

# DIABETES FOOT SCREENING & RISK STRATIFICATION FORM

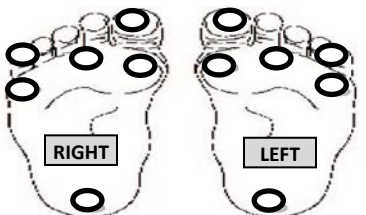
*Please fill in blank spaces, tick or circle applicable highlighted areas.*

Date		Location		Date of last screening	
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<b>PATIENT DETAILS</b>	Name			NHI	
	Address			DOB	
				AGE	
	Phone		Ethnicity		
	GP				
	Practice		Phone		

MEDICAL HISTORY				
Type	DM1	DM2	Duration	
Treatment	<input type="checkbox"/> insulin <input type="checkbox"/> OHAs <input type="checkbox"/> diet			
Latest HbA1c		When		
Random BGL		CVD Risk	%	
Renal	eGFR	Creatinine		
Smoker	yes	no	ABC Provided	yes no

## DIABETES FOOT SCREENING

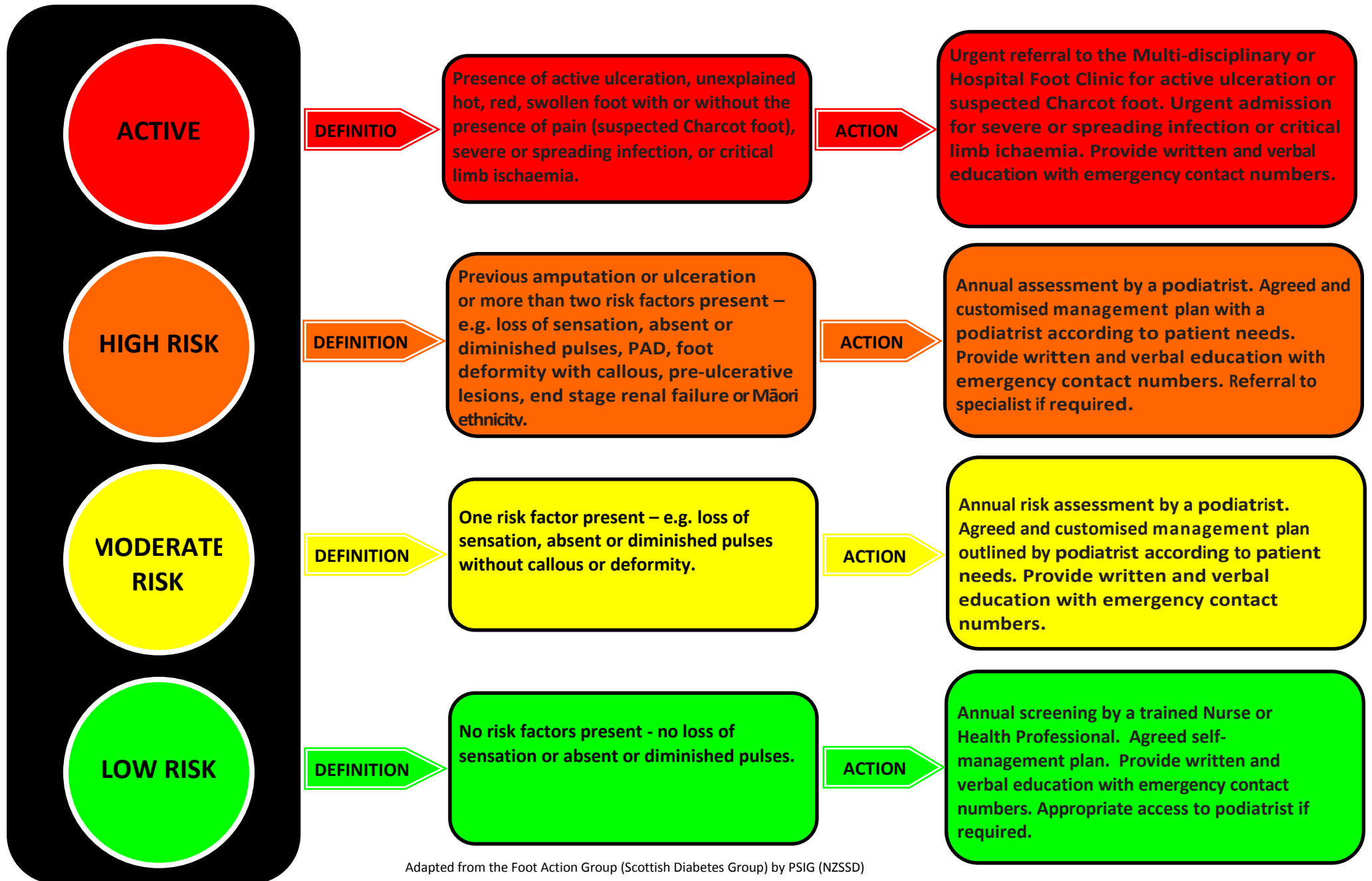
<b>NEUROLOGICAL TESTING</b>	<b>10g Monofilament Testing Sites</b>		Loss of protective sensation (LOPS) if < 11 sites detected from both feet		
			/ 12 sites	LOPS   yes   no	
	Painful neuropathy (pain, paraesthesia, numbness, burning, sharp)		yes   no		
	Specify				
	<input checked="" type="checkbox"/> Detected	<input type="checkbox"/> Not detected			
<b>VASCULAR</b>	<b>RIGHT FOOT</b>		<b>LEFT FOOT</b>		
	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?		
	Intermittent Claudication	yes   no	Night or Rest Pain	yes   no	
	If yes (describe)				
<b>RISK FACTORS</b>	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			
	Others (specify)				
<b>ACTIVE FOOT</b>	Active Ulceration	yes   no	Suspected Charcot Foot (see desc.)	yes   no	
	<b>If yes, urgent referral to Multi-disciplinary or Hospital Foot Clinic.</b> <b>Urgent hospital admission for severe or spreading infection or critical limb ischaemia.</b>				

## RISK STRATIFICATION

<b>LOW RISK FOOT</b>
No risk factors present e.g. no loss of protective sensation or absent or diminished pulses.
<b>ACTION</b>
Annual screening by a suitable trained nurse or health professional. Agreed self-management plan. Provide written and verbal education with emergency contact numbers. <u>Appropriate access to podiatrist if required.</u>
<b>MODERATE FOOT</b>
One risk factor present e.g. loss of sensation, absent or diminished pulses without callus or deformity.
<b>ACTION</b>
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.
<b>HIGH RISK FOOT</b>
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.
<b>ACTION</b>
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
<b>ACTIVE FOOT DISEASE</b>
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.
<b>ACTION</b>
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.

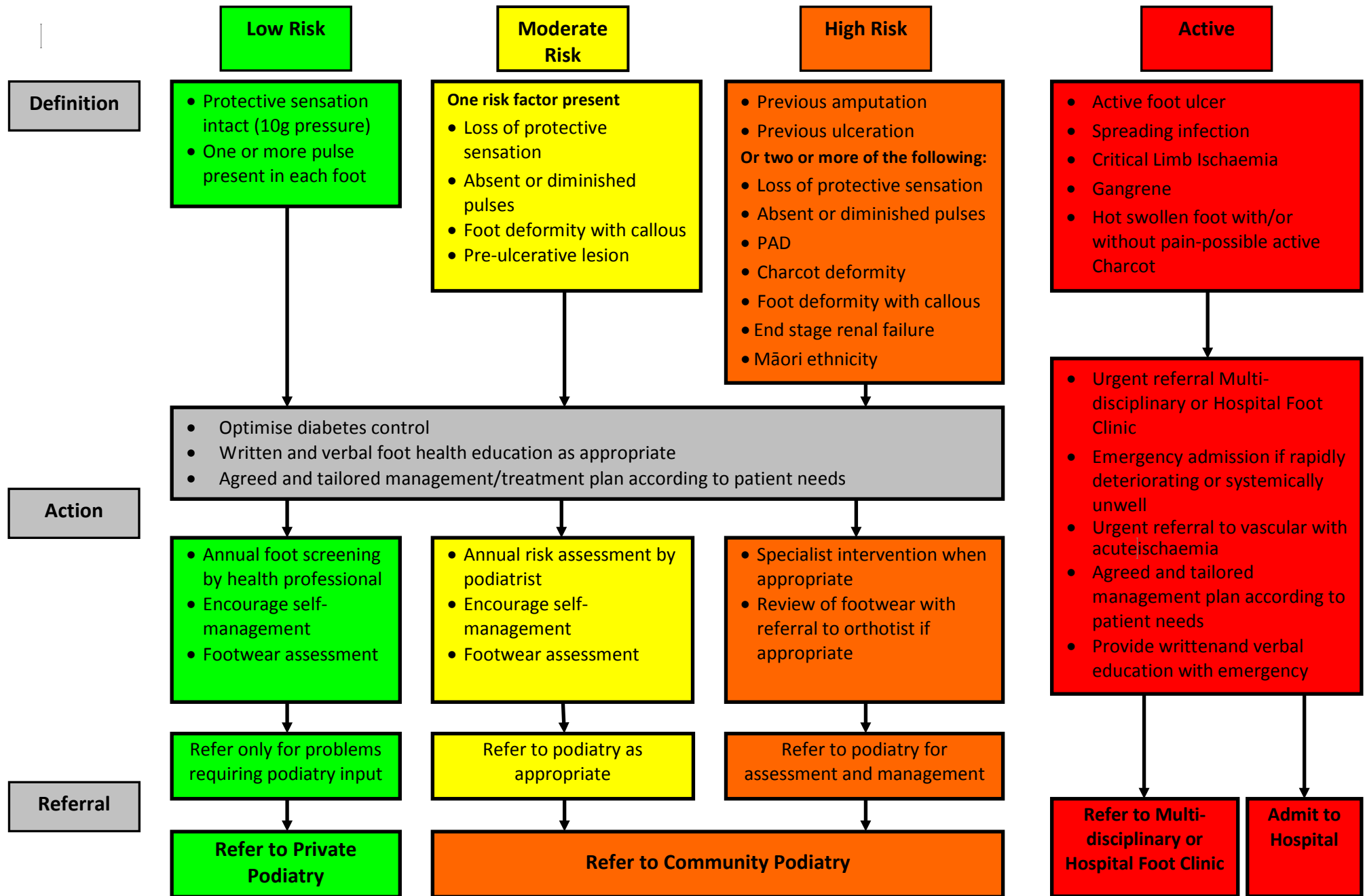
<b>ACTION</b>	Risk category	<input type="checkbox"/> Active Foot Disease	<input type="checkbox"/> High Risk Foot	<input type="checkbox"/> Moderate Risk Foot	<input type="checkbox"/> Low Risk Foot	
	<input type="checkbox"/> Patient informed of risk category	<input type="checkbox"/> Patient instructed on risk management	<input type="checkbox"/> Education pamphlets provided to patient			
	Currently attending:	<input type="checkbox"/> MDT/ Hospital Foot Clinic	<input type="checkbox"/> Community Podiatrist	<input type="checkbox"/> Private Podiatrist	<input type="checkbox"/> Patient self-cares	<input type="checkbox"/> Nil
	Refer to:	<input type="checkbox"/> Hospital Foot Clinic	<input type="checkbox"/> Community Podiatrist	<input type="checkbox"/> Diabetes Service	<input type="checkbox"/> Vascular Service	<input type="checkbox"/> District Nursing
	<input type="checkbox"/> Other	Specify				
	Additional comments					
	Screened by		Designation		Clinic	

## DIABETES FOOT SCREENING AND RISK STRATIFICATION



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

# REFERRAL PATHWAY FOR DIABETES FOOT SCREENING AND ASSESSMENT



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

# REFERRAL PATHWAY FOR ACTIVE DIABETIC FOOT DISEASE

