

**GENERIC- Simplified 60 Second Screen for the
HIGH RISK DIABETIC FOOT 2016**

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Name: _____ ID#: _____ Phone #: _____ Facility: _____ DOB (dd/mm/yy): _____ / _____ / _____ Gender: M <input type="checkbox"/> F <input type="checkbox"/> Years with diabetes: _____ Ethnicity: Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Aboriginal <input type="checkbox"/> Other <input type="checkbox"/> Date of Exam (dd/mm/yy): _____ / _____ / _____		<u>CHECK BOTH FEET</u> (Circle correct response) YES on either foot is = HIGH RISK <table style="width:100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">LEFT</td> <td style="width: 50%; text-align: center;">RIGHT</td> </tr> </table>				LEFT	RIGHT
LEFT	RIGHT						
History	1. Previous Ulcer	NO	YES	NO	YES		
	2. Previous amputation	NO	YES	NO	YES		
Physical exam	3. Deformity	NO	YES	NO	YES		
	4. Ingrown toenail (thickened nail fold)	NO	YES	NO	YES		
Foot lesions <i>Remember to check 4th and 5th web spaces and nails for fungal infection</i> <i>Remember to check for inappropriate footwear</i>	5. Absent pedal pulses (Dorsalis Pedis and/ or Posterior Tibial)	NO	YES	NO	YES		
	6. Active ulcer	NO	YES	NO	YES		
	7. Blisters	NO	YES	NO	YES		
	8. Calluses (thick plantar skin)	NO	YES	NO	YES		
Neuropathy <i>MORE THAN 4/10 SITES LACKING FEELING = "YES"</i>	9. Monofilament exam (record negative reaction): a) Right _____ / 10 negatives (≥ 4 negatives = Yes)	NO	YES	NO	YES		
	b) Left _____ / 10 negatives (≥ 4 negatives = Yes)	NO	YES	NO	YES		
	Total # of YES: _____	Total # of YES: _____					

PLAN

a) POSITIVE SCREEN- Results when there are one or more “Yes” responses. **Refer to a foot specialist or team for prevention, treatment and follow up.** (Bony deformity, current ulcer, absent pulse are most urgent). These individuals are at increased risk of a foot ulcer and/or infection. Patients should be educated on what changes to observe and report, while waiting for the specialist appointment.

Referral to: _____ **Appointment time:** _____

b) NEGATIVE SCREEN- Results when there are all “No” responses. **No referral required.**
Educate patient to report any new changes to their healthcare provider and re-examine in 1 year.

One Year Date for Re-Examination (dd/mm/yy): _____ / _____ / _____

Completed By: _____ **Date:** _____

Additional Note:

For **POSITIVE SCREENING**, in addition to referral plan above, **positive risk factors** can be linked to the care recommendations in “Root Risk Classification and Follow- Up Guide” table on the bottom of reverse side. Local referral patterns may vary depending on expertise and available resources.

General Instructions:

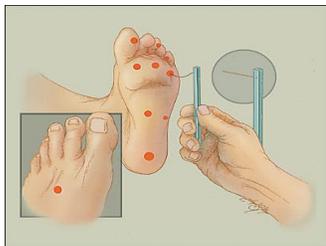
This diabetic foot screening tool is designed to identify individuals with high-risk diabetic feet. The screening tool is a simplified 60-second assessment for each foot, to be implemented by any healthcare provider. Preparation involves having a 5.07g monofilament available and asking patient to remove their shoes and socks.

Normal screening findings are indicated as “No” (not requiring referral) and abnormal screening findings are indicated as “Yes” (requiring referral). Generation of a list of local reputable foot specialists and/or teams for referring is recommended.

Screening involves:

- Inform patient about the simplified 60-second screening and explain the reason for the examination.
- Fill in patient’s demographic data in top left section of screening tool.
- Assess both feet. Circle either a “Yes” or “No” response to questions 1-9.
- **Any “Yes” response requires follow up or a referral to a foot specialist and/or team.**

Question	“Yes” Response
1	“Yes”, if previous ulcer from history is observed : Ask the patient and assess both lower legs and feet for the presence of a healed ulcer as evidenced by scar tissue.
2	“Yes”, if previous amputation : of digit(s), foot or limb is observed.
3	“Yes”, if deformity : and/or abnormalities in shape or structure of either feet is observed (bony prominences/hammer toes).
4	“Yes”, if ingrown toenail present . Inspect distal corners for embedded nail and/or thickened nail fold skin.
5	“Yes” If absent pedal pulses (palpate Dorsalis Pedis and if absent check Posterior Tibial). A yes answer requires absence of both pulses.
6	“Yes”, if active ulcer(s) present : Openings in the skin with a dermal or deeper base.
7	“Yes”, if blisters present : Observe for fluid (serum, blood or pus) under intact skin surface.
8	“Yes”, if callus present (thick scale on plantar skin) : Assess and inspect for presence of thick areas of keratin on the bottom or sides of feet and toes.
9	“Yes” of monofilament Exam identified 4 or more negative reactions (lack of feeling) : Follow the monofilament exam instructions below. Each foot is examined separately.



Steps for Monofilament Test for Neuropathy:

- Show and touch monofilament to patient’s arm or upper leg.
- Ask the patient to close their eyes and say yes when they feel the monofilament.
- Touch monofilament until filament bends in a letter “c” shape, assessing all 10 areas on diagram (Do not test over calluses, scars or ulcers)
- **Lack of feeling (4 or more out of 10) - indicates a negative reaction = Neuropathy = “YES” on screening tool**

Foot Risk Classification and Follow-up Guide

Assessment Findings ↓	Risk	Follow Up (mths)	Prof. Nail Care	Shoes	Orthotics + Diabetic Socks	Activity
No Neuropathy	0	12	-	Well fitting	Well fitting shoes	As able
Neuropathy	1	6	+/-	Professional fit	Custom full contact	As able, monitor, guided by foot exam
Deformity	2a	3-4	+/-	+/- custom fit	Custom full contact	Avoid excessive walking, √ non-impact exercises
Peripheral Vascular Disease	2b	3-4	+	Professional fit	Soft full contact	Dependent on ischemic pain, √ non-impact exercises
Ulcer Hx or Active ulcer	3a	1-2	+/-	Professional fit	Custom fitted	Activity dependant on exam, √ non-impact exercises
Hx Amputation	3b	1-2	+/-	Special clinic (assessment) Modified footwear	Specialized clinic: amputation/prostheses, +/- walking aid	Based on tissue tolerance, √ non-impact exercises