|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Presence of Diabetes Complications**   Check all that apply:  Peripheral Neuropathy  Nephropathy □Dialysis  Retinopathy □ Visually impaired  Peripheral Vascular Disease  Cardiovascular Disease  Amputation (Date, Side, Level) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Current ulcer  History of slow healing ulcer | | | **II.Current History:**  Pain in the calf muscles when walking that is relieved by rest  Burning or tingling pain in feet especially at night  \_\_\_Pain scale:(1 mild - 10 extreme)  Changes in feet since last visit  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Problems with shoes  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Difficulty providing own foot care  Blood or discharge on socks  .History of smoking  Current use of commercial tobacco  \_\_\_\_\_Pks/day  \_\_\_\_\_Most recent HbA1c result | | | **III. Foot Exam**  **1.Skin, hair and nail condition:**  Skin is thin, fragile shiny and hairless?  Nails are thick, long, ingrown or infected with fungal disease  **2.Note musculoskeletal deformities:**  Toe deformities  Bunions (Hallus Valgus)  Charcot Foot  Foot drop  Prominent metatarsal heads  **3.Pedal Pulses:**  *Use: P=present; A=Absent*  Posterior tibial: Left \_\_\_ Right \_\_\_  Dorsalis pedis Left \_\_\_ Right \_\_\_  If absent, check blanching time for return of color.(<5 seconds normal)  Left \_\_\_ Right \_\_\_ | |
| 4. In the foot diagrams below, draw and label patient’s skin condition using this key:  C=Callus U=Ulcer PU=Pre-ulcer  F=Fissure M=Maceration R=Redness  S=Swelling W=Warmth D=Dryness  Sensory Foot Exam: Label sensory level with a **(+)** in the five circled areas of the foot if the patient can feel the 5.07 (10-gram) Semmes-Weinstein nylon monofilament and a (-) if the patient cannot feel the filament. | | | | | | | |
| **Notes:** | **Left** | | | **Right** | | | **Notes:** |
| IV. **Risk Categorization:** Check appropriate box. | | | | | **V. Foot Wear Assessment:** Check all that apply. | | |
| **Low Risk Patient**  All of the following:  Has protective sensation  Pedal Pulses present  No deformity  No prior foot ulcer  No amputation | | **High Risk Patient**  One or more of the following:  Loss of protective sensation  Absent pedal pulses  Foot deformity  History of foot ulcer  Prior amputation | | | Patient wears appropriate shoes  VI. Education Check education received.  EPIC Session Four  Foot care for High Risk Patient  Patient demonstrates appropriate foot care  Patient needs smoking cessation  Patient needs diabetes education | | |
| **VII. Management Plan:** Check all that apply  **1.Self-Management Education**  Provided “Feet Can Last a Lifetime”  Provided “Selecting Protective Shoes”  Basic foot care in EPIC  Diabetes education for High Risk Feet | | | | **Referrals to**:  Evaluation/Approval for therapeutic shoes  RN Specialist for Foot Care/Wound Care  Medical assessment today  Other: | | | |
| Nurse signature: Date: Provider signature: Date: | | | | | | | |

Name: DOB: Chart:

**Foot assessment**

Muscogee Creek Nation