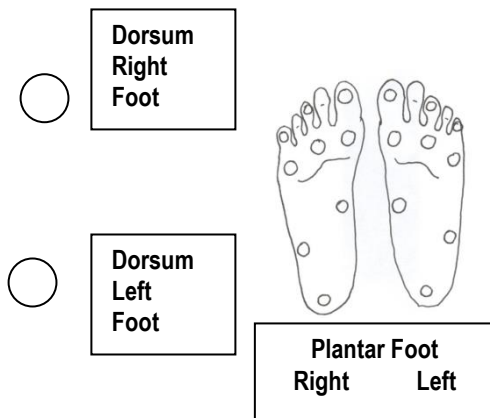
Footwear:

- Custom orthotics +/- shoes, being worn at all times. Age of orthotics/shoes: _____
- Custom orthotics +/- shoes, NOT being worn at all times. Age of orthotics/shoes: _____
- Inappropriate footwear
- Last visit to orthotist/pedorthist/podiatrist/chiroprapist: _____

Name and designation of above foot specialist: _____

Neuropathy:

10-Point Monofilament Testing (Indicate with a + or - the presence or absence of sensation in all 10 testing areas)



Right foot sensation score: /10

Left foot sensation score: /10

	Right Foot		Left Foot
Sensory:	<input type="checkbox"/> burning <input type="checkbox"/> tingling <input type="checkbox"/> crawling <input type="checkbox"/> numbness		<input type="checkbox"/> burning <input type="checkbox"/> tingling <input type="checkbox"/> crawling <input type="checkbox"/> numbness
Autonomic:	<input type="checkbox"/> dry <input type="checkbox"/> cracking <input type="checkbox"/> fissures		<input type="checkbox"/> dry <input type="checkbox"/> cracking <input type="checkbox"/> fissures
Motor:	<input type="checkbox"/> soft tissue distribution altered		<input type="checkbox"/> soft tissue distribution altered

DIABETIC FOOT RISK CLASSIFICATION: The International Working Group Original and Modified Criteria 2010

Not applicable as the person does NOT have diabetes

Right Foot				Left Foot			
<input type="checkbox"/> 0 Normal- no neuropathy	<input type="checkbox"/> 1 Loss of protective sensation	<input type="checkbox"/> 2a Loss of protective sensation and deformity	<input type="checkbox"/> 2b Peripheral arterial disease	<input type="checkbox"/> 0 Normal- no neuropathy	<input type="checkbox"/> 1 Loss of protective sensation	<input type="checkbox"/> 2a Loss of protective sensation and deformity	<input type="checkbox"/> 2b Peripheral arterial disease
<input type="checkbox"/> 3a Previous history of DFU	<input type="checkbox"/> 3b Previous history of amputation	<input type="checkbox"/> 3a Previous history of DFU	<input type="checkbox"/> 3b Previous history of amputation	<input type="checkbox"/> 3a Previous history of DFU	<input type="checkbox"/> 3b Previous history of amputation	<input type="checkbox"/> 3a Previous history of DFU	<input type="checkbox"/> 3b Previous history of amputation



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DIABETIC FOOT ULCER CLASSIFICATION: The University of Texas Staging System for Diabetic Foot Ulcers

Not applicable as the person does NOT have diabetes

Stage	Grade 0	Grade I	Grade II	Grade III
A	Pre- or post-ulcerative lesion completely epithelialized	Superficial ulcer, not involving tendon capsule or bone	Ulcer penetrating to tendon or capsule	Ulcer penetrating to bone or joint
B	Infection	Infection	Infection	Infection
C	Ischemia	Ischemia	Ischemia	Ischemia
D	Infection & Ischemia	Infection & Ischemia	Infection & Ischemia	Infection & Ischemia

Score: Grade _____ Stage _____

Actions: Refer to a foot specialist for pressure redistribution devices

EDEMA: Not applicable as the person does NOT have edema

Right Leg		Left Leg	
Date of onset:		Date of onset:	
<input type="checkbox"/> Asymmetrical with contra-lateral limb		<input type="checkbox"/> Asymmetrical with contra-lateral limb	
Location:	<input type="checkbox"/> toes <input type="checkbox"/> foot <input type="checkbox"/> B/K <input type="checkbox"/> A/K <input type="checkbox"/> sacral <input type="checkbox"/> ascites	Location:	<input type="checkbox"/> toes <input type="checkbox"/> foot <input type="checkbox"/> B/K <input type="checkbox"/> A/K <input type="checkbox"/> sacral <input type="checkbox"/> ascites
Description: Press finger into edema x 10 –15 seconds.		Description: Press finger into edema x 10 –15 seconds.	
Pitting: <input type="checkbox"/> 1+ = 0 - ¼" <input type="checkbox"/> 2+ = ¼" – ½" <input type="checkbox"/> 3+ = ½ - 1" <input type="checkbox"/> 4+ = takes several minutes to rebound <input type="checkbox"/> non-pitting <input type="checkbox"/> brawny induration		Pitting: <input type="checkbox"/> 1+ = 0 - ¼" <input type="checkbox"/> 2+ = ¼" – ½" <input type="checkbox"/> 3+ = ½ - 1" <input type="checkbox"/> 4+ = takes several minutes to rebound <input type="checkbox"/> non-pitting <input type="checkbox"/> brawny induration	
Measurements:		Measurements:	
Midfoot= cm	Heel→10cm= cm	Midfoot= cm	Heel→10 cm= c
Heel→20 cm= cm	Heel→30 cm= cm	Heel→20 cm= cm	Heel→30 cm= c
Heel→ cm= cm	Heel→ cm= cm	Heel→ cm= cm	Heel→ cm= c
Heel→ cm= cm	Heel→ cm= cm	Heel→ cm= cm	Heel→ cm= c
<input type="checkbox"/> Previous use of compression stockings <input type="checkbox"/> Adherent to wearing compression stockings in past Age of current compression stockings: _____		<input type="checkbox"/> Previous use of compression stockings <input type="checkbox"/> Adherent to wearing compression stockings in past Age of current compression stockings: _____	

LYMPHEDEMA ASSESSMENT: Not applicable as the person does NOT have edema

Right Leg	Left Leg
<input type="checkbox"/> Positive Stemmer's sign - A thickened skin fold at the base of the second toe that cannot be lifted	<input type="checkbox"/> Positive Stemmer's sign - A thickened skin fold at the base of the second toe that cannot be lifted
<input type="checkbox"/> ISL stage I - accumulation of tissue fluid that subsides with limb elevation. Edema may be pitting at this stage	<input type="checkbox"/> ISL stage I - accumulation of tissue fluid that subsides with limb elevation. Edema may be pitting at this stage
<input type="checkbox"/> ISL stage II - Limb elevation alone rarely reduces swelling and pitting is manifest	<input type="checkbox"/> ISL stage II - Limb elevation alone rarely reduces swelling and pitting is manifest



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<input type="checkbox"/> ISL late stage II - There may or may not be pitting as tissue fibrosis is more evident	<input type="checkbox"/> ISL late stage II - There may or may not be pitting as tissue fibrosis is more evident
<input type="checkbox"/> ISL stage III - The tissue is hard (fibrotic) and pitting is absent. Skin changes such as thickening, hyperpigmentation, increased skin folds, fat deposits and warty overgrowths develop	<input type="checkbox"/> ISL stage III - The tissue is hard (fibrotic) and pitting is absent. Skin changes such as thickening, hyperpigmentation, increased skin folds, fat deposits and warty overgrowths develop

LIPDEMA ASSESSMENT: Not applicable as the person does NOT have edema

Right Leg	Left Leg
Lipedema S&S <input type="checkbox"/> "diet resistant" fat deposits in legs bilaterally with symmetry, with no edema of feet	Lipedema S&S <input type="checkbox"/> "diet resistant" fat deposits in legs bilaterally with symmetry, with no edema of feet
<input type="checkbox"/> sharp demarcation between normal and abnormal tissue at the ankle giving "pantaloon" appearance	<input type="checkbox"/> sharp demarcation between normal and abnormal tissue at the ankle giving "pantaloon" appearance
<input type="checkbox"/> fatty pads anterior to lateral malleolus & between Achilles tendon and medial malleolus	<input type="checkbox"/> fatty pads anterior to lateral malleolus & between Achilles tendon and medial malleolus
<input type="checkbox"/> skin normal in texture without thickening or fibrosis seen in lymphedema (leg is soft, not hard)	<input type="checkbox"/> skin normal in texture without thickening or fibrosis seen in lymphedema (leg is soft, not hard)

ACTIONS: Refer to PT for ankle/calf-muscle pump training
 Refer to a Wound Care Specialist/ET Nurse for assessment re compression therapy

CIRCULATION: PULSE ASSESSMENT

Right Leg		Left Leg	
Dorsalis-Pedis: <input type="checkbox"/> Present <input type="checkbox"/> Diminished <input type="checkbox"/> Absent	Post-Tibial: <input type="checkbox"/> Present <input type="checkbox"/> Diminished <input type="checkbox"/> Absent	Dorsalis-Pedis: <input type="checkbox"/> Present <input type="checkbox"/> Diminished <input type="checkbox"/> Absent	Post-Tibial: <input type="checkbox"/> Present <input type="checkbox"/> Diminished <input type="checkbox"/> Absent

CIRCULATION: ABPI

Right Leg		Left Leg	
Dorsalis Pedis:	Post-tibial:	Dorsalis Pedis:	Post-tibial:
Brachial:	ABPI:	Brachial:	ABPI:

INTERPRETATION OF ABPI

- Abnormal ABPI >1.2 or Non-Compressible** → Refer for segmental compression studies
- Normal = 0.9 to 1.2** → Implement high compression therapy if indicated, i.e. Coban 2, Profore, Proguide, Surepress
- ABPI 0.8 - 0.9** → Mild ischemia (venous) – Moderate to High compression, i.e. Coban 2, Profore, Proguide, Surepress
- ABPI 0.5 to 0.79** → Moderate ischemia (mixed) – Light compression, i.e. Coban 2 Lite, Viscopaste, Tubigrip, refer for segmental compression studies
- ABPI 0.35 to 0.49** → Moderately severe ischemia (arterial) – NO compression, URGENT refer to vascular surgeon
- ABPI 0.2 to 0.34** → Severe ischemia (arterial) – NO compression, URGENT refer to vascular surgeon
- ABPI <0.2** → Critical ischemia (arterial) – NO compression, URGENT refer to vascular surgeon



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SKIN & ANATOMY:

Right Leg		Left Leg	
Venous Signs & Symptoms	Arterial Signs & Symptoms	Venous Signs & Symptoms	Arterial Signs & Symptoms
<input type="checkbox"/> Varicosities/spider veins <input type="checkbox"/> Hemosiderin staining <input type="checkbox"/> Chronic Lipodermatosclerosis <input type="checkbox"/> Acute lipodermatosclerosis <input type="checkbox"/> Stasis dermatitis <input type="checkbox"/> Atrophie blanche <input type="checkbox"/> Woody fibrosis <input type="checkbox"/> Ankle (submalleolar) flare <input type="checkbox"/> Ulcer base shallow, moist with granulation &/or yellow slough/ fibrin, & irregular edges <input type="checkbox"/> Ulcer located in gaiter region (lower 1/3 of calf) <input type="checkbox"/> Ulcer located superior to the medial malleolus <input type="checkbox"/> Scarring from prev. ulc. <input type="checkbox"/> Edema (pitting or firm) <input type="checkbox"/> Family history of venous disease <input type="checkbox"/> History of DVT <input type="checkbox"/> Significant previous lower leg injury <input type="checkbox"/> Previous vein surgery <input type="checkbox"/> Prior history of leg ulceration <input type="checkbox"/> Obesity <input type="checkbox"/> Sedentary lifestyle	<input type="checkbox"/> Hairless } Also seen with Neuropathy <input type="checkbox"/> Thin } <input type="checkbox"/> Shiny } <input type="checkbox"/> Dependent rubor <input type="checkbox"/> Blanching on elevation <input type="checkbox"/> Feet cool/cold/blue <input type="checkbox"/> Toes cool/cold/blue/gangrenous <input type="checkbox"/> Lower temperature in right leg compared to left <input type="checkbox"/> Capillary refill time: > 3 seconds <input type="checkbox"/> Ulcer located on foot or toes <input type="checkbox"/> Ulcer base pale and dry&/or contains eschar <input type="checkbox"/> Ulcer round and punched out in appearance <input type="checkbox"/> Gangrene wet/dry <input type="checkbox"/> Family history of arterial etiology <input type="checkbox"/> Heart disease, CVA, MI <input type="checkbox"/> Diabetes <input type="checkbox"/> PVD <input type="checkbox"/> Intermittent claudication <input type="checkbox"/> Smoking <input type="checkbox"/> Ischemic rest pain	<input type="checkbox"/> Varicosities/spider veins <input type="checkbox"/> Hemosiderin staining <input type="checkbox"/> Chronic Lipodermatosclerosis <input type="checkbox"/> Acute lipodermatosclerosis <input type="checkbox"/> Stasis dermatitis <input type="checkbox"/> Atrophie blanche <input type="checkbox"/> Woody fibrosis <input type="checkbox"/> Ankle (submalleolar) flare <input type="checkbox"/> Ulcer base shallow, moist with granulation &/or yellow slough/ fibrin, & irregular edges <input type="checkbox"/> Ulcer located in gaiter region (lower 1/3 of calf) <input type="checkbox"/> Ulcer located superior to the medial malleolus <input type="checkbox"/> Scarring from prev. ulc. <input type="checkbox"/> Edema (pitting or firm) <input type="checkbox"/> Family history of venous disease <input type="checkbox"/> History of DVT <input type="checkbox"/> Significant previous lower leg injury <input type="checkbox"/> Previous vein surgery <input type="checkbox"/> Prior history of leg ulceration <input type="checkbox"/> Obesity <input type="checkbox"/> Sedentary lifestyle	<input type="checkbox"/> Hairless } Also seen with Neuropathy <input type="checkbox"/> Thin } <input type="checkbox"/> Shiny } <input type="checkbox"/> Dependent rubor <input type="checkbox"/> Blanching on elevation <input type="checkbox"/> Feet cool/cold/blue <input type="checkbox"/> Toes cool/cold/blue/gangrenous <input type="checkbox"/> Lower temperature in left leg compared to right <input type="checkbox"/> Capillary refill time: > 3 seconds <input type="checkbox"/> Ulcer located on foot or toes <input type="checkbox"/> Ulcer base pale and dry&/or contains eschar <input type="checkbox"/> Ulcer round and punched out in appearance <input type="checkbox"/> Gangrene wet/dry <input type="checkbox"/> Family history of arterial etiology <input type="checkbox"/> Heart disease, CVA, MI <input type="checkbox"/> Diabetes <input type="checkbox"/> PVD <input type="checkbox"/> Intermittent claudication <input type="checkbox"/> Smoking <input type="checkbox"/> Ischemic rest pain

Impression: Diabetic foot ulcer, grade ____ stage ____
 Neuropathic foot ulcer (non-diabetic)

Complicated by: Venous disease
 Mixed venous-arterial disease
 Arterial disease
 Lymphedema, stage _____
 Lipedema

Healability: Healable Maintenance Non-Healable/Palliative



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