Are your patients at risk for diabetes-related foot complications?

Remember to...
Look, Feel and Ask.

1. **SKIN:** Is the skin dry or callused? Are there open areas such as blisters or ulcers?
2. **NAILS:** Are nails well kept or unkempt?
3. **DEFORMITY:** Have there been changes to the bony structure of the foot? They may be indicative of Charcot arthropathy.
4. **FOOTWEAR:** Does the patient’s footwear fit properly? Are the shoes appropriate for the activity for which they are being used?
5. **TEMPERATURE:** Is the foot cool? This may be indicative of arterial disease. Is the foot hot? This may be indicative of inflammation, infection or Charcot arthropathy.

6. **RANGE OF MOTION:** Check the hallux range.
7. **SENSATION:** Use a monofilament to test 10 sites on each foot to detect potential neuropathy.
8. **SENSATION:** Ask 4 questions to detect potential neuropathy:
   - *Are your feet ever numb?*  
   - *Do they tingle?*  
   - *Do they ever burn?*  
   - *Do they feel like insects are crawling on them?*
9. **PEDAL PULSES:** Are pulses present, absent or bounding?
10. **DEPENDENT RUBOR:** This may be indicative of poor arterial flow or perfusion.
11. **ERYTHEMA:** This may be indicative of inflammation, infection or Charcot arthropathy changes.

Frequency of assessment is dependent on findings.
* Based on Inlow 60-Second Foot Screen: www.woundscanada.ca/footscreen

For Best Practice Recommendations for the Prevention and Management of Diabetic Foot Ulcers, please visit: www.woundscanada.ca/BPR_DFU

For more information about cardiovascular disease and diabetes, please visit: www.diabetes.ca/about-diabetes

To purchase monofilaments, visit the Wounds Canada Boutique: www.woundscanada.ca/eboutique

For patient education on topics covered in this brochure, refer to the patient brochure or visit www.woundscanada.ca/healthyfeet

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| ![Image of a hand holding a patient's foot](image1.png) | Numb, painful or tingling? | □ Monitor blood glucose management.  
□ Refer patient for professional nail and skin care.  
□ Refer patient for professionally fitted footwear. |
| ![Image of a foot with a bony prominence](image2.png) | Showing signs of bony changes or deformities? | □ Assess for bony deformities or Charcot changes.  
□ Refer patient for professionally fitted or custom footwear. |
| ![Image of a foot with a callus](image3.png) | Dry, cracked, blistered or ulcerated? | □ Refer patient for professional skin care to manage calluses.  
□ Treat ulcer based on depth of injury, presence of infection and/or ischemia.  
□ Recommend non-weight-bearing in the presence of a plantar ulceration.  
□ Refer patient for non-weight-bearing footwear. |
| ![Image of a foot with dependent rubor](image4.png) | Displaying dependent rubor, signs of ischemia and/or gangrenous ulcers? | □ Refer patient for vascular assessment.  
□ Assess and manage pain.  
□ Refer patient for professionally fitted footwear.  
□ Treat ulcers based on depth of injury, presence of infection and/or ischemia.  
□ Recommend smoking cessation. |