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| 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:**[x]  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-ulcerF=Fissure M=Maceration R=RednessS=Swelling W=Warmth D=DrynessSensory 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 shoesVI. 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