

## Home Health VNA PROCEDURE FOR DIABETES FOOT EXAM

**Note:** This form is for your reference. It does not need to be turned in.

### 1. Sensory Testing (Test 9 sites on each foot- SEE picture on back)

#### 2. Foot exam

- |  |        |        |
|--|--------|--------|
| a. Is the skin thin, fragile, shiny or hairless?               | Y_____ | N_____ |
| b. Are the nails thick, long, ingrown or infected with fungus? | Y_____ | N_____ |
| c. Are feet excessively warm and dry?                          | Y_____ | N_____ |
| d. Any ulcers present?   | Y_____ | N_____ |
| e. History of foot ulcer?                                      | Y_____ | N_____ |
| f. History of prior amputation?                                | Y_____ | N_____ |
| g. Redness, swelling or inflammation?                          | Y_____ | N_____ |
| h. Corns or calluses?  | Y_____ | N_____ |
| i. Musculoskeletal deformities?(bunions, Charcot foot, etc.)   | Y_____ | N_____ |

#### 3. Pedal Pulses

- |                     |      |        |        |       |        |        |
|---------------------|------|--------|--------|-------|--------|--------|
| a. Posterior tibial | Left | Y_____ | N_____ | Right | Y_____ | N_____ |
| b. Dorsalis pedis   | Left | Y_____ | N_____ | Right | Y_____ | N_____ |

#### 4. Self-Care and Footwear Assessment

- |  |        |        |
|--|--------|--------|
| a. Can patient or caregiver perform daily foot care?   | Y_____ | N_____ |
| b. Are socks or hose bloody or covered with other discharge?   | Y_____ | N_____ |
| c. Does primary footwear have torn lining, foreign objects, non-breathable material, abnormal wear patterns or improper fit? | Y_____ | N_____ |

#### 5. Risk Categorization- Check appropriate box.

##### Low Risk Patient

All of the following:

- Intact protective sensation
- Pedal pulses present
- No deformity
- No prior foot ulcer
- Able to care for feet
- No amputation

##### High Risk Patient

One or more of the following:

- Loss of protective sensation
- Absent pedal pulses
- Foot deformity
- History of foot ulcer or ulcer present
- Unable to care for feet
- Prior amputation
- Other.

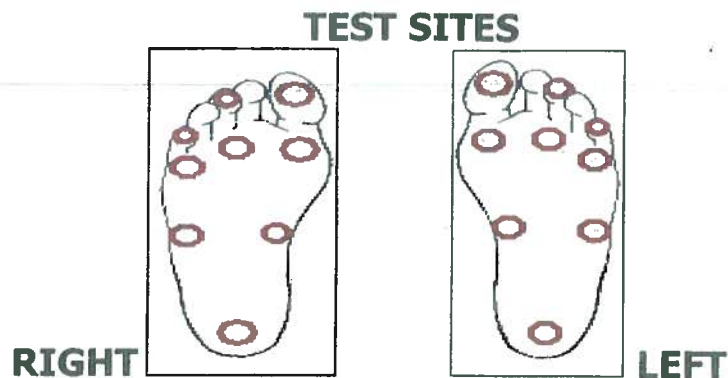
#### 6. Documentation/ Recommended Referrals

- a. Call Log - HIGH RISK FEET or LOW RISK FEET
- b. Teaching- Patient education (see #7 below)
- c. Cardiovascular- Skin (location, description); Circulatory(pedal pulses)
- d. Integumentary- Subjective patient information; skin status
- e. **Recommended Referrals**  
 \_\_\_Podiatrist    \_\_\_Pedorthist    \_\_\_OT    \_\_\_PT    \_\_\_CDE    \_\_\_Wound Care

#### 7. Patient Education (See Teaching Points on back)

- a. Proper footwear
- b. Preventive foot and skin care
- c. Signs/symptoms of impending problem

## SENSORY FOOT-SCREENING (Monofilament Testing)



### **Instructions:**

Hold the monofilament perpendicular to the skin's surface. Use a smooth motion to make skin contact. **Do not** use a sweeping or stabbing motion. Bend the monofilament and pull away from foot. The entire sequence should last about 1.5 seconds.

- Apply monofilament to top of hand or arm of patient so they know what to expect.
- **Do not** apply the monofilament directly on an ulcer site, callus, or scar. Instead, apply it along the perimeter of the site.
- Use a random sequence to discourage patients from expecting a particular area of the foot to be touched.
- Ask the patient to respond "YES" when the monofilament is felt. If the patient does not respond to a particular point on the foot, continue to another site. After completing the sequence, **REPEAT** the site(s) where the patient did not indicate sensation. **Do not** prompt patient (i.e., "Can you feel this?")
- Loss of sensation at any one of the sites places patient in the high risk category.
- Monofilament can be cleaned with alcohol and reused.

### **TEACHING POINTS (Give patient handout "Footcare for People with Diabetes")**

#### **1. Proper Footwear**

- a. Appropriate shoes, daily inspection by sweeping inside of shoe with hand
- b. Appropriate socks (cotton, synthetic blend or wool)
- c. Teach never to go barefoot
- d. Refer to podiatrist for diabetic footwear, if needed (Canney Medical 1-866-394-0186)

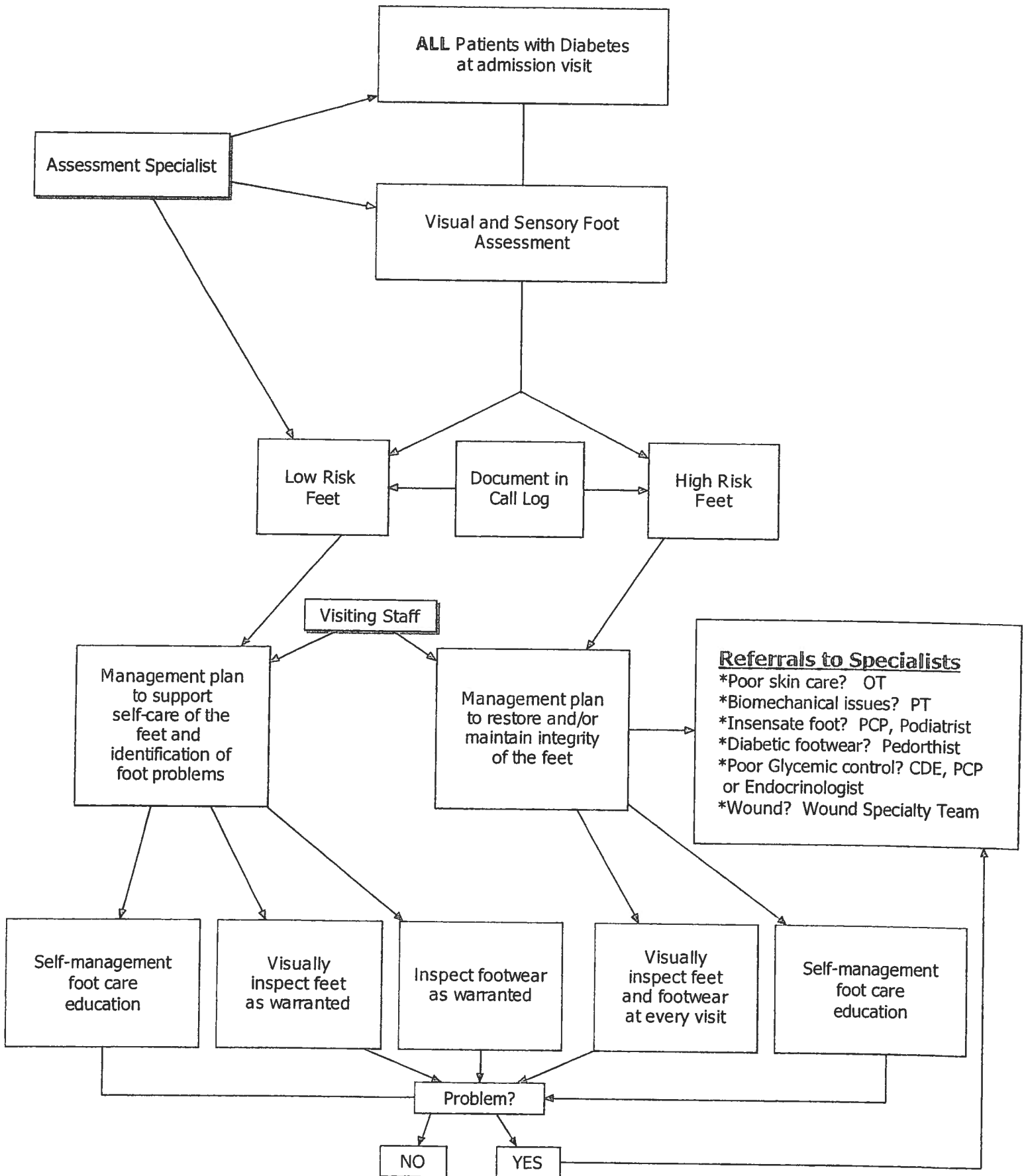
#### **2. Preventive Foot and Skin Care**

- a. Proper cleaning, drying and moisturizing (not between toes)
- b. Daily foot inspection
- c. Care of nails, corns or calluses
- d. Cautions on water temperature and foot soaks (No soaking, pedicures, electric blankets or heating pads if high risk feet)

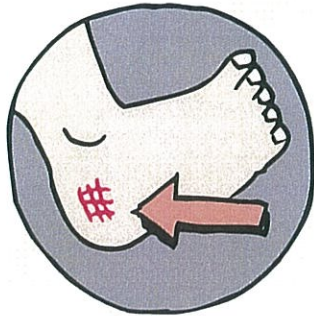
#### **3. Signs and Symptoms of Impending Foot Problem**

- a. Teach to look for skin color changes
- b. Teach rubbing hand along back of foot to detect cool or especially warm spots
- c. Teach to notify physician about pain in legs
- d. Teach to recognize ingrown or fungal toenails
- e. Teach to recognize corns or calluses
- f. Teach to assess swelling of foot or ankle
- g. Teach to report to physician open sores, new injury/trauma wound or other problem

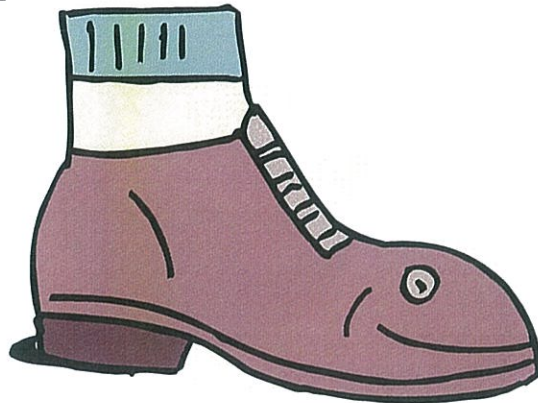
# Flow Chart for Diabetes Foot Screen/Education



# TIPS FOR GOOD FOOT CARE



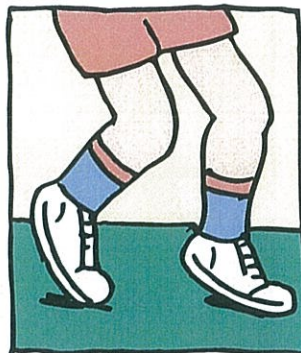
Check your feet and toes daily for cuts, bruises, or swelling



Wear shoes and socks that fit well



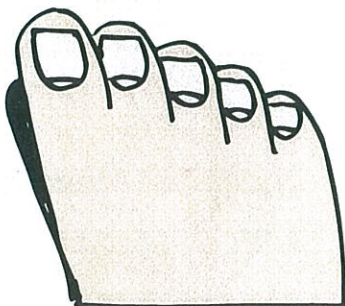
Use skin lotion to avoid dry feet (but not between your toes)



Exercise every day for at least 20 to 30 minutes



Wash and dry your feet every day. Use warm (not hot) water and mild soap



File your toenails straight across



See your doctor right away if you hurt your feet



Don't go barefoot - ever!

# Foot Care for People with Diabetes

People with diabetes have to take special care of their feet.



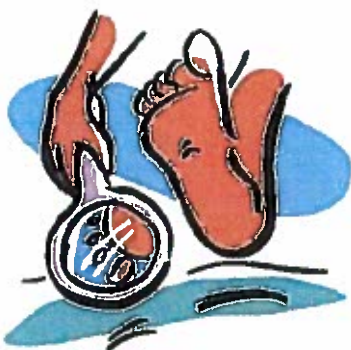
**1** Wash your feet daily with lukewarm water and soap.



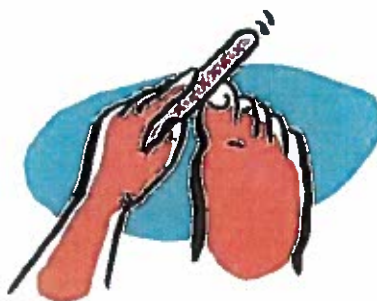
**2** Dry your feet well, especially between the toes.



**3** Keep the skin soft with a moisturizing lotion, but do not apply it between the toes.



**4** Check your feet for blisters, cuts or sores, redness or swelling. Tell your doctor right away if you find something wrong.



**5** Use an emery board to gently shape your toenails straight across. Do not use scissors or nail clippers.



**6** Wear clean, soft socks that fit you.



**7** Keep your feet warm and dry. If you can, wear special padded socks and always wear shoes that fit well.



**8** Never walk barefoot indoors or outdoors.



**9** Examine your shoes every day for cracks, pebbles, nails or anything that could hurt your feet.

**Take good care of your feet - and use them.  
A brisk walk every day is good for your feet.**

For more information, call the Novo Nordisk Tip Line at 1-800-260-3730 or visit us online at [ChangingDiabetes-us.com](http://ChangingDiabetes-us.com).

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