

# 60 Second High Risk Diabetic Foot Assessment

Name \_\_\_\_\_  
 Identity no \_\_\_\_\_  
 (Identity sticker attached here)

Date of exam: _____	Years with Diabetes: _____	Right foot (please ring the response)		Left foot (please ring the response)		Score:	Action needed & referral to:	Follow-up period		
		Yes	No	Yes	No					
<b>History</b>	1. Previous ulcer	1	0	1	0		Podiatry	Initial & 12 months		
	2. Previous amputation	1	0	1	0		Diabetic foot interprofessional team/ group	Initial & 12 months		
<b>Physical Examination</b>	3. Deformity	1	0	1	0		Podiatry	Initial & 3 months		
	4. Ingrown toenail (thickened nail fold)	1	0	1	0		Podiatry	Initial & 3 months		
	5. Absent pedal pulses (dorsalis pedis & posterior tibial)	1	0	1	0		Diabetic foot interprofessional team/ Vascular team	Immediate		
<b>Foot lesions</b>	6. Active ulcer	1	0	1	0		Wound care Unit	Immediate		
	7. Blisters	1	0	1	0		Podiatry and Wound care	Immediate		
	8. Calluses (thick scale on plantar skin)	1	0	1	0		Podiatry	Immediate		
	9. 4 <sup>th</sup> and 5 <sup>th</sup> web spaces/ Nails for fungal infection/ Inappropriate footwear	1	0	1	0		Podiatry and wound care	immediate		
<b>Neuropathy (loss of protective sensation)</b>	10. Monofilament exam (record negative reaction)						Podiatry and Diabetic foot interprofessional team	Initial & 3 months		
	a) Right ...../10 negatives (>4 negatives = yes)	1	0	1	0					
	b) Left ...../ 10 negatives (>4 negatives = yes)	1	0	1	0					
<b>Total scores</b>										
<b>Positive test = any score of 1 or more;            Referral done to appropriate specialty per need</b>							<b>Referral through ED if:</b> 1. Signs of systemic sepsis <i>or</i> 2. Signs of peripheral ischemia		<b>Or:</b> (any two) 1. Swelling 2. Redness (erythema) 3. Increased size 4. Smell & exudate	

