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

Remember to…

Look, Feel and Ask.

1. Skin: Is the skin dry or calloused? 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.
4. Foot wear: 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.
6. Range of Motion: Check the hallux range.
7. Sensation: Use a monofilament to test 10 sites on the 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
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 changes.

Frequency of assessment is dependent on findings.

* Based on Inlow 60-Second Foot Screen

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For Best Practice Recommendations for the Prevention, Diagnosis and Treatment of diabetic foot ulcers, please visit: www.cawc.net

For more information about diabetes, please visit: www.guidelines.diabetes.ca

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This brochure is a guide only and should not be used for any diagnostic or therapeutic decisions. Specific medical concerns should be directly handled by a qualified healthcare professional.

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Look at your patient's feet and know the signs.

**Are your patient's feet...**

- Numb, painful or tingling?
  - IF YES
    - Monitor blood glucose management.
    - Refer patient for professional nail and skin care.
    - Refer patient for professionally fitted footwear.

- Showing signs of bony changes or deformities?
  - IF YES
    - Assess for bony deformities or Charcot changes.
    - Refer patient for professionally fitted or custom footwear.

- Dry, cracked, blistered or ulcerated?
  - IF YES
    - Refer patient for professional skin care to manage callouses.
    - 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.

- Displaying dependent rubor, signs of ischemia and/or gangrenous ulcers?
  - IF YES
    - Refer patient for professional skin care to manage callouses.
    - 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.