



East Lancashire Diabetes Network

1st Level Foot Screening Form for Diabetic Patients

Produced by:

Foot and Lower Limb Working Group

Produced: May 2006

Approved by:

East Lancashire Diabetes Network Clinical Standards Group
June 2006

Review Documents: June 2007

Approved for use in:

Burnley Pendle and Rossendale Primary Care Trust

Blackburn with Darwen Primary Care Trust

Hyndburn and Ribble Valley Primary Care Trust

East Lancashire Hospitals NHS Trust

First Level Diabetic Foot Screening Form

Name:	Address:
GP:	Date of Birth:

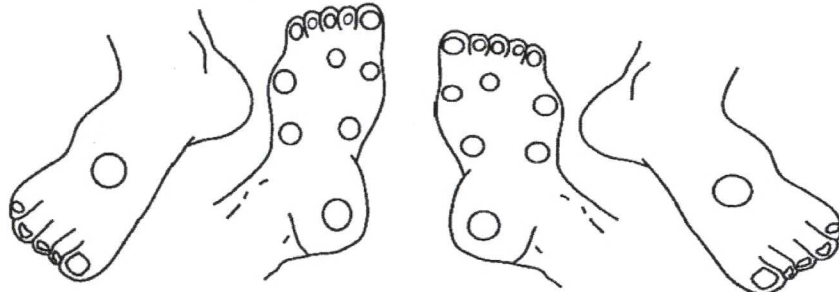
Does the patient already attend the Podiatrist?	Yes	/	No
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Inspection	Right				Left			
Deformities	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Callus	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Ulceration	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Amputation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Palpable Pulses								
Dorsalis pedis	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Tibialis Posterior	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Pain in calf muscle when exercising	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Neurological examination



Tick if all sites are present



Tick if all sites are present

Risk Category	0 - no problems identified on examination	<i>(Delete as appropriate)</i>
	1 - refer to Podiatry	<i>(Delete as appropriate)</i>

Any other problems/comments

Management					
Advice leaflet given	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Referral to podiatrist	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
To be recalled for annual assessment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Completed by:	Designation:	Date
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First Level Diabetic Foot Screening Form

Notes to be used when completing the form

PROTOCOLS

Section 1:

Name and address etc as read

Section 2

- If the patient exhibits any of the following signs/symptoms, they should be referred according to the diabetic foot care pathway.
- Deformities: this is where there is any bony deformity of the foot present, e.g. hammer toes, hallux valgus (bunion), pes cavus (high arch foot). See training guide.
- Callus: this is any area of hard skin on any area of the foot.
- Ulceration: this is a break in the integrity of the skin with loss of tissue.
- Amputation: this can be at any level e.g. toe, foot, and is not necessarily due to diabetes.
- Pulses: non-exercise pulses
- These are the foot pulses which can be felt by hand, however if the foot is oedematous they may not be felt.
- Ask the patient whether they experience pain of the calf muscles during exercise, if they do, how far they have walked before they have to stop due to the pain.
- Neuropathy: use a 10 gram monofilament on all the sites marked (apex all toes, 1,3 and 5 met heads, medial and lateral arch and heel) Avoid all areas of callus as sensitivity is reduced. Refer to training guide for use of monofilament.
- Risk Categories: 0 is no problems
 - 1 refer to podiatrist

Any Other Problems: this is for anything that you or your patient has concern over e.g. problems with nails oedema.

Advice: this will need explaining. A contact telephone to be given for the local podiatry clinic.





Diabetic Foot Screening Form (2nd Level)

DFS2 Version 1
May 2009

Name	DOB	GP	Clinic
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	Right	Left
Amputation	Toe <input type="checkbox"/> Forefoot <input type="checkbox"/> Below Knee <input type="checkbox"/> Above Knee <input type="checkbox"/> Comments.....	Toe <input type="checkbox"/> Forefoot <input type="checkbox"/> Below Knee <input type="checkbox"/> Above Knee <input type="checkbox"/> Comments.....

Vascular Assessment Colour/ Temperature Pulses Dorsalis Pedis Posterior Tibial Leg Pain, if present when Oedema	Comment Palpable <input type="checkbox"/> Non Palpable <input type="checkbox"/> Triphasic <input type="checkbox"/> Biphasic <input type="checkbox"/> Monophasic <input type="checkbox"/> Monophasic consider referral to vascular foot service Palpable <input type="checkbox"/> Non Palpable <input type="checkbox"/> Triphasic <input type="checkbox"/> Biphasic <input type="checkbox"/> Monophasic <input type="checkbox"/> Monophasic consider referral to vascular foot service Present <input type="checkbox"/> Absent <input type="checkbox"/> Distance Yds/metres Yes <input type="checkbox"/> No <input type="checkbox"/> If yes action required	Comment Palpable <input type="checkbox"/> Non Palpable <input type="checkbox"/> Triphasic <input type="checkbox"/> Biphasic <input type="checkbox"/> Monophasic <input type="checkbox"/> Monophasic consider referral to vascular foot service Palpable <input type="checkbox"/> Non Palpable <input type="checkbox"/> Triphasic <input type="checkbox"/> Biphasic <input type="checkbox"/> Monophasic <input type="checkbox"/> Monophasic consider referral to vascular foot service Present <input type="checkbox"/> Absent <input type="checkbox"/> Distance Yds/metres Yes <input type="checkbox"/> No <input type="checkbox"/> If yes action required
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Neuropathy Assessment 10g monofilament (mark areas of foot with an X if patient cannot feel) Optional other tests: •Blunt/sharp •Vibration 128 MHZ Tuning fork	10g sensation intact  10g sensation intact 	10g sensation intact  10g sensation intact 
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Ulceration Present	Yes <input type="checkbox"/> No <input type="checkbox"/> Ischaemic <input type="checkbox"/> Neuropathic <input type="checkbox"/> Site	Yes <input type="checkbox"/> No <input type="checkbox"/> Ischaemic <input type="checkbox"/> Neuropathic <input type="checkbox"/> Site
Previous	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Diabetes – Type I Type II Don't Know Date of Diagnosis _____
 - Treatment: Diet & Exercise Tablets Insulin

Visual inspection/ symptoms	R		L		Action
Skin Type	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>	Normal <input type="checkbox"/>	Dry <input type="checkbox"/>
Fungal Infection	Nail <input type="checkbox"/>	Skin <input type="checkbox"/>	Nail <input type="checkbox"/>	Skin <input type="checkbox"/>
Nail Problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Foot Deformity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Callus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Visual problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mobility/dexterity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Footwear

Wears own Prescription Footwear

Suitable: Yes No Good repair

Needs repairing/replacing Yes No

Comments Comments

Outcome

Refer back to 1st level screening

Refer to long term podiatric care

Refer for orthotic assessment

Overall Risk Category (refer to poster) 0 1 2 3 | 0 1 2 3 |

Management:

Advice & leaflet given: Yes No

Hot Phone Line number given Yes No

Signature Name Date

Foot Deformities



Toe deformity following
ulceration of 1st metatarsal



Hallux Valgus (Bunions)
and clawing of the lesser
toes with pressure points on
the tops of toes from poorly
fitting footwear



Hallux Valgus (bunions)
from the plantar surface.

1st toe is under riding the
2nd toe.

Clawing of the lesser toes
with a pressure point on
the 4th



Slight Hallux Valgus
(Bunions) with clawing toes



Hammered 2nd toe
Picture copied from
www.epodiatry.com

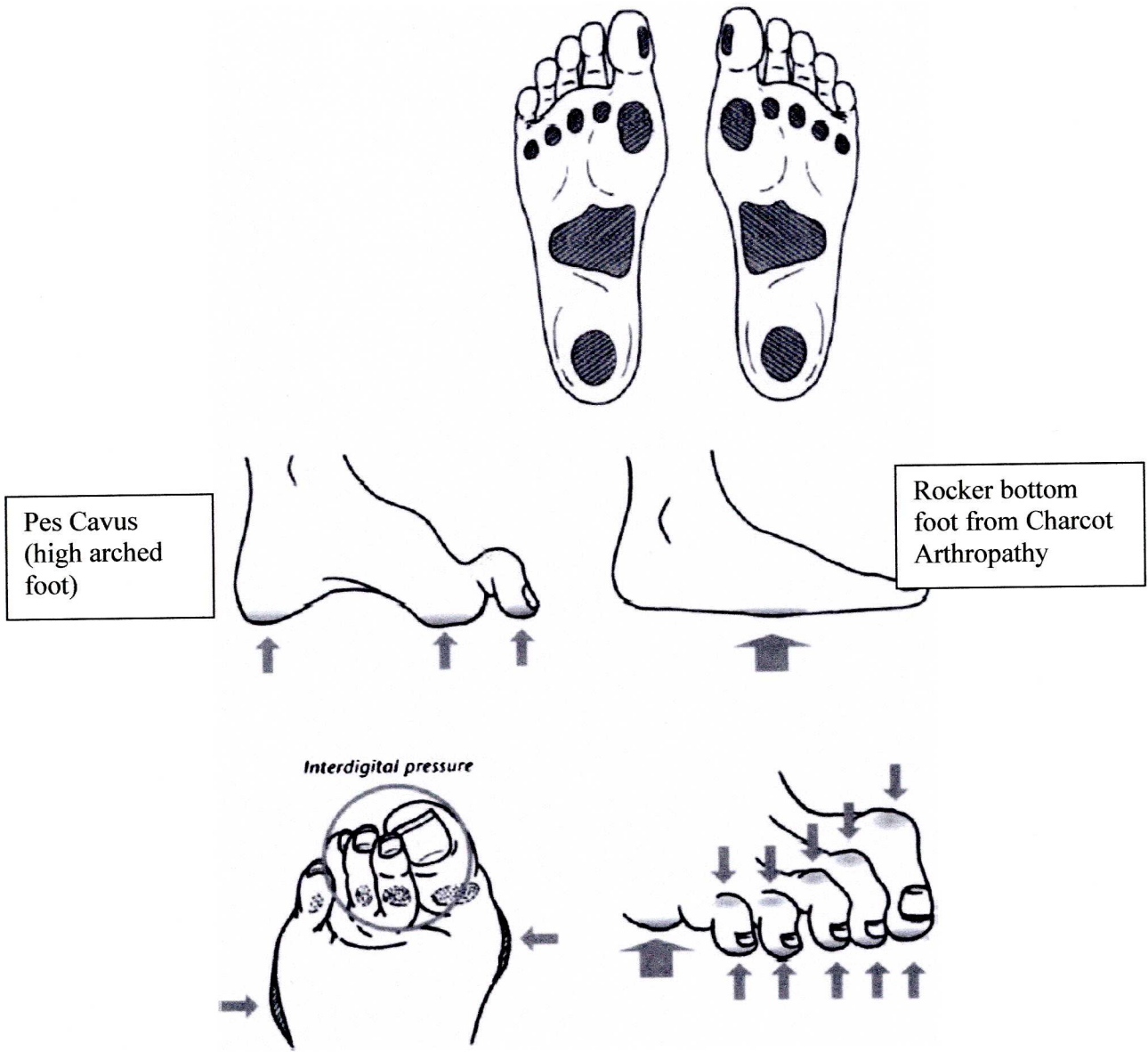


Figure 2. Risk areas for foot ulcers in diabetic patients

International consensus guidelines



Pes Planus (Flat Foot)



Chilblains
Both 3rd toes
ulcerated



Ulceration



Gangrene



High arched foot
with retracting
toes



Palpation of Pulses

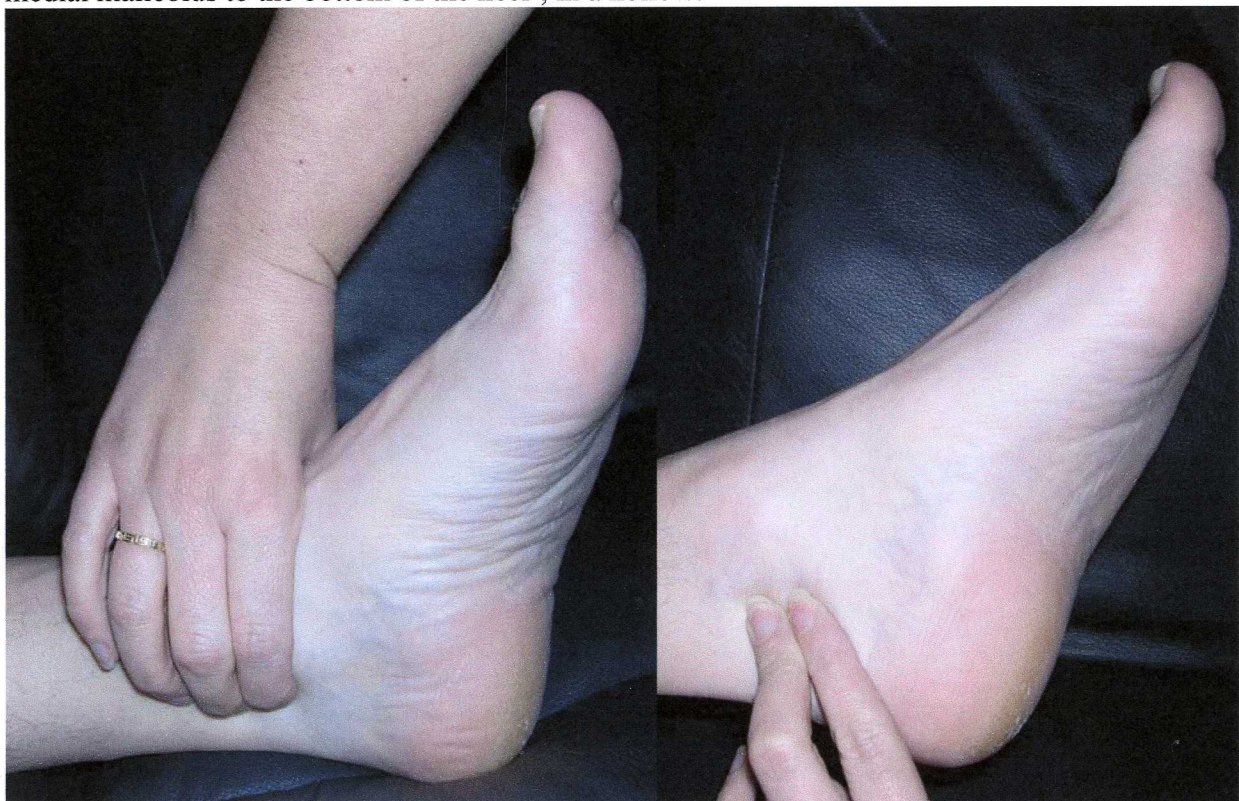
To palpate pulses use 2 fingers not your thumb.

Dorsalis Pedis Pulses – It can be found in the groove between the 1st and 2nd Metatarsal bones¹



This pulse can be absent in 10% of people²

Posterior Tibial Pulse – It can be found behind the medial malleolus (inside) 1/3 of the distance from the medial malleolus to the bottom of the heel¹, in a hollow.²



Record on the 1st level screening form by ticking the appropriate boxes

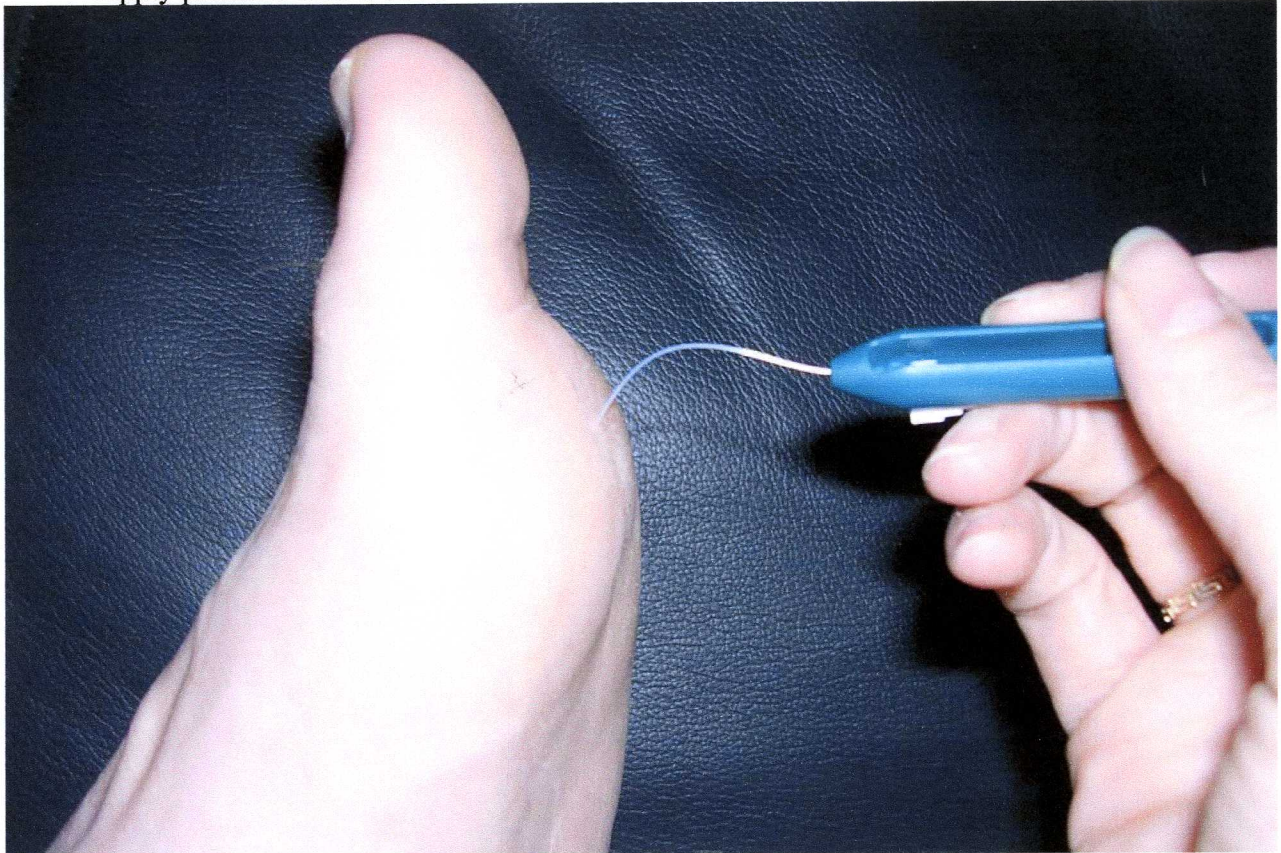
Neuropathy testing with 10gram Monofilament

Use either a Neuropen or Bailey's 10gram Monofilament³.

Demonstrate on patient's forearm¹ or face to ensure they know how it feels⁴.

How to use the monofilament-

- Place the tip of the filament on to the site to be tested.
- Apply pressure until it bows^{1,4}.



- Don't let it slip, slide across the skin or make repetitive contact in the same spot⁴.
- Ask the patients to close their eyes and answer YES each time they feel it on their feet.
- Use the filament to test all the sites shown on the 1st level screening form
- AVOID areas of callus as sensation will be reduced and ulceration⁴

If a 10 gram monofilament cannot be felt on a site then colour the circle in on the screening form

If all sites can be felt then tick the box "all sites present" as this indicates that the screening has been carried out.

If one site is absent then the patient should be refer to Podiatry.

Please note

Monofilaments should not be used to test more than 10 patients in one session and should be left at least 24 hours to "recover" (buckling strength) between sessions^{3,5}

Advice should cover⁵

- Encouraging daily examination of the feet looking for colour change, swelling, breaks or pain / numbness
- Footwear – Importance of well fitting shoes and hosiery
- Life style changes – Smoking cessation, good glycaemic control, Exercise
- Testing of water before bathing feet
- Nail care
- Dangers associated with practices such as skin removal (including corn removal) with scissors, razor blades and shop bought preparations
- When to seek professional help – if any colour change, swelling, break in the skin, pain or numbness or if mobility / eyesight alters making self care restricted.

Give the Podiatry clinic number

References

1. Blackburn Diabetes Team (1996) – Focus on feet. Raising awareness in Foot care in Diabetes. Diabetic Foot Assessment Guidelines
2. Vowden K, Vowden P-(1996) Hand held Doppler assessment for peripheral artery disease. Journal of Woundcare 5(3)
3. Booth J, Young M, (2000) - Differences in performance of commercially available 10gram monofilaments. Diabetes Care 23(7):984-988
4. Apelquist et al (2000) International consensus and practical guidelines on the management and prevention of the diabetic foot. Res Rev16 (suppl1):s84-s92
5. Nice Guideline (2004) – Type II diabetes: prevention and management of foot problems