

Foot Assessment Criteria Tier 4 Secondary Care

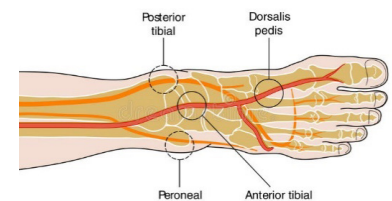
1 - Patient Assessment:								
Name	DoB	Age	NHS No.	Gender	BMI	Blood Pressure and Pulse	Blood Sugar	Hba1c
Medication:								
Allergies:								
History of CKD? Yes <input type="checkbox"/> No <input type="checkbox"/>			History of Anaemia? Yes <input type="checkbox"/> No <input type="checkbox"/>			History of autoimmune diseases? Yes <input type="checkbox"/> No <input type="checkbox"/>		

2 - Identifying Risk Factors:
2A - Ipswich Touch Test
Ask them to close their eyes.
Lightly touch the toes for approximately two seconds following the sequence shown in the image.
Identify the areas the patient is unable to feel by circling the applicable N
Add the allocated scores together for all areas answered N
Ipswich Touch Test N score (ITTNS) =

2B Risk Assessment FOR DIABETIC PATIENTS ONLY	Score
ITTNS score of 2 N or more	1
Any cause peripheral neuropathy	1
Previous ulcer/amputation /foot infection	1
Visual impairment	1
Renal failure	1
Dementia	1
Acute confusion	1
CVA	1
Decreased GCS	1
MUST score 3 or above	1
Having sugar in their diet	1
Number of risk factors identified (risk score) =	

3 - Foot Assessment:			
3A - Foot examination (Circle the answer)			
Ulceration present (<i>If Yes undertake an assessment and document accordingly in the Skin Integrity Wound Assessment and Care Plan</i>)	Y / N	History of ulceration	Y / N
History of amputation	Y / N	Rest Pain or Intermittent claudication	Y / N
Gangrene	Y / N	Cellulitis	Y / N
Foot temperature and colour = cold, pale or dusky (<i>May indicate ischaemia</i>)	Y / N	Foot temperature and colour = warm, red or swollen (<i>May indicate acute Charcot foot</i>)	Y / N
Abnormal shape of the foot	Y / N	Deformed nails (<i>including thick or ingrown</i>)	Y / N
Callus (<i>pathological or protective</i>)	Y / N	Corn	Y / N
Oedema	Y / N	Pain (<i>including known or known source</i>)	Y / N
Macerated web spaces	Y / N	Deep Skin Fissures	Y / N
Fungal infection	Y / N	Wound Infection	Y / N

3B - Pulse check	Left	Right
Posterior tibial present?		
Signal/wave/sound <i>regular/irregular, mono/bi/tri</i>		
Dorsalis pedis present?		
Signal/wave/sound/sound <i>regular/irregular, mono/bi/tri</i>		



Name of assessing practitioner:.....	Signature of assessing practitioner:.....
Job Role of assessing practitioner:.....	Date performed:..... Action taken:.....

If the named product on this pathway is not available a temporary second line product is available to use. This can be found within the main text of the Doncaster Wide Wound Care Formulary Document.