

Basic Foot Assessment Checklist and Action Plan

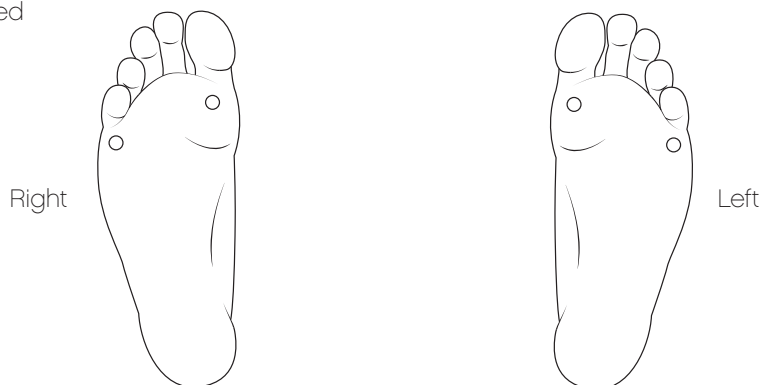
1. Ask the patient	neuropathic symptoms	Y	N
	rest pain	Y	N
	intermittent claudication	Y	N
	previous foot ulcer	Y	N
	amputation	Y	N
	specify site:	Date / /	

2. Look at both feet	infection	Y	N
	ulceration	Y	N
	calluses or corns	Y	N
	skin breaks	Y	N
	nail disorders	Y	N

3. Check foot pulses		Left		Right	
	Dorsalis pedis	Y	N	Y	N
	Posterior tibial	Y	N	Y	N

4. Test for neuropathy	Monofilament*	Left		Right	
		Y	N	Y	N

*detected at site marked



5. Assess footwear	style	Good	Poor
	condition	Good	Poor
	fit	Good	Poor

6. Assess education need	Does the patient understand the effects of diabetes on foot health?	Y	N
	Can the patient identify appropriate foot care practices?	Y	N
	Are the patient's feet adequately cared for?	Y	N

7. Assess self-care capacity	Does the patient have impaired vision?	Y	N
	Can the patient reach own feet for safe self-care?	Y	N
	Are there other factors influencing ability to safely care for own feet?	Y	N

All people with diabetes need to have their feet assessed with these seven simple steps every 6 months, or more often if problems are identified

Action Plan following Basic Foot Assessment

Date of referral

Patient name

Service provider

Is the foot high-risk? Yes No (recheck in 6 months)

- If yes, why?
- history of previous foot ulceration or problems
 - peripheral neuropathy
 - peripheral vascular disease
 - foot deformity
 - other

Action*

Record details of personnel referred to

Where resources are unavailable, indicate and describe alternative care provision

Ulceration or significant infection

referred to multidisciplinary team:

'High-risk' foot

referred to podiatrist and/or multidisciplinary team:

referred for medical assessment at least every 6 months

and foot examination every 3 months:

Active foot problem

referred to podiatrist:

Symptomatic peripheral vascular disease

referred to vascular surgeon:

involving endocrinologist/physician:

Symptomatic peripheral neuropathy

referred to endocrinologist:

Foot deformity or abnormality

referred to podiatrist:

Inadequate knowledge or foot care practices

referred to:

or education provided Yes

* The individual's General Practitioner or Local Medical Officer will usually be responsible for coordinating the individual's care and should be informed of referrals, interventions and progress