

## Diabetes Foot Screen Checklist and Referral Planning for Health Professionals

Diabetes is one of the most common causes of foot ulceration and amputation.

Foot screening and re-review based on risk status, may assist in the prevention of foot complications through timely intervention.


History:	Right side	Left side
Previous amputation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous foot ulcer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
End stage chronic kidney disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Assess for Peripheral Artery Disease

Completing all sections may be unnecessary, but palpation should be undertaken as a minimum.

Palpation	Right side	Left side	
Dorsalis Pedis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Posterior Tibial	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Handheld Doppler	Right Foot	Left Foot	Waveform (monophasic M, biphasic B, or triphasic T)
Dorsalis Pedis	<input type="checkbox"/> Audible <input type="checkbox"/> Inaudible	<input type="checkbox"/> Audible <input type="checkbox"/> Inaudible	Left:    Right:
Posterior Tibial	<input type="checkbox"/> Audible <input type="checkbox"/> Inaudible	<input type="checkbox"/> Audible <input type="checkbox"/> Inaudible	Left:    Right:
ABI	Right Foot	Left Foot	Result: ABI abnormal: <0.79
Dorsalis Pedis	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Posterior Tibial	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	

Inaudible, biphasic or monophasic waveforms, or abnormal ABI, your patient may have peripheral artery disease (PAD) and vascular review is indicated (refer to Foot Forward Vascular Assessment Summary).

 ***In case of sudden onset of foot pain, pallor, or coldness present over hours or days consider that Acute Limb Ischaemia is present: undertake immediate referral to the local emergency department. Pulses will be impalpable.***

### Assess for Loss of Protective Sensation

Can your patient feel the monofilament or the light touch of your finger? Choose one standardised test.

Monofilament sensation	<input type="checkbox"/> Yes, the monofilament was felt in all sites tested <input type="checkbox"/> No, the monofilament was not felt in at least 1 site tested
The Light Touch Test	<input type="checkbox"/> Yes, can feel all 5 or 6 toes tested <input type="checkbox"/> No, cannot feel 2 or more toes tested

If you marked No, then it is likely that your patient has loss of protective sensation (LOPS).

### Current foot problems

	Right Foot	Left Foot	Location
Does your client have a current foot ulcer or wound?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If there is a current foot ulcer or wound that is not being managed, apply first aid and start referral process to the local interdisciplinary High Risk Foot Service (iHRFS) or similar specialist service(s).

***In the presence of PAD the patient has chronic limb-threatening ischaemia and vascular review should be initiated (this may be part of the iHRFS and a separate referral may not be required).***

Has there been a recent change in foot shape or increased swelling and redness in one foot only?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you marked yes, and there are no known reasons for the changes, advise minimal weightbearing (consider wheelchair/prefabricated walking boot) and start referral to a local iHRFS or podiatrist, as your patient may have Charcot Foot.

Is there any other deformity present?	Right Foot	Left Foot
Bunion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hammer toes or claw toes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Charcot's deformity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there skin or nail problems?		
Skin cracks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hard skin (callus or corns)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thick or curly nails	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ingrown nails	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discoloured skin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you ticked yes, your client may benefit from seeing a podiatrist (or someone with similar training).*

Assess preventative self-care ability	
Is there vision impairment or an inability to see all surfaces of the feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient able to perform preventative self-care or do they have someone available to assist them in caring for their feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are their feet adequately cared for today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is their footwear protective?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they walk around barefooted or in socks?	<input type="checkbox"/> Yes <input type="checkbox"/> No

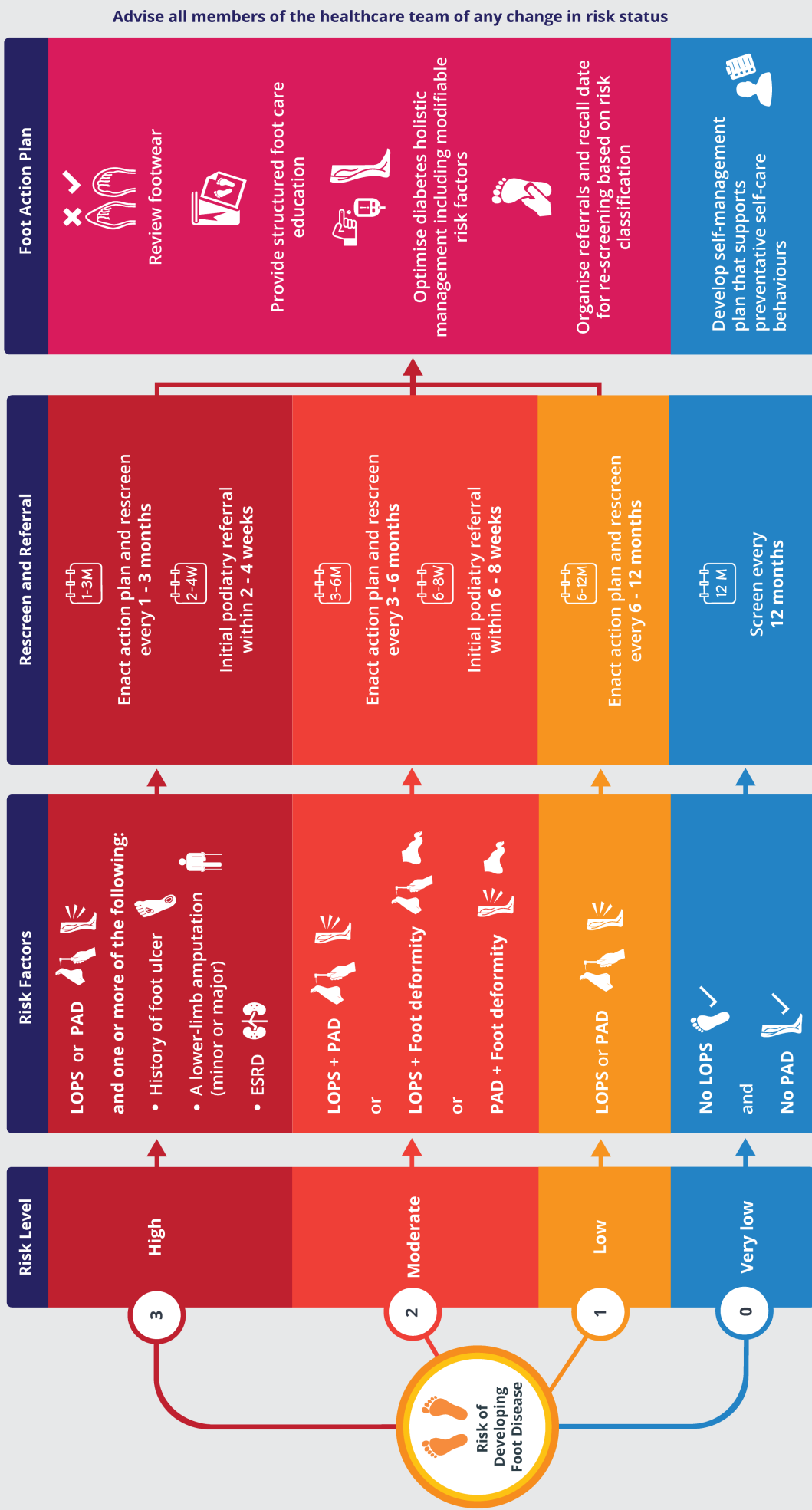
**Referral for foot care education or homecare assistance may be required to promote and support foot health.**

**Based on your overall assessment, the presence of active foot disease, or the risk of developing new onset diabetes-related foot disease is:**

- Active Foot Disease is present** – refer to specialist service
- High** (PAD/DPN incl. prev. DFU, amputation &/or ESRD) – re-screen 1-3 months
- Moderate** (PAD/DPN + deformity) – re-screen 3 - 6 months
- Low** (PAD or DPN) – re-screen 6-12 months
- Very Low** (No risk factors) - re-screen in 12 months \* refer to risk pathways

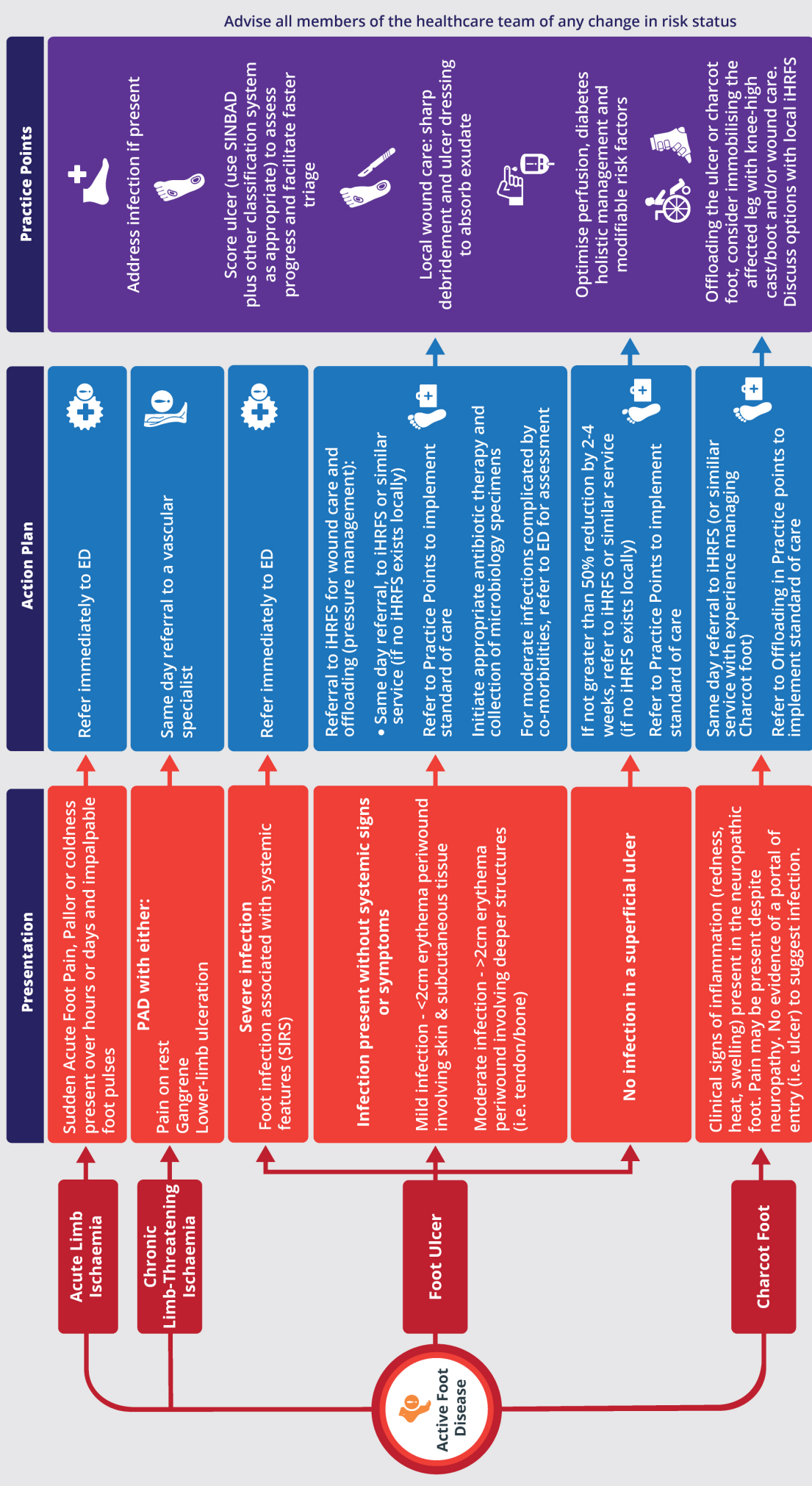
Referral Processes - Based on your assessment you have initiated referral to the:	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency Department</li> <li><input type="checkbox"/> iHRFS or similar</li> <li><input type="checkbox"/> Vascular specialist</li> <li><input type="checkbox"/> Podiatrist</li> <li><input type="checkbox"/> Pedorthotist/Orthotist</li> <li><input type="checkbox"/> Community Services</li> <li><input type="checkbox"/> Other:</li> </ul>	<p><b>Foot care advice is important in supporting preventative self-care.</b> Tailor your advice to your patient's needs. Providing people with their foot screening score education pamphlet can assist in reinforcing the risk-based messaging.</p>

**Diabetes Foot Risk Stratification and Triage**



Aboriginal and Torres Strait Islander people should be considered "High Risk" until assessed otherwise - consider cultural safety when conducting a foot assessment and providing foot care advice.

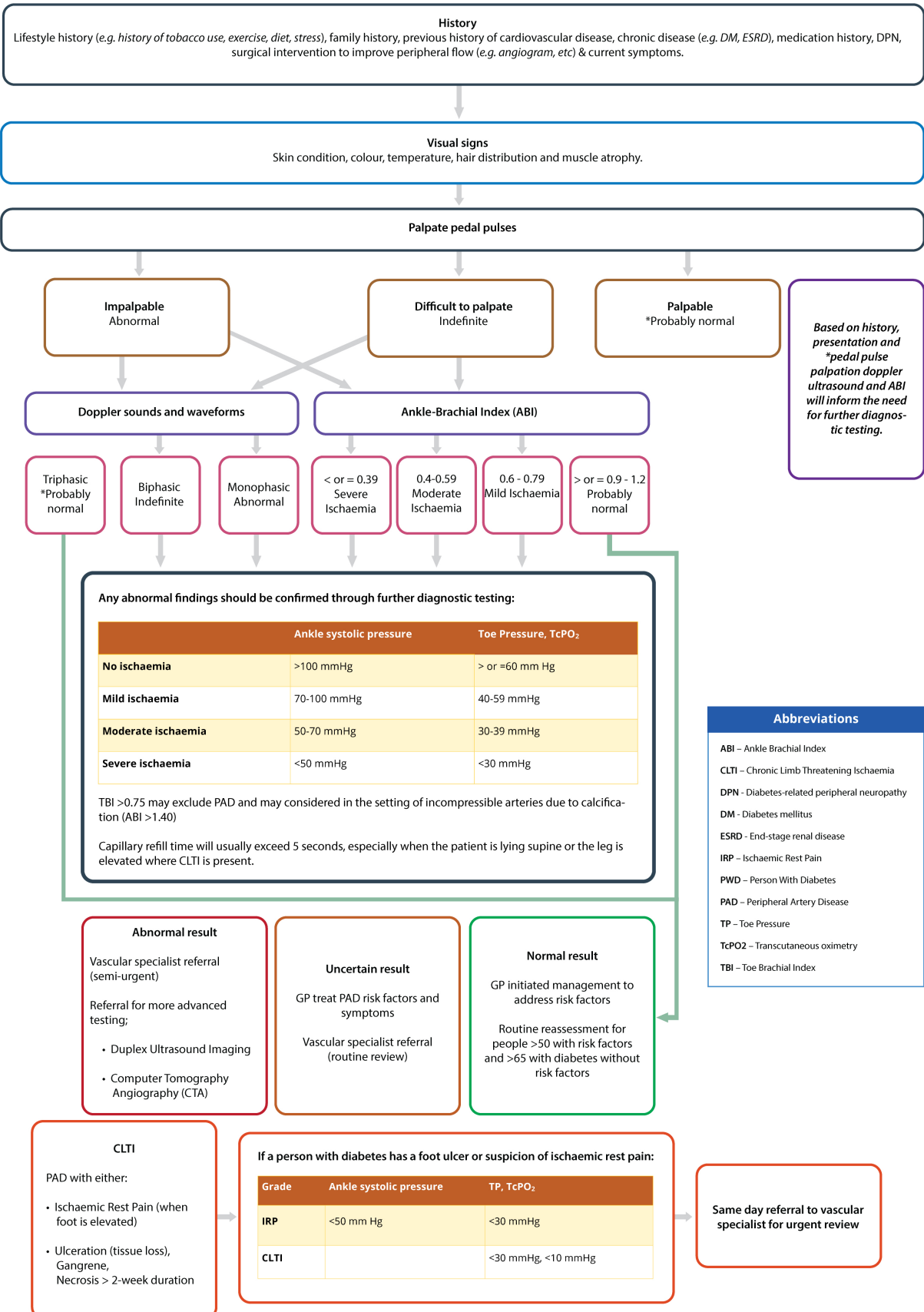
**Active Foot Disease Pathway**



Advise all members of the healthcare team of any change in risk status

Aboriginal and Torres Strait people are recognised as a high risk group for foot ulceration and amputation.

## Vascular Assessment Summary



Based on: McAra S, Trevelan R, Wang L, Tinley P (2017) Clinical vascular screening of the foot: For life and limb. Diabetes & Primary Care Australia 2: 16-24