

**GENERIC- Simplified 60 Second Screen for the  
HIGH RISK DIABETIC FOOT 2016**

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<b>Name:</b> _____ <b>ID#:</b> _____ <b>Phone #:</b> _____ <b>Facility:</b> _____ <b>DOB (dd/mm/yy):</b> _____ / _____ / _____ <b>Gender:</b> M <input type="checkbox"/> F <input type="checkbox"/> <b>Years with diabetes:</b> _____ <b>Ethnicity:</b> Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Aboriginal <input type="checkbox"/> Other <input type="checkbox"/> <b>Date of Exam (dd/mm/yy):</b> _____ / _____ / _____		<b><u>CHECK BOTH FEET</u></b> (Circle correct response)  <b>YES on either foot is = HIGH RISK</b>  <table style="width:100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"><b>LEFT</b></td> <td style="width: 50%; text-align: center;"><b>RIGHT</b></td> </tr> </table>				<b>LEFT</b>	<b>RIGHT</b>
<b>LEFT</b>	<b>RIGHT</b>						
<b>History</b>	<b>1. Previous Ulcer</b>	NO	YES	NO	YES		
	<b>2. Previous amputation</b>	NO	YES	NO	YES		
<b>Physical exam</b>	<b>3. Deformity</b>	NO	YES	NO	YES		
	<b>4. Ingrown toenail (thickened nail fold)</b>	NO	YES	NO	YES		
<b>Foot lesions</b> <i>Remember to check 4<sup>th</sup> and 5<sup>th</sup> web spaces and nails for fungal infection</i> <i>Remember to check for inappropriate footwear</i>	<b>5. Absent pedal pulses (Dorsalis Pedis and/ or Posterior Tibial)</b>	NO	YES	NO	YES		
	<b>6. Active ulcer</b>	NO	YES	NO	YES		
	<b>7. Blisters</b>	NO	YES	NO	YES		
	<b>8. Calluses (thick plantar skin)</b>	NO	YES	NO	YES		
<b>Neuropathy</b> <i>MORE THAN 4/10 SITES LACKING FEELING = "YES"</i>	<b>9. Monofilament exam (record negative reaction):</b> a) Right _____ / 10 negatives (≥ 4 negatives = Yes)	NO	YES	NO	YES		
	b) Left _____ / 10 negatives (≥ 4 negatives = Yes)	NO	YES	NO	YES		
	<b>Total # of YES: _____</b>	<b>Total # of YES: _____</b>					

**PLAN**

a) **POSITIVE SCREEN-** Results when there are one or more “Yes” responses. **Refer to a foot specialist or team for prevention, treatment and follow up.** (Bony deformity, current ulcer, absent pulse are most urgent). These individuals are at increased risk of a foot ulcer and/or infection. Patients should be educated on what changes to observe and report, while waiting for the specialist appointment.

**Referral to:** \_\_\_\_\_ **Appointment time:** \_\_\_\_\_

b) **NEGATIVE SCREEN-** Results when there are all “No” responses. **No referral required.**  
Educate patient to report any new changes to their healthcare provider and re-examine in 1 year.

**One Year Date for Re-Examination (dd/mm/yy):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Note:**

For **POSITIVE SCREENING**, in addition to referral plan above, **positive risk factors** can be linked to the care recommendations in “Root Risk Classification and Follow- Up Guide” table on the bottom of reverse side. Local referral patterns may vary depending on expertise and available resources.

**General Instructions:**

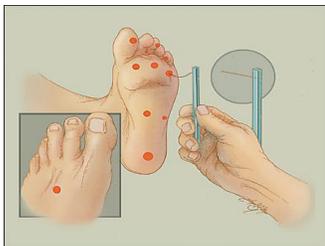
This diabetic foot screening tool is designed to identify individuals with high-risk diabetic feet. The screening tool is a simplified 60-second assessment for each foot, to be implemented by any healthcare provider. Preparation involves having a 5.07g monofilament available and asking patient to remove their shoes and socks.

*Normal screening findings are indicated as “No” (not requiring referral) and abnormal screening findings are indicated as “Yes” (requiring referral).* Generation of a list of local reputable foot specialists and/or teams for referring is recommended.

**Screening involves:**

- Inform patient about the simplified 60-second screening and explain the reason for the examination.
- Fill in patient’s demographic data in top left section of screening tool.
- Assess both feet. Circle either a “Yes” or “No” response to questions 1-9.
- **Any “Yes” response requires follow up or a referral to a foot specialist and/or team.**

Question	“Yes” Response
<b>1</b>	<b>“Yes”, if previous ulcer from history is observed:</b> Ask the patient and assess both lower legs and feet for the presence of a healed ulcer as evidenced by scar tissue.
<b>2</b>	<b>“Yes”, if previous amputation:</b> of digit(s), foot or limb is observed.
<b>3</b>	<b>“Yes”, if deformity:</b> and/or abnormalities in shape or structure of either feet is observed (bony prominences/hammer toes).
<b>4</b>	<b>“Yes”, if ingrown toenail present.</b> Inspect distal corners for embedded nail and/or thickened nail fold skin.
<b>5</b>	<b>“Yes” If absent pedal pulses</b> (palpate Dorsalis Pedis and if absent check Posterior Tibial). A yes answer requires absence of both pulses.
<b>6</b>	<b>“Yes”, if active ulcer(s) present:</b> Openings in the skin with a dermal or deeper base.
<b>7</b>	<b>“Yes”, if blisters present:</b> Observe for fluid (serum, blood or pus) under intact skin surface.
<b>8</b>	<b>“Yes”, if callus present (thick scale on plantar skin):</b> Assess and inspect for presence of thick areas of keratin on the bottom or sides of feet and toes.
<b>9</b>	<b>“Yes” of monofilament Exam identified 4 or more negative reactions (lack of feeling):</b> Follow the monofilament exam instructions below. Each foot is examined separately.



**Steps for Monofilament Test for Neuropathy:**

- Show and touch monofilament to patient’s arm or upper leg.
- Ask the patient to close their eyes and say yes when they feel the monofilament.
- Touch monofilament until filament bends in a letter “c” shape, assessing all 10 areas on diagram (Do not test over calluses, scars or ulcers)
- **Lack of feeling (4 or more out of 10) - indicates a negative reaction = Neuropathy = “YES” on screening tool**

**Foot Risk Classification and Follow-up Guide**

Assessment Findings ↓	Risk	Follow Up (mths)	Prof. Nail Care	Shoes	Orthotics + Diabetic Socks	Activity
No Neuropathy	0	12	-	Well fitting	Well fitting shoes	As able
Neuropathy	1	6	+/-	Professional fit	Custom full contact	As able, monitor, guided by foot exam
Deformity	2a	3-4	+/-	+/- custom fit	Custom full contact	Avoid excessive walking, √ non-impact exercises
Peripheral Vascular Disease	2b	3-4	+	Professional fit	Soft full contact	Dependent on ischemic pain, √ non-impact exercises
Ulcer Hx or Active ulcer	3a	1-2	+/-	Professional fit	Custom fitted	Activity dependant on exam, √ non-impact exercises
Hx Amputation	3b	1-2	+/-	Special clinic (assessment) Modified footwear	Specialized clinic: amputation/prostheses, +/- walking aid	Based on tissue tolerance, √ non-impact exercises

Modified from International Diabetes Federation, International Working Group on the Diabetic Foot 2007