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|  | **DIABETES FOOT SCREENING & RISK STRATIFICATION FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *Please fill in blank spaces, tick or circle applicable highlighted areas.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Date | | |  | | | | Location | | |  | | | | | | | | | | | | | Date of last assessment | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PATIENT DETAILS** | Name | | |  | | | | | | | | | | | | NHI |  | | |  | | **MEDICAL HISTORY** | | | | | | | | | | |
|  | Address | | |  | | | | | | | | | | | | DOB |  | | |  | | Type | | DM1 DM2 | | | | | Duration | |  | |
|  |  | | | | | | | | | | | | | | | AGE |  | | |  | | Treatment | | | insulin  OHAs  diet | | | | | | | |
|  | Phone | | |  | | | | | | | Ethnicity | | |  | | | | | |  | | Latest HbA1c | | | |  | | | When | |  | |
|  | GP | |  | | | | | | | | | | | | | | | | |  | | Random BGL | | | |  | | | CVD Risk | | | **%** |
|  | Practice | | |  | | | | | | | | | | Phone | |  | | | |  | | Renal | | eGFR | |  | | | Creatinine | | |  |
| Smoker | | | | yes no | | | ABC Provided | | | yes no |
| **DIABETES FOOT SCREENING** | | | | | | | | | | | | | | | | | | | |  | | **RISK STRATIFICATION** | | | | | | | | | | |
| **NEUROLOGICAL TESTING** | **10g Monofilament Testing Sites** | | | | | | | | | | **Loss of protective sensation (LOPS) if < 11 sites detected from both feet** | | | | | | | | |  | | **LOW RISK FOOT**  No risk factors present e.g. no loss of protective sensation orabsent or diminished pulses.  **ACTION**  Annual screening by a suitable trained nurse or health professional. Agreed self-management plan. Provide written and verbal education with emergency contact numbers. Appropriate access to podiatrist if required. | | | | | | | | | | |
|  | **LEFT**  **RIGHT** | | | | | | | | | |  | | | | | | | | |  | |  | | | | | | | | | | |
|  |  | | | | | | | | | |  | | **/ 12 sites** | | | LOPS | | yes no | |  | |  | | | | | | | | | | |
|  |  | | | | | | | | | | Painful neuropathy (pain, paraesthesia, | | | | | | | | |  | |  | | | | | | | | | | |
|  |  | | | | | | | | | | numbness, burning, sharp) | | | | | | | yes no | |  | |  | | | | | | | | | | |
|  |  | | | | | | | | | | Specify | | | | | | | | |  | | **MODERATE FOOT**  One risk factor present e.g. loss of sensation, absent or diminished pulses without callus or deformity.  **ACTION**  Annual risk assessment by a podiatrist. Agreed and customised management and treatment plan outlined by podiatrist according to patient’s needs. Provide written and verbal education with emergency numbers. | | | | | | | | | | |
|  | **** | Detected | | | | **** | Not detected | | | |  | | | | | | | | |  | |  | | | | | | | | | | |
| **VASCULAR** | **RIGHT FOOT** | | | | | | | | | |  | **LEFT FOOT** | | | | | | | |  | |  | | | | | | | | | | |
|  | Palpable Dorsalis Pedis | | | | | | | yes no | | |  | Palpable Dorsalis Pedis | | | | | | yes no | |  | |  | | | | | | | | | | |
|  | Palpable Posterior Tibial | | | | | | | yes no | | |  | Palpable Posterior Tibial | | | | | | yes no | |  | |  | | | | | | | | | | |
|  | Previous Vascular Surgery | | | | | | | | yes no | | | When? | | | |  | | | |  | | **HIGH RISK FOOT**  Previous amputation or ulceration or more than two risk factors present e.g. loss of sensation, absent or diminished pulses, PAD, foot deformity with significant callous formation, pre-ulcerative lesions, end stage renal failure or Māori ethnicity.  **ACTION**  Annual assessment by podiatrist. Agreed and customised management and treatment plan by podiatrist according to patient’s needs. Provide written and verbal education. Referral for specialist intervention if/when required | | | | | | | | | | |
|  | Intermittent Claudication | | | | | | | | yes no | | | Night or Rest Pain | | | | | | yes no | |  | |  | | | | | | | | | | |
|  | If yes (describe) | | | | |  | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
| **RISK FACTORS** | Previous diabetes amputation | | | | | | | | | yes no | | | Previous ulceration | | | | | yes no | |  | |  | | | | | | | | | | |
|  | Significant structural foot deformity | | | | | | | | | yes no | | | End stage renal failure | | | | | yes no | |  | |  | | | | | | | | | | |
|  | Significant callous / pre-ulcerative lesion | | | | | | | | | | yes no | | | Māori Ethnicity | | | | yes no | |  | |  | | | | | | | | | | |
|  | Foot care: patient is capable or has help to self-manage foot care | | | | | | | | | | | | | | | | | yes no | |  | | **ACTIVE FOOT DISEASE**  Presence of active ulceration, unexplained hot, red, swollen foot with or without the presence of pain (suspected Charcot foot), severe or spreading infection or critical limb ischaemia.  **ACTION**  Urgent referral to Multi-disciplinary or Hospital Foot Clinic for active ulceration and suspected Charcot foot. Urgent Hospital admission for severe or spreading infection or critical limb ischaemia. Provide written and verbal education with emergency contact numbers. | | | | | | | | | | |
|  | Others (specify) | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
| **ACTIVE**  **FOOT** | Active Ulceration | | | | | yes no | | | Suspected Charcot Foot (see desc.) | | | | | | | | | yes no | |  | |  | | | | | | | | | | |
|  | **If yes, urgent referral to Multi-disciplinary or Hospital Foot Clinic.**  **Urgent hospital admission for severe or spreading infection or critical limb ischaemia.** | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | |  | |  | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  |  |
| **ACTION** | **Risk category** | | | | **Active Foot Disease** | | | | | | | | **High Risk Foot** | | | | | | **Moderate Risk Foot** | | | | | | | | | **Low Risk Foot** | | | | |
|  | Patient informed of risk category | | | | | | | | | | Patient instructed on risk management | | | | | | | | | Education pamphlets provided to patient | | | | | | | | | | | | |
|  | Currently attending: | | | | | | MDT/ Hospital Foot Clinic | | | | | | | | Community Podiatrist | | | | | | Private Podiatrist | | | | | | Patient self-cares | | | | | Nil |
|  | Refer to: | | | Hospital Foot Clinic | | | | | | | Community Podiatrist | | | | | | Diabetes Service | | | | | | Vascular Service | | | | | | | District Nursing | | |
|  | Other | | | Specify | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Additional comments | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Screened by | | | |  | | | | | | | | | | Designation | | |  | | | | | | Clinic | |  | | | | | | |

Adapted from the Foot Action Group (Scottish Diabetes Group) by PSIG (NZSSD)

**DIABETES FOOT SCREENING AND RISK STRATIFICATION**

**Urgent referral to the Multi-disciplinary or Hospital Foot Clinic for active ulceration or suspected Charcot foot. Urgent admission for severe or spreading infection or critical limb ichaemia. Provide written and verbal education with emergency contact numbers.**

**Presence of active ulceration, unexplained hot, red, swollen foot with or without the presence of pain (suspected Charcot foot),**

**severe or spreading infection, or critical limb ischaemia.**

Adapted from the Foot Action Group (Scottish Diabetes Group) by PSIG (NZSSD)

**ACTION**

**Annual assessment by a podiatrist. Agreed and customised management plan with a podiatrist according to patient needs. Provide written and verbal education with emergency contact numbers. Referral to specialist if required.**

**ACTION**

**Annual risk assessment by a podiatrist. Agreed and customised management plan outlined by podiatrist according to patient needs. Provide written and verbal education with emergency contact numbers.**

**ACTION**

**ACTION**

**One risk factor present – e.g. loss of sensation, absent or diminished pulses without callus or deformity.**

**DEFINITION**

**DEFINITION**

**DEFINITION**

**Annual screening by a trained Nurse or Health Professional. Agreed self-management plan. Provide written and verbal education with emergency contact numbers. Appropriate access to podiatrist if required.**

**No risk factors present - no loss of sensation or absent or diminished pulses.**

**DEFINITION**

**Previous amputation or ulceration**

**or more than two risk factors present –e.g. loss of sensation, absent or diminished pulses, PAD, foot deformity with callus, pre-ulcerative lesions, end stage renal failure or Māori ethnicity.**

**REFERRAL PATHWAY FOR DIABETES FOOT SCREENING AND ASSESSMENT**

**Active**

**High Risk**

**Moderate Risk**

**Low Risk**

**Refer to Private Podiatry**

**Refer to Community Podiatry**

**One risk factor present**

* Loss of protective sensation
* Absent or diminished pulses
* Foot deformity with callus
* Pre-ulcerative lesion
* Protective sensation intact (10g pressure)
* One or more pulse present in each foot

**Refer to Multi-disciplinary or Hospital Foot Clinic**

**Admit to Hospital**

**Definition**

* Active foot ulcer
* Spreading infection
* Critical Limb Ischaemia
* Gangrene
* Hot swollen foot with/or without pain-possible active Charcot
* Previous amputation
* Previous ulceration

**Or two or more of the following:**

* Loss of protective sensation
* Absent or diminished pulses
* PAD
* Charcot deformity
* Foot deformity with callus
* End stage renal failure
* Māori ethnicity
* Specialist intervention when appropriate
* Review of footwear with referral to orthotist if appropriate
* Urgent referral Multi-disciplinary or Hospital Foot Clinic
* Emergency admission if rapidly deteriorating or systemically unwell
* Urgent referral to vascular with acuteischaemia
* Agreed and tailored management plan according to patient needs
* Provide writtenand verbal education with emergency contact numbers
* Annual foot screening by health professional
* Encourage self-management
* Footwear assessment

Refer to podiatry for assessment and management

* Annual risk assessment by podiatrist
* Encourage self-management
* Footwear assessment

Adapted from the Foot Action Group (Scottish Diabetes Group) by PSIG (NZSSD)

**Action**

* Optimise diabetes control
* Written and verbal foot health education as appropriate
* Agreed and tailored management/treatment plan according to patient needs

Refer to podiatry as appropriate

**Referral**

Refer only for problems requiring podiatry input

**REFERRAL PATHWAY FOR ACTIVE DIABETIC FOOT DISEASE**

**ALL PATIENTS WITH ACTIVE FOOT DISEASE**

* Ongoing review by appropriately skilled

and experienced podiatrist

* Information given about future foot care and how to access services in an emergency
* Refer to Orthotist for footwear if clinically required.
* Antibiotics as required
* Referral to vascular, orthopaedics, surgical or medical if clinically required

**MULTI-DISCIPLINARY/HOSPITAL FOOT CLINIC**

Postal Address:

Physical Address:

Tel:

Fax:

Adapted from the Foot Action Group (Scottish Diabetes Group) by PSIG (NZSSD)

**High Risk**

* Foot intact and stable
* Previous amputation
* Previous ulceration
* Referral to community podiatry service for ongoing management

**Active Foot Disease**

* Active foot ulcer
* Hot swollen foot with/or without pain-suspected Charcot foot
* Severe or spreading infection
* Critical limb ischaemia
* If in doubt, refer or contact to discuss

**URGENT VASCULAR REVIEW**

Acute / critical limb ischaemia

* Discolouration of toes/foot: pale, dusky, black
* Signs of necrosis
* Pain at rest, often at night

If in doubt, seek advice from the Multi-disciplinary or Hospital Foot Clinic

**MEDICAL ADMISSION**

Severe infection

* Rapid deterioration of ulcer
* Deep abscess
* Spreading cellulitis
* Systemically unwell

Access to surgical team if required

If in doubt, seek advice from the Multi-disciplinary or Hospital Foot Clinic

**Management**

**Referral Pathway**

**Risk Status**

**COMMUNITY PODIATRY**

Postal Address:

Physical Address:

Tel:

Fax:

**COMMUNITY PODIATRY SERVICE**

**MULTIDISCIPLINARY/HOSPITAL FOOT CLINIC**