

## SCREENING TOOL FOR DIABETES FOOT EXAM

This form is for your reference. It is designed to assist you with determining patient's risk of foot ulcers and/or amputation.

### 1. Foot exam

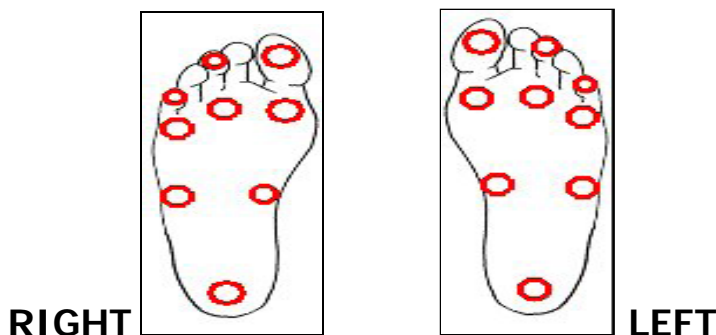
- |  |      |      |
|--|------|------|
| a. Is the skin thin, fragile, shiny or hairless?               | Y___ | N___ |
| b. Are the nails thick, long, ingrown or infected with fungus? | Y___ | N___ |
| c. Are feet excessively warm and dry?                          | Y___ | N___ |
| d. Any ulcers present?   | 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___ |

### 2. Pedal Pulses

- |                     |      |      |      |       |      |      |
|---------------------|------|------|------|-------|------|------|
| a. Posterior tibial | Left | Y___ | N___ | Right | Y___ | N___ |
| b. Dorsalis pedis   | Left | Y___ | N___ | Right | Y___ | N___ |

### 3. Sensory Testing (Monofilament exam)

#### TEST SITES



#### 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.

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

- a. Can patient or caregiver perform daily foot care (including ability to visualize bottom of feet)? 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/Education/Referrals**

- a. Integumentary- Subjective patient information; skin status(location, description); pedal pulses
- b. Call Log - HIGH RISK FEET or LOW RISK FEET

**c. Referrals**

\_\_\_\_Podiatrist    \_\_\_\_Podorthist    \_\_\_\_OT    \_\_\_\_PT    \_\_\_\_CDE    \_\_\_\_Wound Care

**d. Education (refer to "Foot Care 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

**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