Appendix N: Clinic Assessment Tool

The following is an example of an interprofessional assessment tool that may be used within a clinic setting.

Date: _____

Interprofessional Diabetes Foot Ulcer Team
310 Wellington Road, London N6C 4P4

Initial Assessment Form - Clinic

Patient name:_____

Date of birth:_____

PRESENTING PROBLEM
Site: _____
Duration (weeks):_____

Cause: _____
_____

PERIPHERAL VASCULAR SUPPLY

History of vascular symptoms: ☐ None
☐ Intermittent claudication
☐ Rest pain
☐ Insufficient activity to elicit symptoms
☐ Edema
☐ Previous hospitalizations for vascular specific issues

Colour: ☐ Normal
☐ Cyanosis ☐ Erythema
☐ Pallor on limb elevation ☐ Rubor on limb dependency
☐ Mottling

Temperature gradient: ☐ Normal
R/prox – distal _____
L/prox – distal _____

Pulses palpable (tick if yes) :
Left foot: ☐ DP ☐ PT Right foot: ☐ DP ☐ PT
☐ Vascular risk/PAD

	PT	DP	PPG	Brachial	ABI	TBI
R/F						
L/F						

Capillary refill:
R/great toe ☐ <1sec ☐ 1-3 sec ☐ >3 sec
L/great toe ☐ <1sec ☐ 1-3 sec ☐ >3 sec

Integumentary changes: ☐ Normal
☐ Skin atrophy ☐ Abnormal wrinkling
☐ Absence of hair growth ☐ Nail growth abnormal:_____
☐ Dry gangrene

Skin examination:
Appearance *(colour, texture, turgor, quality, dryness)*:
_____ ☐ Normal
Presence of callus *(discoloration/sub callus bleeding)*:
_____
☐ Interdigital lesions ☐ Tinea pedis
☐ Other_____

REFERRAL CRITERIA FOR VASCULAR SURGERY CONSULT:
☐ Foot ulcer
☐ Pulses impalpable
☐ ABI< 0.9; TBI< 0.6
Date contacted Dr. De Rose:_____
Next step: _____

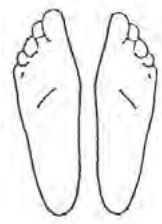
Collected by Clinician: _____ Signed:_____

NEUROLOGICAL ASSESSMENT

Sensory:
Monofilament(10g, /4): L:_____R: _____
Graduated Tuning Fork: L:_____R:_____
☐ Neurological risk/LOPS

Autonomic: ☐ Normal
☐ Dry scaly skin
☐ Maceration between toes
☐ Loss of hair growth
☐ Thickened toenails

Motor: ☐ Normal
Range of motion: tick if abnormal
☐ Ankle ☐ Sub talar joint ☐ R/ 1st ray
☐ L/ 1st ray
☐ R/Big toe ☐ L/Big toe ☐
Other_____



Deep tendon reflexes: tick if absent ☐ Normal
☐ Patellar ☐ Achilles

FOOTWEAR EXAMINATION:
Type of shoe *(athletic, oxford, comfort etc..)*: _____
Fit:_____
Depth of toe box:
☐ Enough room for toes ☐ Not enough depth
_____
Shoewear:_____
Lining wear: _____
Foreign bodies inside shoe:_____
Devices eg. orthotics:_____

MUSCULOSKELETAL EXAMINATION:
Biomechanical assessment:
Clinician:_____ Signed:_____

Heel Contact:
Mid Stance:
Heel lift:
Toe off:
Description:

APPENDICES

PATIENT NAME	Date:

FOOT FUNCTION: ☐ High foot pressures (>6kg/cm) ☐ Limited joint mobility ☐ Normal

Foot deformity: ☐ None

☐ Nail:_____

☐ Joint:_____

Muscle Group strength testing *(Passive, active, weight bearing and non-weight bearing)* ☐ Abnormalities: _____

_____

☐ Prior amputation ☐ Tendo-achilles contractures/equinus ☐ Foot drop ☐ Intrinsic muscle atrophy

☐ Other_____

ULCER CLASSIFICATION: ☐ Neuropathic ☐ Neuroischemic ☐ Ischemic ☐ Other _____

Comments:

MENTAL/PSYCHOSOCIAL STATUS: Capable of Consent? ☐ Yes ☐ No

Are you currently experiencing any difficulties in your personal or family life *(e.g., relationship problems, depression, eating disorder, or other health problems)* that might interfere with your ability to manage your foot care?

During the past month. Have you been often been bothered by feeling down, depressed or hopeless? ☐ YES ☐ NO

Have you often been bothered by little interest or pleasure in doing things? *(note: "often" means almost every day)* ☐ YES ☐ NO

If yes to either question refer to psychology

ULCER ASSESSMENT:

Location:_____

Length _____cm Width_____cm Depth_____ cm

Wound base:

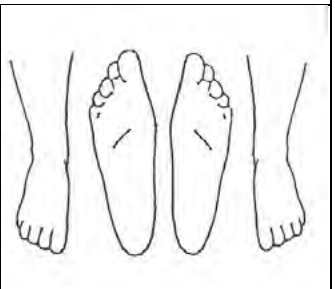
Granulation Tissue ____ %; Necrotic (Slough/eschar) _____ % Epithelium _____ %

Necrotic tissue type (*hard black, soft grey eschar, yellow slough*):_____

Integrity of Granulation tissue (*bright red, pale, friable, dull dusky red*):_____

Edges *(advancing, attached, not attached, rolled, fibrotic, callus):* _____

Exudate: ☐None ☐ Light ☐ Moderate ☐ Heavy



PAIN: Numerical Rating Scale (0 – 10): RF___/10 LF ___/10

What triggers pain_____

What soothes pain: _____

Location:_____

Describe: ☐ Sharp shooting ☐ dull, aching ☐ burning ☐ Other _____

WOUND TRACING

TEMPERATURES:

Location:_____ L _____°C R _____ °C Diff:_____ °C

Location:_____ L _____°C R _____ °C Diff:_____ °C

Location:_____ L _____°C R _____ °C Diff:_____ °C

Location:_____ L _____°C R _____ °C Diff:_____ °C

Clinician:_____ Signed:_____

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PATIENT NAME	Date:

SOFT TISSUE INFECTION:

☐ No clinical signs or symptoms

☐ Clinical signs and symptoms of mild (PEDIS level 2) infection:

☐ Clinical signs and symptoms of moderate (PEDIS level 3) infection.

☐ Severe (PEDIS level 4) infection

POTENTIAL FOR ULCER TO HEAL:

PEDIS WOUND CLASSIFICATION:

P: Grade: ☐ 1 ☐ 2 ☐ 3

E: Area: _____cm^2

D: Grade: ☐ 1 ☐ 2 ☐ 3

I: Grade: ☐ 1 ☐ 2 ☐ 3 ☐ 4

S: Grade: ☐ 1 ☐ 2

TREATMENTS:

☐ Cut and filed nails: _____

☐ Debridement: _____

☐ Other: _____

Clinician: _____ Signed:_____

Physiotherapist notes:

Print name:_____Signed:_____

Orthotist notes:

Print name:_____Signed:_____

DRESSINGS:

Primary: _____

Secondary: _____

Fixation: _____

FREQUENCY OF DRESSING CHANGES:

☐ daily ☐ every 2nd day ☐ twice a week ☐ once a week

DRESSINGS TO BE CHANGED BY:

☐ patient ☐ family member _____ ☐ nurse

PRESSURE REDISTRIBUTION:

☐ Felt to foot: describe: _____

☐ Post op rocker sole slipper

☐ Walker. Type _____

☐ TCC

☐ Other _____

Clinician: _____ Signed:_____

Notes:

Clinician: _____ Signed:_____

INSTRUCTIONS GIVEN RE: WOUNDCARE ☐ Patient information brochure provided

☐ Dressing changes ☐ Reducing weight bearing activity ☐ How to identify if infection develops & what to do

☐ Keeping wound dry ☐ Other_____

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PATIENT NAME	Date:

REFERRALS: ☐ Orthopaedic surgeon ☐ Vascular Surgeon ☐ Social Work ☐ Psychology
☐ CCAC for wound care ☐ Other _____

EDUCATION: _____

CORRESPONDENCE:	**FOLLOW-UP:** ☐ Next Available ☐ ____ weeks
Family Physician:_____ Wound Nurse:_____ Other: _____ By clinician_____Signed_____	☐ _____months ☐ PRN ☐ D/C Notes:

Clinician: _____ Signed:_____

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