The Diabetic Foot: Patient & Provider Tools
DCPNS 2009 Spring Workshop
Feet First: Diabetic Foot Forum
Working Group Members

• Bev Harpell, Lead (DCPNS)
• Suzanne D’Entremont, VON
• Marc Despatis, Vascular Surgeon
• Andrew Hoar, Pedorthist
• Cathy Burrows, Wound Care Nurse
• Murdock Smith, Family Physician
• Brendan Bennett, Podiatrist

• Irene Higgins-Bowser, Diabetes Educator
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OBJECTIVES

• Discuss standardization of Diabetic Foot Care in Nova Scotia
• Introduce the new/revised foot care tools
• Demonstrate Foot Risk Assessment
BACKGROUND

- The Diabetic Foot in Nova Scotia: Challenges and Opportunities
- Diabetic Foot Working Group
- Mandate
- Patient & Provider Tools
STANDARDIZED DIABETIC FOOT CARE

By using these patient/provider tools:

• Early Detection of foot problems
• Patient/Consumer Education
• Prompt and early referral to a foot specialist
• Appropriate management by the right foot care provider
DIABETES FOOT CARE QUESTIONNAIRE

• Completed by patient during initial assessment period and periodically thereafter

• Patient/consumer awareness of diabetic foot problems

• Identifies knowledge gaps

• Foot care education (tailored to the individual)

• Promotes self-care

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Diabetes Foot Care Questionnaire

Name: __________________________

Taking care of your feet is an important part of diabetes care. Please answer the following questions about your feet and how you care for them. Please return the completed form to the Diabetes Centre.

<table>
<thead>
<tr>
<th>History of Foot Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Have you ever had a sore or cut on your foot or leg that took more than two weeks to heal?</td>
</tr>
<tr>
<td>• Have you ever had a foot ulcer?</td>
</tr>
<tr>
<td>• Have you ever had an amputation of a toe, foot, or leg?</td>
</tr>
<tr>
<td>(If yes, date: <strong><strong><strong>/</strong>__/</strong></strong>)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Foot or Leg Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Do you have an ulcer, sore, or blister on your feet at this time?</td>
</tr>
<tr>
<td>• Do you have blood or discharge on your socks?</td>
</tr>
<tr>
<td>• Do you have any calluses on your feet?</td>
</tr>
<tr>
<td>• Do you have any numbness, tingling, pins and needles, or itching sensation in your feet?</td>
</tr>
<tr>
<td>• Do you have any tightness, heaviness, pain, or cramps in your feet or legs?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foot Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Can you reach and see the bottoms of your feet?</td>
</tr>
<tr>
<td>• Do you examine your feet? (If yes, how often?)</td>
</tr>
<tr>
<td>☐ Every day ☐ 2-6 times a week ☐ Once a week or less ☐ When I have a problem</td>
</tr>
<tr>
<td>• Do you wash your feet everyday?</td>
</tr>
<tr>
<td>• Do you dry well between the toes?</td>
</tr>
<tr>
<td>• Do you use a moisturizing cream on your feet?</td>
</tr>
<tr>
<td>• Do you cut your own toenails? (If no, who does this for you?)</td>
</tr>
<tr>
<td>☐ Family member ☐ Caregiver ☐ Foot care nurse ☐ Podiatrist</td>
</tr>
</tbody>
</table>

(complete other side)

Diabetes Care Program of Nova Scotia 2009
FOOT RISK ASSESSMENT FORM

- Early detection of foot problems
- Basic foot assessment in 5-7 minutes
- Completed during initial assessment period with follow up as indicated
- Revised to include new CPG recommendations
- Symbols/Colors added for easy risk rating (traffic light theme)

### Diabetes Foot Risk Assessment
Complete during initial assessment and at follow-up visits as indicated.

<table>
<thead>
<tr>
<th>SKIN</th>
<th>VASCULAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry</td>
<td>R L</td>
</tr>
<tr>
<td>Sweaty</td>
<td>R L</td>
</tr>
<tr>
<td>Maceration</td>
<td>R L</td>
</tr>
<tr>
<td>Foul odor</td>
<td>R L</td>
</tr>
<tr>
<td>Ulcers</td>
<td>R L</td>
</tr>
<tr>
<td>Other</td>
<td>R L</td>
</tr>
<tr>
<td>Hammer toes</td>
<td>R L</td>
</tr>
<tr>
<td>Cold skin</td>
<td>R L</td>
</tr>
<tr>
<td>Claw toes</td>
<td>R L</td>
</tr>
<tr>
<td>Painful sensation</td>
<td>R L</td>
</tr>
<tr>
<td>Overlapping digits</td>
<td>R L</td>
</tr>
<tr>
<td>Cap refill &gt; 3-5 sec</td>
<td>R L</td>
</tr>
<tr>
<td>Bunion</td>
<td>R L</td>
</tr>
<tr>
<td>Absent dorsalis pedis</td>
<td>R L</td>
</tr>
<tr>
<td>Arch deformity</td>
<td>R L</td>
</tr>
<tr>
<td>Absent posterior tibial</td>
<td>R L</td>
</tr>
<tr>
<td>Amputation</td>
<td>R L</td>
</tr>
<tr>
<td>Other</td>
<td>R L</td>
</tr>
</tbody>
</table>

**MOBILITY**
- Diminished | R L |
- Absent | R L |
- Painful neuropathy | R L |

**SENSATION**
- Gait abnormality (describe)

**STRUCTURE**
- Thicker nails | R L |
- Discolored nails | R L |
- Deformed nails | R L |
- Ingrown nails | R L |
- Shiny skin | R L |
- Hair Loss | R L |
- Edema | R L |
- Edema (weeping) | R L |

**FOOT CARE/FOOTWEAR**
- Poor foot hygiene (includes long or poorly shaped nails)
- Needs assistance with foot care (poor vision, mobility)
- Inappropriate footwear (poor style, condition or fit)

**FOOT CARE EDUCATION**
- Foot Care Questionnaire Completed
- Foot Care Education
- Foot Care Review
- Foot Risk Information Sheet Provided

**FOOT CARE REFERRAL**
- Family Physician
- Orthopedist
- Podiatrist
- Wound Care/Vascular Service

**RISK CATEGORY**
- Low (Green) | Evaluate in 1 year
- High (Red) | Evaluate in 1-4 months

Comments:

Signature: __________ Date: __________

Diabetes Care Program of Nova Scotia 2020
FOOT RISK ASSESSMENT (cont)

• For use by DE, family practice nurses, hospitals, LTC, etc
• DC target 80%
• Tracked in DCPNS Registry
• District CEOs (aware and looking for indicator)
• Evaluate Outcomes
FOOT RISK STRATIFICATION FORM

• Three categories of risk (in keeping with previous risk rating criteria)
  o Low (no problems—skin, structural, vascular, sensation intact)
  o Moderate (one or more problems)
  o High Risk (broken skin, ulcer, amputation)

“Clinical judgment is always recommended when assigning a category of risk.”
REFERRAL ALGORITHM FORM

- Revision of earlier DCPNS Form
- Traffic light theme (colors) continued
- Foot care provider for each category
- Indicated frequency of follow-up
- Not a care pathway
- Reinforces key strategies to prevent foot problems

Note: a finding under moderate risk may require earlier attention, i.e., 1-2 wks (referral to pedorthist)
Patient Information Sheets: The Low Risk Foot

The LOW RISK Diabetic Foot

It is important for you to take exceptionally good care of your feet. Diabetes is a lifelong disease that over time can cause damage to nerves and blood vessels. This can lead to loss of feeling and decreased circulation in your feet.

You have been given this Low Risk information sheet because your foot examination shows that at the present time, the:

- skin on your feet is healthy.
- shape of your nails, toes, and feet is normal.
- blood vessels in your feet remain healthy.
- nerves in your feet remain healthy.

How to Keep Your Feet Healthy

Check out the following ways that you can help to prevent foot problems:

- Control your blood glucose.
- Do not smoke!
- Have your healthcare provider examine your feet at least once a year.
- Check your feet everyday. Look at the tops and bottoms of both feet. Check between the toes. If you are unable, have someone examine your feet for you.
- Wash your feet daily. Do not soak! Dry well, especially between the toes!
- Trim your toenails straight across, and smooth the edges with a file or emery board.
- Apply a moisturizer over the tops and bottoms of your feet but not between your toes.

How to Keep Your Feet Healthy (cont)

- Wear socks that have non-elastic tops and are free from bulky seams. Always check inside your socks for any foreign objects or rough surfaces before putting them on. Wearing socks inside out can prevent the seams from rubbing the skin.
- Wear comfortable, well-fitting shoes with cushioned soles. Soft breathable materials such as lycra, soft leather, or suede, are best. Choose adjustable footwear with laces or velcro.
- Always check inside your shoes for any foreign objects, rough seams, or ridges before putting them on.
- Use a pumice stone daily to keep calluses under control. Never try to cut callouses or corns yourself. Do not use chemical agents such as medicated corn plasters. Seek advice from your healthcare provider.
- Promptly report any changes noted in your feet.

• Specific to each category
• Given to patient dependent on risk
• Pointers: How to care for feet
• When to seek help
Patient Information Sheets:
The Moderate Risk Foot

The MODERATE RISK Diabetic Foot

It is important for you to take exceptionally good care of your feet. Diabetes is a life-long disease that over time can cause damage to nerves and blood vessels. This can lead to loss of feeling and decreased circulation in your feet.

You have been given this Moderate Risk information sheet because your foot examination showed that you have at least one of the following:

- Skin abnormalities. You may have corns, blisters, calluses, etc. (but no broken skin, or ulcers).
- Abnormal nails, toes, or foot shape.
- Loss of feeling in your feet (you cannot feel the monofilament).
- Decreased circulation (at least one of your foot pulses is absent).
- Limited movement in your ankles or toes.
- Other

How to Care for the “Moderate Risk” Diabetic Foot

- Control your blood glucose.
- Do not smoke!
- Have your healthcare provider examine your feet every 4 to 6 months.
- Check your feet everyday. Watch for any blisters or sores because you may not feel them! Look at the tops and bottoms of both feet. You may need to use a mirror. Check between the toes. If you are unable, have someone examine your feet for you.
- Be very careful when bathing. You may not be able to feel heat and cold. Test the water with your elbow in case the nerves in your hands are also affected, or have someone else check the temperature for you.

...other

How to Care for the “Moderate Risk” Diabetic Foot (cont)

- Wash your feet daily. Do not soak your feet! Dry well, especially between the toes!
- Trim your toenails straight across, and smooth the edges with a file or emery board.
- Use a penicillin stone daily to keep calluses under control. Never try to cut calluses or corns! See your doctor or foot care specialist.
- Do not use chemical agents such as medicated corn plasters. Seek advice from your healthcare provider.
- Apply a moisturizer over the tops and bottoms of your feet but not between your toes.
- Cover any blisters with a sterile dressing until healed. Watch closely. If slow to heal, call your doctor!
- Wear socks that have non-elastic tops, and are free from bulky seams. Always check inside your socks for any foreign objects or rough surfaces before putting them on. Wearing socks inside out can prevent the seams from rubbing the skin.
- Wear comfortable, well-fitting shoes with cushioned soles. Have your feet measured before you buy - remember, you may not be able to “feel” if they fit. Soft breathable materials such as lynx, soft leather, or suede, are best. Choose adjustable footwear with tapes or velcro.
- Always check inside your shoes for any foreign objects, rough seams, or ridges before putting them on. Remember, you may no longer be able to feel these things!
- Avoid sitting close to fires and heaters - they can burn your skin without you noticing.
- Do not use electric heating pads, and always remove hot water bottles from the bed before getting in.

If you notice any swelling, warmth, redness, or pain in your legs or feet, see your doctor right away!
Patient Information Sheets:
The High Risk Foot

The HIGH RISK Diabetic Foot

It is important for you to take exceptionally good care of your feet. Diabetes is a life-long disease that over time can cause damage to nerves and blood vessels leading to loss of feeling and decreased circulation in your feet.

Any broken or open areas in the skin allow microorganisms (germs) to enter. This can very quickly lead to infection, especially if your blood vessels are no longer healthy and/or your blood glucose is out of control. You may not even know there is a problem if you have lost the feeling in your feet!

You have been given this High Risk information sheet because your foot assessment shows that you have at least one of the following:

- Skin Breakdown (open cracks, sores, infection)
- Ulcer (Active)
- Ulcer (Past)
- Amputation
- Other

How to Care for the “High Risk” Diabetic Foot

- Control your blood glucose.
- Do not smoke.
- Have your healthcare provider examine your feet at least every 3 to 4 months, more frequently (every 1 to 4 weeks) if you are receiving treatment for open cracks, sores, infection, or ulcers.
- Check your feet every day. This is more important than ever if you have lost feeling in your feet. Watch for any blisters or sores because you may not feel them! Look at the tops and bottoms of both feet. You may need to use a mirror. Check between the toes. If you are unable, have someone examine your feet for you.
- Be very careful when bathing. You may not be able to feel heat and cold. Test the water with your elbow in case the nerves in your hands are also affected, or have someone else check the temperature for you.
- Wash your feet daily. Do not soak your feet! Dry well between the toes!
- Trim your toenails straight across. Smooth edges with a file or emery board.
- Use a pumice stone daily to keep calluses under control. Never try to cut calluses or corns! Ask a professional.
- Do not use chemical agents such as medicated corn plasters. Seek advice from your healthcare provider.
- Apply a moisturizer over the tops and bottoms of your feet but not between your toes.
- Wear socks that have non-elastic tops and are free from bulky seams. Always check inside your socks for any foreign objects or rough surfaces before putting them on. Wearing socks inside out can prevent the seams from rubbing the skin.
- Wear comfortable, well-fitting shoes with cushioned soles. Have your feet measured before you buy - remember you may not be able to “feel” if they fit. Soft breathable materials such as lyra, soft leather, or suede, are best. Choose adjustable footwear with lace or velcro.
- Before you put on your shoes always check inside for any foreign bodies, rough seams, or ridges. Remember, you may no longer be able to feel these things!
- Avoid sitting close to fires and heaters - they can burn your skin without you noticing.
- Do not use electric heating pads, and always remove hot water bottles from the bed before getting in.

If you notice any swelling, warmth, redness, or pain in your legs or feet, see your doctor right away!
A Patient Foot Care Path

The Diabetic Foot in Nova Scotia: A Patient Foot Care Path

The following information will help you decide what to do when you discover a foot problem. It tells you what you can do on your own and when and whom to call if you need help.

- Indicates when to seek help for each foot problem
- Who can help
- Who pays for the service

<table>
<thead>
<tr>
<th>Foot Problem</th>
<th>When to Seek Help</th>
<th>Who Can Help</th>
<th>Who Pays?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SKIN</td>
<td>Dry, cracked soles and heels</td>
<td>Family Physician*</td>
<td>Family Physician*</td>
</tr>
<tr>
<td></td>
<td>Blister or callous on the toes</td>
<td>Foot Care Nurse*</td>
<td>Podiatrist*</td>
</tr>
<tr>
<td></td>
<td>Blisters, corns, calluses</td>
<td>Wound Care Nurse*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Open sores that won’t heal</td>
<td>Dermatologist*</td>
<td></td>
</tr>
<tr>
<td>NAILS</td>
<td>Ingrows</td>
<td>Family Physician*</td>
<td>Family Physician*</td>
</tr>
<tr>
<td></td>
<td>Thickened</td>
<td>Podiatrist*</td>
<td>Podiatrist*</td>
</tr>
<tr>
<td></td>
<td>Discolored</td>
<td>Pedicurist*</td>
<td>Pedicurist*</td>
</tr>
<tr>
<td>SHAPE</td>
<td>Noticeable change in shape of foot or toe</td>
<td>Family Physician*</td>
<td>Family Physician*</td>
</tr>
<tr>
<td></td>
<td>Change in foot color</td>
<td>Podiatrist*</td>
<td>Podiatrist*</td>
</tr>
<tr>
<td></td>
<td>Change in foot temperature</td>
<td>Wound Care Nurse*</td>
<td>Wound Care Nurse*</td>
</tr>
<tr>
<td></td>
<td>Swollen, puffy feet</td>
<td>Vascular Surgeon*</td>
<td>Vascular Surgeon*</td>
</tr>
<tr>
<td>CIRCULATION</td>
<td>Loss of feeling in foot/numbness</td>
<td>Family Physician*</td>
<td>Family Physician*</td>
</tr>
<tr>
<td></td>
<td>Tingling, “pins and needles”</td>
<td>Podiatrist*</td>
<td>Podiatrist*</td>
</tr>
<tr>
<td></td>
<td>Pain in feet</td>
<td>Pedicurist*</td>
<td>Pedicurist*</td>
</tr>
<tr>
<td>SENSATION</td>
<td>Unable to reach or see your feet to inspect or care for them</td>
<td>Family/Footcare Giver</td>
<td>Family/Footcare Giver</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Foot Care Nurse*</td>
<td>Foot Care Nurse*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Podiatrist*</td>
<td>Podiatrist*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Orthopia*</td>
<td>Orthopia*</td>
</tr>
<tr>
<td>FOOT CARE</td>
<td>Uncomfortable, non-supportive, or poorly fitting footwear</td>
<td>Pedicurist*</td>
<td>Pedicurist*</td>
</tr>
</tbody>
</table>

NOTE: Diabetes Educators usually do not treat foot problems; however, they can provide advice and direct you to the appropriate foot care provider.

Use the key below to check out who pays for the service.

*MSI

**Private Insurance

◆ Community Assistance may apply + Referral Required

NOTE: Survivors of a hospital-based Foot Care Service may be free in your area. Check with your health care provider.

Meet The Foot Care Specialist

Chiropractor
- Specializes in the treatment and prevention of diseases or disorders of the foot.

Dermatologist
- A physician who specializes in the diagnosis, treatment, and management of skin disorders.

Foot Care Nurse
- Carries out foot assessments and upon referral, offers basic or advanced foot care in the hospital, institutions, and home.

Hygienist
- A physiotherapist who specializes in the diagnosis and treatment of disorders of the nervous system (including the nerves in the leg and foot).

Podiatrist
- Carries out assessments to fit and modify footwear. With a wide referral that includes a diagnosis and a prescription, provides custom-made orthotics.

Physiotherapist
- Has a degree in Podiatry Medicine and specializes in the diagnosis and medical or surgical treatment of foot diseases and injuries.

Vascular Surgeon

Wound Care Nurse
- A nurse who has specialty training in managing and treating wounds, ulcers, and infections.

My Foot Care Provider Contact Numbers

- Diabetes Educator:
- Family Doctor:
- Foot Care Nurse:
- Podiatrist:
- Pedicurist:
- Chiropodist:
- Wound Care Nurse:
- Vascular Surgeon:
- Neurologist:
- Dermatologist:
- Pharmacist:

If you notice any signs of infection, disorientation, swelling, or pain, contact your doctor immediately.
Form Use

• Can be used in a variety of settings:
  – Family Practice, Long-term care, Diabetes Centres, Inpatient areas....

Clinical judgment is always recommended

Now….Introduction to the foot assessment…
  Demonstration by:  Janice Knapp and Bev Harris
FOOT RISK ASSESSMENT FORM

• Early detection of foot problems

• Basic foot assessment in 5-7 minutes

• Completed during initial assessment period with follow up as indicated

• Revised to include new CPG recommendations

• Symbols/Colors added for easy risk rating (traffic light theme)

Diabetes Foot Risk Assessment

Complete during initial assessment and at follow-up visits as indicated.

<table>
<thead>
<tr>
<th>SKIN</th>
<th>MOBILITY</th>
<th>VASCULAR</th>
<th>SENSATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dry</td>
<td>R L</td>
<td>Hammer toes</td>
<td>R L</td>
</tr>
<tr>
<td>Swollen</td>
<td>R L</td>
<td>Claw toes</td>
<td>R L</td>
</tr>
<tr>
<td>Maceration</td>
<td>R L</td>
<td>Overlapping digits</td>
<td>R L</td>
</tr>
<tr>
<td>Foul/smell</td>
<td>R L</td>
<td>Bunions</td>
<td>R L</td>
</tr>
<tr>
<td>Ulcer</td>
<td>R L</td>
<td>Arch deformity</td>
<td>R L</td>
</tr>
<tr>
<td>Other</td>
<td>R L</td>
<td>Amputation</td>
<td>R L</td>
</tr>
<tr>
<td>○ Other</td>
<td>R L</td>
<td>Other</td>
<td>R L</td>
</tr>
<tr>
<td>○ Skin breakdown</td>
<td>R L</td>
<td>▼ Diminished</td>
<td>R L</td>
</tr>
<tr>
<td>○ Ulcer</td>
<td>R L</td>
<td>Absent</td>
<td>R L</td>
</tr>
<tr>
<td>○ Other</td>
<td>R L</td>
<td>Painful neuropathy</td>
<td>R L</td>
</tr>
</tbody>
</table>

STRUCTURE

Thickened nails | R L |
Discolored nails | R L |
Deformed nails | R L |
Ingrown nails | R L |

VASCULAR

Shiny skin | R L |
Hair Loss | R L |
Edema | R L |
Edema (weeping) | R L |

FOOT CARE/FOOTWEAR

- Poor foot hygiene (includes long or poorly shaped nails)
- Needs assistance with foot care (poor vision, mobility)
- Inappropriate footwear (poor style, condition or fit)
- No Problems Noted

FOOT CARE EDUCATION

- Foot Care Questionnaire Completed
- Foot Care Education
- Foot Care Review
- Foot Risk Information Sheet Provided

FOOT CARE REFERRAL

- Family Physician
- Orthotist
- Foot Clinic
- Podiatrist
- Wound Care/Vascular Service

RISK CATEGORY

- Low (Green) [Assess in 1 year]
- Medium (Yellow) [Assess in 6 months]
- High (Red) [Assess in 1-4 months]

Comments:

Signature: __________________________ Date: ____________

Diabetes Care Program of Nova Scotia 2020
We Welcome Your Questions