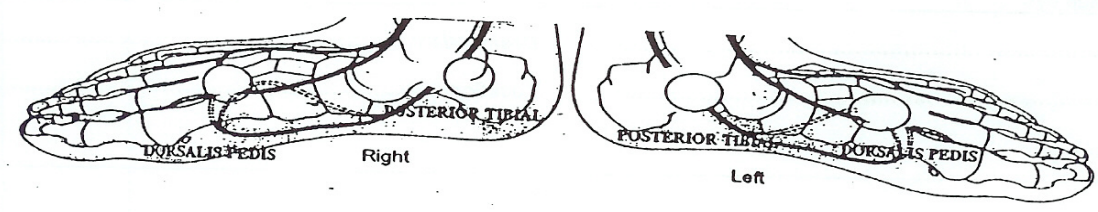
NHS Borders

PODIATRY SERVICES
DIABETIC ASSESSMENT FORM

Patient Details:	
Patient's Name:	Date of Attendance:
CHI No.:	Date of Diagnosis (if known):
Date of Birth:	Please circle the following:
Patient's Address:	Type: *Type 1* *Type 2* Control: *Diet* *Medication* *Insulin*
GP:	Other medication:

Signs & Symptoms: *(please enter **Y** for Yes, **N** for No)*		
	Y or N	Notes
Previous Ulceration/ Amputation		
Current Ulcer		
Site of Current Ulcer		
Intermittent Claudication		
Attends Vascular Department		
Vascular Surgery Intervention		
Rest Pain		
Smoking		
Painful Neuropathy/Numbness/Pins & Needles		
Impaired Vision		
Callus Excess		
Structural Foot Deformity		
Anhydrosis (dry skin)		
Inappropriate Footwear		
Self Neglect		
Other Medical History:(eg; Illnesses, Operations, Injuries, Allergies)		

Vascular Assessment: *(please enter **P** for Present or **A** for Absent)*



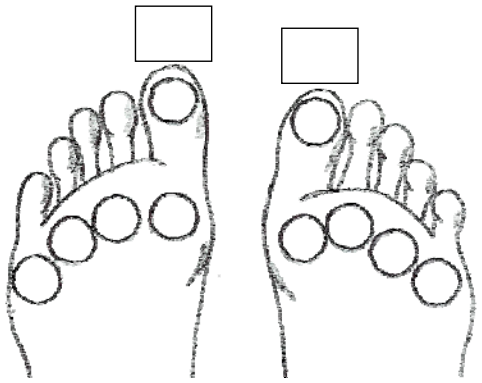
Sign Guidelines: 2 or more absent pulses = P.V.D.

Sensory Assessment: (*please enter **P** for Present or **A** for Absent*)

Test each of the CIRCULAR areas indicated using the 10G Semmes-Weinstein Monofilament.
Test each of the SQUARE areas indicated using a sterile neuro-tip.

Score = ***out of 10***

(NB/ A score of <8 = Sensory Deficiency)



Risk: (*please circle relevant risk factor*)

NB/ Risk factor identifies action to be taken (please refer to attached sheet)

LOW RISK 1	**BASIC FOOTCARE EDUCATION + SENIOR II ANNUAL REVIEW INITIALLY .** THERE AFTER PODIATRY ASSISTANT TO CARRY OUT ANNUAL REVIEW . ANY CHANGES NOTED- REFER BACK TO SENIOR 11 FOR DIABETIC PATIENTS WITH HEALTHY FEET WHO ARE ABLE TO MANAGE THEIR OWN FOOTCARE **PODIATRY ASSISTANT WITH SUPPORT FROM SENIOR 11 PODIATRIST** FOR DIABETICS WHO REQUIRE SIMPLE FOOTCARE ONLY AND ARE UNABLE TO COPE THEMSELVES. ENSURE EDUCATION + ANNUAL REVIEW . SENIOR 11 INTERVENTION IF THE PATIENT DEVELOPS A PROBLEM / COMPLICATIONS CLINIC/DOM
LOW RISK 2	**SENIOR II PODIATRIST / OR PODIATRY ASSISTANT FOR FOOTCARE WITH SUPPORT FROM SENIOR 11** PATIENTS WITH NO ISCHAEMIA OR NEUROPATHY BUT HAVE A PODIATRY PATHOLOGY EDUCATION + CARE PLAN ANNUAL REVIEW SENIOR 11 PODIATRIST/ PODIATRY ASSISTANT AFTER INITIAL ASSESSMENT SHARED CARE OR SENIOR II INTERVENTION IF COMPLICATIONS OR PROBLEMS DEVELOP CLINIC/DOM
MODERATE RISK 3	**SENIOR II PODIATRIST WITH SUPPORT FROM SENIOR I SPECIALISTS** NEUROPATHY AND/OR ISCHAEMIA BUT NO PODIATRY PATHOLOGY LIAISON IN COMMUNITY 'SHARED CARE' BETWEEN PODIATRISTS AS APPROPRIATE PRO-ACTIVE EDUCATION ABOUT CARE OF THE 'AT RISK' FOOT AND HOW TO AVOID PROBLEMS REGULAR REVIEW
HIGH RISK 4	**SENIOR 1 SPECIALIST WITH SHARED CARE /SUPPORT FROM SENIOR 11 PODIATRIST** NEUROPATHY AND/OR ISCHAEMIA WITH PODIATRY PATHOLOGY **CARE PLAN** PRO-ACTIVE TREATMENT; EDUCATION (AS WITH CATEGORY 3); ORTHOSES; FOOTWEAR; WEIGHT BEARING GAIT ANALYSIS; ANNUAL REVIEW OF NEUROLOGY AND VASCULAR STATUS HOSPITAL//COMMUNITY BASED
ACTIVE FOOT DISEASE	**SENIOR 1 SPECIALIST WITH SHARED CARE / SUPPORT FROM SENIOR 11 PODIATRIST** ACUTE CELLULITIS OR CURRENT ULCER IF >1 WEEK SHOWING NO MAJOR IMPROVEMENT – REFER TO DIABETIC FOOT ULCER CLINIC HOSPITAL/ COMMUNITY SPECIALIST CLINICS

Referred to: *(please circle)*

General Practitioner	Practice Nurse
Community Podiatrist	Acute Podiatrist
Specialist Diabetic Nurse	Diabetiologist
Health Visitor	District Nurse
Vascular Surgeon	Treatment Room Nurse

Category & other information: (*please enter **Y** for Yes or **N** for No*)

	Y or N	
Receiving Podiatry care?		Assessment Location:
Advice Leaflet given and explained ?		

Assessment made by:	
Name:……	***Designation:……***
Signature:……	***Location: ……***
Date:……..	

TOP SHEET to be kept with Podiatry notes
COPY to be kept with GP/Hospital notes

NB/ All Diabetics should have a <u>yearly</u> Foot Assessment

NHS BORDERS

NHS Borders Diabetic Foot Screening Programme

Diabetic Foot Screening Programme – All Podiatrists throughout NHS Borders have been trained to screen for diabetic foot disease.

Patient Group – All people with diabetes, regardless of duration of disease, should have their feet examined annually for signs and symptoms of diabetic foot disease. Screening for diabetic foot disease is currently undertaken at:-

- Hospital Diabetic Screening Clinics
- GP Practice Clinics
- Podiatry Clinics (Podiatrists are asked to check that the screening has not been done elsewhere to avoid duplication)

We recommend that the Podiatry Services undertake all Diabetic Foot Screening using the Diabetic Foot Assessment Form as the screening tool (see attached).

These forms are held on CD-Rom at each Community Podiatry Clinic and by Diabetes Specialist Podiatrist, BGH.

Screening Appointments – We recommend that at least 15 minutes is allocated for the physical screening of the patient. Additional, variable, time may be required to allow for patient education and care planning/treatment. Appointments can be sourced via Direct Access Referral by GP's, Patients, Relatives/Carers and Other Health Care Professionals. It is desirable, however, that following Primary Care (GP) Diabetic Checks by Practice Nurses/GP's, foot screening appointments are arranged for patients within the practice caseload, before the patient leaves the health centre. The Community Podiatry Service will allocate designated sessions into which bookings can be made.

Results – Results of all screening examinations should be recorded on the Podiatry Assessment Form, whether an abnormality is found or not. Copies should be forwarded to GP. Where possible Podiatrists should have access to GPASS (SPICE), or equivalent, for data input and collection and access to patient medical summaries and appointment lists.

Circulating normal results is a crucial part of ensuring that all patients are screened.

Referral to Diabetes Specialist Podiatrist – A referral to the Diabetes Specialist Podiatrist (Borders General Hospital based) is necessary if the screener finds a foot ulcer.

Patients with significant risk should also be seen by the Diabetes Specialist Podiatrist for review and care planning.

Recall – GP Practice-Clinics and Community Podiatry Clinics should recall their patients in 12 months for repeat screening.

All patients who have attended the podiatrist at diabetic screening clinics will already have a contact number to use if they think they have an urgent foot problem.

About foot care – A patient information leaflet has been produced to support specific aspects of diabetic foot health (e.g.' A Step by Step Guide to Healthy Feet'. This leaflet is currently available through all Podiatry Clinics and can also be accessed via www.diabeticfoot.org

Further information regarding this Care Programme is available from: Mr Adam Smith, Diabetes Care Programme Lead, Borders General Hospital, or Mr Alasdair Pattinson, Podiatry Lead Clinician, Clinical Services.