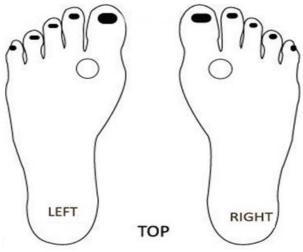


Diabetic Foot | Screening Tool

Work Site:	Patient Label:
Risk: ☐ Low ☐ Mod ☐ High ☐ Stable High	
Date of Next Foot Screen:	
Education Handout Provided	

	Sco	re		
Look	Right Foot	Left Foot	Comment	
1. Skin	J			
0 – intact and healthy				
1 – dry with fungus or light callus				
2 – heavy callus build up				
3 – open ulceration or history of previous ulcer				
2. Nails				
0 – well-kept 1 – unkempt and ragged				
2 – thick, damaged or infected				
3. Deformity				
0 – no deformity				
2 - deformity (bunion, hammer or claw toes, overlapping digits, fallen				
arch, rocker bottom foot, stable charcot foot)				
4 – amputation 4. Footwear				
0 – appropriate				
1 – inappropriate				
2 – causing trauma/pressure				
Touch	Right Foot	Left Foot	Comment	
5. Temperature - Cold				
0 – foot warm				
1 – foot is cold				
6. Temperature – Hot				
0 – foot is warm				
1 – foot is hot				
7. Range of Motion 0 – full range to hallux				
1 – hallux limitus				
2 – hallux iirittus 2 – hallux rigidus				
3 – hallux amputation				
Assess	Right Foot	Left Foot	Comment	
8. Sensation – Monofilament Testing				
0 = 10 sites detected				
2 = 7 - 9 sites detected				
4 = 0 - 6 sites detected				
9. Sensation – Ask 4 Questions				
i. Are your feet ever numb?				
ii. Do they ever tingle? iii. Do they ever burn?				
iv. Do they ever feel like insects are crawling on them?				
0 – no to all questions				
2 – yes to any of the questions				
10. Pedal Pulses				
0 – present				
1 – absent				
11. Dependent Rubor				
0 – no				
1 – yes 12. Erythema				
0 – no				
1 – yes				
Have you used any form of tobacco in the last six	How often do	you check the	bottom of your feet?	
month? Yes \(\square\) No \(\square\)				
Additional Comments:				

Please send completed forms via interoffice mail to Provincial Skin and Wound Care Nurse Lead, CDP&M, 16 Garfield St. or by fax to 902 569 0579



LEFT TOP RIGHT	RIGHT	LEFT
Monofilament Test Sites	Skin Condition	
Mark + or – as indicated:	Chart on above diagram	
(+) Patient can feel monofilament in the circled areas	☐ (B) Blister ☐ (C) Callou	
(-) Patient cannot feel monofilament in the circled areas	□ (U) Ulcer □ (F) Fissure	
	☐ (M) Moisture associated skin damage (M☐ (FI) Nails – fungal infection	ASD) cracks between/under toes
	(A) Previous amputation (Mark area amp	utated)
Right/ 10 positive	(O) Other:	
Left/ 10 positive	(6) Other	
Ulcer present (describe): Cover with dry dressing: Yes No		
Patient referred to:	***Note: INCLUDE COPY OF SCREEN IF REF	ERRING TO PCP, NP and/or NSWOO
Clinician Signature:	Barriers to Treatment:	Patient Label:
_	Financial Yes No	
Date:	Transportation Yes No No	
	No PCP/NP Yes No No	
	Cognitive Yes No No	
Risk Level and Recommended Follow-up:		

Recommended Follow-up

Provide LOW RISK DIABETIC FOOT education handout

Repeat Foot Screening: Annually

Provide MODERATE RISK DIABETIC FOOT education handout

Referral to PCP/NP within 1 Month for advanced assessment

Repeat Foot Screening: Q 3-6 Months

LOW RISK

MODERATE

RISK

- Protective Sensation intact
- No skin abnormalities
- Nails wellkept
- No deformities
- Pedal pulses present

ONE OR MORE OF THE FOLLOWING:

- •Any Loss of Protective Sensation
- Heavy callus build up
- Nails unkempt, ragged, thick or damaged
- Numbness, tingling, crawling or burning sensation

HIGH RISK

ONE OR MORE OF THE FOLLOWING:

- Open ulceration
 Foot is cold or bo
- Foot is cold or hotto touch
- Reduced or absent pedal pulses
- Dependant rubor
- Erythemia over pressure areas

Provide HIGH RISK DIABETIC FOOT education handout Referral to PCP/NP within 1 Week for advanced assessment Repeat Foot Screening: Q 1-3 Months

STABLE **HIGH RISK** History of previous ulcer or amputation that is currently stable and well managed

Provide HIGH (STABLE) RISK DIABETIC FOOT education handout

Repeat Foot Screening: Q 1-3 Months