

SECONDARY CARE – DIABETIC FOOT ULCER ASSESSMENT FORM

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	Date of Assessment			Location			Date of Original Assessment																						
	Patient Consent to Treatment			yes	no	ACC		yes	no	Pivotal Event																			
PATIENT	Name				Street Address																								
	Town				Home Phone			Mobile																					
	NHI		Sex		m	f	DOB		Age		Ethnicity																		
	Occupation/Activity				GP			Clinic																					
MEDICAL HISTORY	Medical Conditions																												
	Known Allergies																												
	Current Medication																												
	Factors That May Delay Healing																												
	Other																												
VASCULAR & PROCEDURES	Intermittent Claudication			yes	no	Site(s)			Comment																				
	Rest Pain		yes	no	int	cont	When		Site(s)			Relief																	
	Pulses		Left	DP	+++	++	+	o	Dp	PT	+++	++	+	o	Dp	Right	DP	+++	++	+	o	Dp	PT	+++	++	+	o	Dp	
	Doppler		Left	DP	tri	bi	mono	0	PT	tri	bi	mono	0	Right	DP	tri	bi	mono	0	PT	tri	bi	mono	0					
	ABI's		Left	DP	A			B			I			Right	DP	A			B			I							
			Left	PT	A			B			I			Right	PT	A			B			I							
	TBI		Left	1st toe	T			B			I			Right	1st toe	T			B			I							
	Previous Amputation		Left	Toe(s)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			Other		Left	<input type="checkbox"/> bypass <input type="checkbox"/> graft <input type="checkbox"/> debridement																
			Right	Toe(s)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5					Right	<input type="checkbox"/> bypass <input type="checkbox"/> graft <input type="checkbox"/> debridement																
	NEURO	Numbness		yes	no	Burning		yes	no	Tightness		yes	no	Sharp		yes	no	Pins & Needles		yes	no								
Proprioception		Left	yes	no	Right	yes	no	Biothesiometer		Left	V			Right	V														
Monofilament		Left	<input type="checkbox"/> 1st apex	<input type="checkbox"/> 3rd apex	<input type="checkbox"/> 5th apex	<input type="checkbox"/> 1st mpj	<input type="checkbox"/> 3rd mpj	<input type="checkbox"/> 5th mpj	<input type="checkbox"/> heel	LOPS		yes			no														
BMX	Foot Deformity		Left	<input type="checkbox"/> charcot foot	<input type="checkbox"/> ankle equinus	<input type="checkbox"/> clawed toes	<input type="checkbox"/> HAV	<input type="checkbox"/> hallux rigidus/limitus	<input type="checkbox"/> hammer/mallet toes																				
			Right	<input type="checkbox"/> charcot foot	<input type="checkbox"/> ankle equinus	<input type="checkbox"/> clawed toes	<input type="checkbox"/> HAV	<input type="checkbox"/> hallux rigidus/limitus	<input type="checkbox"/> hammer/mallet toes																				
WOUND DESCRIPTION	Location																												
	<input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> plantar <input type="checkbox"/> dorsal <input type="checkbox"/> lateral <input type="checkbox"/> medial <input type="checkbox"/> posterior <input type="checkbox"/> anterior <input type="checkbox"/> proximal <input type="checkbox"/> distal																												
	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> calcaneus <input type="checkbox"/> malleolus <input type="checkbox"/> midfoot <input type="checkbox"/> forefoot <input type="checkbox"/> border																												
	<input type="checkbox"/> digit <input type="checkbox"/> apex <input type="checkbox"/> nail plate <input type="checkbox"/> dpj <input type="checkbox"/> ipj <input type="checkbox"/> pipj <input type="checkbox"/> mtpj <input type="checkbox"/> metatarsal <input type="checkbox"/> navicular <input type="checkbox"/> cuboid																												
	Wound Trace		yes	no	Photo		yes	no	Photo Location																				
	Wound Number		Length		mm		Width		mm		Area		Depth		mm														
	Type & Cause																												
	<input type="checkbox"/> neuropathic <input type="checkbox"/> vascular <input type="checkbox"/> neuro/vasc <input type="checkbox"/> traumatic <input type="checkbox"/> burn/scald <input type="checkbox"/> surgical <input type="checkbox"/> dermatological																												
	Duration		Date Identified			How Identified			Other																				
	Tissue Type %		Necrotic		%		Sloughy		%		Granulating		%		Epitheliasing		%												
	Exudate Type		clear			cloudy		pink		green		yellow		Wound Moisture		dry		moist		wet		saturated		leaking		Probe to Bone		yes	no
	Signs of Infection																												
<input type="checkbox"/> cellulitis <input type="checkbox"/> abscess/pus <input type="checkbox"/> increased pain <input type="checkbox"/> increased exudate <input type="checkbox"/> non healing wound <input type="checkbox"/> increased wound size																													
Pain		yes	no	Pain Index		/10		Pain Frequency		<input type="checkbox"/> continuous <input type="checkbox"/> intermittent <input type="checkbox"/> during dressing <input type="checkbox"/> post dressing <input type="checkbox"/> weightbearing																			
Surrounding Skin																													
<input type="checkbox"/> oedema <input type="checkbox"/> blistering <input type="checkbox"/> maceration <input type="checkbox"/> erythema <input type="checkbox"/> cellulitis <input type="checkbox"/> eczema <input type="checkbox"/> dry <input type="checkbox"/> fragile <input type="checkbox"/> healthy <input type="checkbox"/> callous																													
Initial Stage (Texas)		0		I		II		III		A		B		C		D		Patient's Objectives											
Treatment Objectives																													
<input type="checkbox"/> protection <input type="checkbox"/> debridement <input type="checkbox"/> manage bacteria <input type="checkbox"/> rehydrate <input type="checkbox"/> manage exudate																													
DRESSINGS	Cleansing		<input type="checkbox"/> water <input type="checkbox"/> saline <input type="checkbox"/> other						Product Used																				
	Debridement		<input type="checkbox"/> sharp <input type="checkbox"/> hydrocolloid <input type="checkbox"/> hydrogel <input type="checkbox"/> other						Product Used																				
	Rehydrate		<input type="checkbox"/> hydrogel <input type="checkbox"/> other						Product Used																				
	Manage Exudate		<input type="checkbox"/> foam <input type="checkbox"/> fibre <input type="checkbox"/> alginate <input type="checkbox"/> gauze <input type="checkbox"/> other						Product Used																				
	Manage Bacteria		<input type="checkbox"/> cadexomer iodine <input type="checkbox"/> silver <input type="checkbox"/> other						Product Used																				
	Protection		<input type="checkbox"/> hydrocolloid <input type="checkbox"/> film <input type="checkbox"/> other						Product Used																				
	Secondary		<input type="checkbox"/> VAC <input type="checkbox"/> softban <input type="checkbox"/> gauze <input type="checkbox"/> crepe <input type="checkbox"/> tape <input type="checkbox"/> other						Product Used																				
INVESTIGATIONS		Swab Taken		yes	no	Labs Request		yes	no	Xray Request		yes	no	Other															
REFFERALS		<input type="checkbox"/> diabetes nurse <input type="checkbox"/> OT <input type="checkbox"/> social worker <input type="checkbox"/> orthotics <input type="checkbox"/> wound clinic <input type="checkbox"/> community podiatry <input type="checkbox"/> dietician <input type="checkbox"/> district nursing																											
		Surgeons		<input type="checkbox"/> orthopaedic <input type="checkbox"/> vascular <input type="checkbox"/> general <input type="checkbox"/> plastics						Other																			
DISCHARGE		<input type="checkbox"/> healed <input type="checkbox"/> transferred <input type="checkbox"/> surgical intervention <input type="checkbox"/> patient withdrawal <input type="checkbox"/> lost to follow up <input type="checkbox"/> deceased																											
SIGN		Name			Clinic			Phone			Next Assessment																		