


Navigate to Advanced forms  open Diabetes Foot Risk Assessment

Complete the form ensuring mandatory fields marked with red line  are completed

The form automatically calculates the risk category or stratification. For low risk feet you can press OK and the risk category and screening term will be written into the daily notes.

View Consultation [7 Apr 2014]

Main | More | Audit

Subjective

Diabetes Foot Screening and Risk Stratification completed:
Low Risk Foot

Objective

CE

Details P

Diabetes Foot Risk Assessment

If the patient meets the 'at risk' or 'high risk' criteria and you wish to refer to community podiatry tick the box and then complete the rest of the form that will appear

Risk category:

☐ Active Foot Disease
☒ High Risk Foot
☐ At Risk Foot
☐ Low Risk Foot

Previous amputation or ulceration or two or more 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 Maori ethnicity.

Actions:

- 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.

Action:

Actions taken today:

☐ 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

Referred to:

☐ Hospital Foot Clinic
☐ Community Podiatrist
☐ Diabetes Service
☐ Vascular Service
☐ District Nursing
☐ Other

Additional comments:

☒ (Complete the additional information required for a referral to Podiatry now)

When complete press OK - the printable version of the form will be displayed, you can print for the patient and save as a .pdf using a product like cute.pdf

☒ Complete the additional information required for a referral to Podiatry now.

Medical History:

Type of diabetes: ☐ Type 1 ☒ Type 2

Duration: 3 years

Treatment: ☐ Insulin ☒ OHA's ☐ Diet Only

Latest HbA1c: 64 When: 01/04/2014

Random BGL: 25

CVD Risk: 25 %

eGFR: 60

Creatinine: 85

Smoking status: Current Smoker

ABC Provided: Prescribed cessation medication on 09/03/2012

☒ Print Referral Form when Form is Submitted

Version 0.0.4 March 2014

Printed OK Cancel Help

Remember where you save the form as it is a requirement for the e-referral

DIABETES FOOT SCREENING

10g Monofilament Testing Sites

Right Left

Detected Right Detected Left

Loss of protective sensation (LOPS) if < 11 sites detected from both feet

LOPS sites

RIGHT FOOT

Palpable Dorsalis Pedis: Yes
 Palpable Posterior Tarsal: Yes
 Previous Vascular Surgery: No
 Intermittent Claudication: No

LEFT FOOT

Palpable Dorsalis Pedis: Yes
 Palpable Posterior Tarsal: Yes
 Previous Vascular Surgery: No
 Intermittent Claudication: No

RISK FACTORS

Previous diabetes amputation: No
 Significant structural foot deformity: No
 Significant callous/pre-ulcerative lesion: No
 Maori Ethnicity: No
 Foot care: patient is capable or has help to self-manage foot care

Active Ulceration

☐ Active Ulceration
☐ Suspected Charcot Foot (see desc.)

If yes, urgent referral to Multi-disciplinary or Hospital Foot Clinic.

Urgent hospital admission for severe or spreading infection or critical limb ischaemia.

MEDICAL HISTORY

Type: 2
 Duration: 3 years
 Treatment: OHA's
 Latest HbA1c: 64
 Random BGL: 25
 Renal eGFR: 60
 Creatinine: 85
 Smoking Status: Current Smoker
 ABC Provided: Prescribed cessation support on 26/03/2014

RISK STRATIFICATION

High Risk Foot:

Previous amputation or ulceration or two or more 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 Maori ethnicity.

Actions:

- 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.

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