

Foot Screening



Goal: Foot screening performed by trained healthcare personnel and students is intended to assess for early to late stages of foot problems and to make referrals to **healthcare providers** if needed.

By voluntarily participating in foot screening, I accept all risks and hereby release all sponsors of this program from any and all liability. I understand this program will only screen. I have read this form (or have had the form read to me), and I understand its contents. The data derived from this screening is to be considered as preliminary only and in no way conclusive. The responsibility for initiating any follow-up examination for abnormalities lies with me as the person responsible for my own healthcare, even though assistance may be given in finding treatment and follow-up. Aggregated data without personal identification may be used for reports and research purposes. By signing this form, I acknowledge that I understand the above. Check here if you agree DATE: _____

Complete Assessment before procedure - Specific Instructions:

Step 1: Explain screening to the patient and have them remove their shoes, socks from both feet.

Step 2: Remove any dressings or devices that impair the screening.

Step 3: Review each of the areas for each foot as listed.

Step 4: Once the screen is completed determine care recommendations based on patient need, available resources and clinical judgement.

Step 5: Use the highest score from either the left or right foot to determine recommended screening intervals.

Step 6: Give resource directory to anyone that does not have a provider.

<input type="checkbox"/> M <input type="checkbox"/> F	Age:	Race:	<input type="checkbox"/> DM?		
Put on Gloves					
Look - 20 seconds:					
Score:					
			Left Foot	Right Foot	Comments:
1. Skin	0 = intact and healthy 1 = dry with fungus or light callus 2 = heavy callus build up 3 = open ulceration or history of previous ulcer				
2. Nails	0 = well-kept 1 = unkempt and ragged 2 = thick, damaged, or infected				
3. Deformity	0 = no deformity 1 = mild deformity - such as Bunions 2 = major deformity - Amputation				
4. Footwear	0 = appropriate- protection, support & fit foot 1 = inappropriate do not protect or support 2 = causing trauma, redness, ulceration, poor fit				
Touch - 10 seconds:					
Left Foot					
Right Foot					
Comments:					
5. Temperature – Cold	Does the foot feel colder than the other foot or is it colder than it should be considering the environment? 0 = Foot Warm 1 = Foot is cold				
6. Temperature – Hot	Does the foot feel hotter than the other foot or is it hotter than it should be considering the environment? 0 = Foot Warm 1 = Foot is hot				
7. Range of Motion	0 = Big toe full range 2 = Big toe is ridged	1 = Big toe has limited range 3 = Big toe is amputated			
Assess - 30 seconds:					
Left Foot					
Right Foot					
Comments:					
8. Sensation	Using the 5.07 monofilament, test the sites listed. Do not test over heavy callus. 1,2,3: digits: 1 st , 3 rd , 5 th 7, 8: Mid foot both medial and lateral 10: top dorsum of foot 0 = 10 out of 10 sites detected 2 = 7 to 9 out of 10 sites detected 4 = 0 to 6 out of 10 sites detected	4,5,6: MTH: 1 st , 3 rd , 5 th , 9: heel			
9. Sensation	i. Are your feet ever numb? iii. Do they ever burn? 0 = no to all questions	ii. Do they ever tingle? iv. Do they ever feel like insects are crawling on them? 2 = yes to any of the questions			
10. Pedal Pulses	Palpate (feel) the dorsalis pedis pulse located on the top of the foot. If unable to feel the pedal pulse feel for the posterior tibial pulse beneath the medial malleolus. 0 = pulse present 1 = pulse absent				
11. Dependent Rubor	blushing - Pronounced redness of the feet when the feet are down and pallor when the feet are elevated. 0 = no dependent rubor 1 = dependent rubor present				
12. Erythema	Look for redness of the skin that does not change when the foot is elevated. 0 = no redness of the skin 1 = redness noted				
Total Score:					
Use the highest score from left or right foot:					
<input type="checkbox"/> Score = 0 to 6 recommend screening yearly	<input type="checkbox"/> Score = 7 to 12 At risk – review with provider at annual visit	<input type="checkbox"/> Score = 13 to 19 Moderate risk - review with provider within a month	<input type="checkbox"/> Score = 20 to 25 High risk – see provider now		

Procedure:

1. Assist client to foot bath and have them remove footwear and socks. – Assist if needed.
2. Fill foot bath with approximately 3 inches of warm water (must be less than 105 degrees with a bath thermometer)
3. Assess feet per Foot Screening assessment form for dry cracked skin, blisters, cuts, scratches, redness, or areas of increased warmth. Assess for absence of hair on lower legs. Observe for thickened toenails, corns, or ingrown toenails. Look at each shoe to see if there is excessive wear in certain areas.
4. Perform a filament test.
5. Soak feet in warm water for 5-10 minutes.
6. Using a clean towel for each client. Pat feet dry being sure to dry between toes.
7. IF the client is diabetic and the nails are thickening, refer them back to their primary provider. IF they are not diabetic, show Client **how** to use an emery board. Instruct them to file lightly in one direction without using too much pressure, being sure not to scrape the nail's surface. This will insure a smoother nail with less splinting. They can keep the emery board, reminding them not to share with anyone else.
8. Ask client if you can apply lotion.
9. Add small amount of lotion in gloved hand and apply to each foot and ankle while massaging gently.
10. Document findings on assessment sheet to give to client to share with physician.
11. Ask client if any questions.
12. Client can put socks and shoes back on. – Assist if needed.
13. Thank the Client for taking care of their feet and hand them the Foot Facts handout with their assessment results.

After client leaves:

- Dispose of any used emery boards in covered trash can.
 - Empty basin of water. And wipe out with towel used from the client. (Basins can be reused after sterilization. Spray basin with an EPA-registered hospital grade disinfectant.)
 - Dispose of soiled towel in covered linen container. Fold linen bag over as lid.
 - Remove disposable gloves.
 - Wash hands with hand sanitizer or soap and water.
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- Return soiled linen to NMC dock and place in soiled linen container.