High-Risk Foot Screening— Paper Form Guide

	Last done:		
Cover Linb Preservation Demonstration Project	Date: Patient Name: Completed by:		
PAD: Screen for Peripheral Arterial Disease Right Key Left Foot Pain in feet or legs when walking but resolves with rest O O Capillary refill time > 3sec O O Colour (red/purple or blanched) O O Any +ve indicates positive result, select X' RESULTS: O LOPS: Screen for Loss of Protective Sensation +ve -ve 1+ (of 10) sites absent 5.07 with monofilament O O Any +ve indicates positive result, select X' RESULTS: O Any +ve indicates positive result, select X' RESULTS: I FD: Foot Deformity +ve -ve +ve Mild deformity O O I (i.e., dropped met heads, bunions, etc.) O O I Hallux Limitus (15-45 degrees) O O I *History of ulcer O O I I *Indicates High or Urgent risk categories *Active ulcer O I I *Indicates High or Urgent risk categories *Active ulcer O I I I Any +ve indicates positive result, select X' RESULTS: <th>a R I I I</th>	a R I I I		
Results Legend: (please select check box) ve PAD and -ve LOPS ve PAD_or LOPS +ve PAD_and LOPS +ve PAD_and FD or +ve LOPS and FD	VERY LOW RISK, screen 12 months LOW RISK, screen 6-12 months MODERATE RISK, screen 3-6 months MODERATE RISK, screen 3-6 months		
Results Legend: (please select check box) -ve PAD and -ve LOPS +ve PAD_or LOPS +ve PAD_and LOPS +ve PAD_and FD_or +ve LOPS and FD +ve PAD_or LOPS and one of the following: history of ulcer, amputation, end stage renal disease +ve Active ulges or infection or agute absyrat	VERY LOW RISK, screen 12 months LOW RISK, screen 6-12 months MODERATE RISK, screen 3-6 months MODERATE RISK, screen 3-6 months HIGH RISK, screen 1-3 months		

1. Place an "X" in the circle only if criteria is positive.

2. Place an "X" in the results box under the appropriate column indicating if there are any positive criteria. Any +ve criteria makes the results section positive.

3. Place a letter over the affected areas of the feet. Reference the legend and use the letter for the corresponding conditions in the legend.

4. Select the box that fits the results summary to determine the appropriate screening risk and action.



High-Risk Foot Screening— PS Suite Custom Form Guide

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Storm Hummel Community			Last done:	
Kigh-Risk Foot Screening			Date: Jan 17, 2024 Patient Name: Jess Practice	
Reset All Normal			Completed by: Angel	a M Holbrook
PAD: Screen for Peripheral Arterial Disease	Right Foot Le	ftFoot e -ve	R	L 1
Pain in feet or legs when walking but resolves with rest	00			
Capillary refill time > 3sec				
Colour (red/purple or blanched)) §		1 1
Absent pedal pulse			$(\mathcal{G}_{1}, \mathcal{G}_{2})$	66
Any +ve indicates positive result select X'		╦	46	
OPS: Screen for Loss of Protective Sensation	+ve -ve +ve	e -ve		00
Feet feel numb, burn, tingle, feel like crawling insects			20	
1+ (of 10) sites absent 5.07 with monofilament			PE0=	1= TA
Any +ve indicates positive result, select 'X' RESULTS:		\square	$\gamma \sim 1$	P
D: Foot Deform ity	+ve -ve +ve	e-ve		$ \rangle \rangle \rangle$
Mild deformity				μ /
(i.e., aropped met neads, bunions, etc.) Hallux Limitus (15-45 degrees)				
Hallux Bigidus (<15 degrees)	d b	5		
*History of ulcer	d d		\sim	
* Indicates High or Urgent risk categories * Active ulcer			Please note find as per	ings as letter(s) legend
Chronic Charcot foot deformity			Skin & Nail Conditions	Structural Conditions
*Acute Charcot foot	<u>d</u> <u>d</u>		A- Fungal Nail or Athletes Foot	B- Bunions D- Dropped Met Head
*Amputation	<u>d</u> <u>b</u>		C- Callous F- Fissure	O- Claw/Hammer/
Anno tan indicata positing positi polosi "V"		Ħ	G- Gangrene H- Com	R- Charcot Foot
Any the indicates positive result, select X RESULTS:	tve -ve tve	P -V P	I- Ingrown Nail	X- Amputation ?- Unsure of Diagnosis
Footwear inappropriate			U- Active Ulcer	
Footwear causing trauma			P- Prior/Hx of Ulcer S- Subungal Haematoma	
*End stage Renal Disease (<15 ml/min)	d d		T- Thickened Nail W- Wart	
Recommendations/Notes				
A				
Results R L Results Legend: (please select cl	heck box)			
PAD +Veve LOPS			VERY LOW RISK, scree	en 12 months
LOPS V+ve PAD or LOPS			LOW RISK, screen 6-12 months	
FD ULCER HX			MODERATE RISK, screen 3-6 months	
AMP +ve PAD and FD or +ve LOPS and FD			MODERATE RISK, screen 3-6 months	
ACTIVE +ve PAD or LOPS and one of the following: HIGH RISK, screen 1-3 months			months	
charcot			at :- 04 t	
ES RD +ve Active ulcer or infection	or acute char	cot	URGENT RISK, seen wi	thin 24 hours
Select Risk to update stamps/custom forms		- Sele	ct Risk Level from Lege	nd 🚺 🗸

1. Select bullet only if criteria is positive. If all boxes in every section are normal you can click the "All Normal Tab" or if you make an error click "Reset"

> Reset All Normal

2. Select box if there is any positive result under the column. The +ve column will show a red X and the -ve column will show a green X and will place a "normal" flag under -ve column. Any +ve criteria makes the results section positive.

3. Select the top or bottom foot to add any skin/nail or structural conditions.

When the foot is selected a 'Sketching Tool' box will appear. Select the **T** and place arrow on the foot and type the letter corresponding with the conditions in the legend. You can also se-lect colour or change size if de-sired.



4. This box is to provide a summary of the results and will automatically populate according to the boxes selected above. This is designed to help the user to select the proper box in the results legend to the right.

5. Select the box that fits the results summary to determine the appropriate screening risk and action. Selecting this box will also expand a box below the form with recommendations for education or follow-up.

Obtucation on: risk factors (including LOPS or PAD); daily foot inspection; appropriate foote ear and foot- and nail-care; when/how to seet redictal attention if needed Obely isspection of feet nail foot and nail care, including treatment on oncychomycosis a g, sensible footwear with custom, ful-contact orthoses and dia studies +/-referral to a vaccular investigation +/-vascular surg agement for is chemic pain, if present ychomycosis and Tinea pedis if presen

6. Click the drop down to select the Risk Scoring to update a Reminder Toolbar in the record for easy viewing of Foot Screening Status. For reminder, please see page 2. This can be removed if you do not wish to use this feature.

Please note: if the form is printed as a PDF paper copy the Results summary and risk reminders at the bottom will not be included.

Toolbar for Foot Screening Risk Level



We use the reminder toolbar to update other forms/toolbars in our office. For instance when this is selected on a Foot Screener, it populates in the toolbar showing above the patient notes in a record.

Foot Risk: MODERATE RISK, screen 3-6 months Last 60 Second Foot Screen: Nov 14, 2023

How to set-up a Toolbar Reminder to display the Foot Risk Screening Level:

#1 Create Stamp

- > Create a new Stamp (i.e. Last Preventative Diabetes)
- > Paste this into the stamp area:

Foot Risk: pat.Custom_Forms.60_Second_Foot_Screen"item26".latest_selection Last 60 Second Foot Screen: pat.Custom_Forms.60_Second_Foot_Screen.date_of_latest

#2 Create a Reminder

> Create a New Reminder (i.e. Preventative Care Diabetes)

> Add criteria that will identify your Diabetes population (see example) and if

You do not want to display for all users, set restrictions to current users by using user initials.

•	Edit Reminders		
Edit 😡			
Preve Reminders Reminders Preventative Care Diabetic Preventive Care Children Toolbar - Preventative Care Fema Toolbar - Preventative Care Male v2 Toolbar - Preventative Female B Toolbar - Preventative FIT invalid Toolbar - Preventative Male BW v2	Reminder Name: Preventative Care Diabetic PERS/Personal Hx/Personal History contains DM or PROB/Problem List/Problem List contains Diab or CPP Prob ICD-9 any item starts with 250 or Diabetes-DEP-Stats Only, number of times done >= 1 or CDM Diabetes 2018, number of times done >= 1 and Current User Initials contains NM or		