STM

Queensland Government

High Risk Foot Form 1104

ST MARY'S HOSPITAL

Facility: HIGH RISK FOOT CLINIC

(Affix identification label here)

URN:

Family name: BEARGEY

Given name(s): DAVID

Address: 22 FOOTE ST ILENT 4111

Date of birth: 1/1/48 Sex: ☒M ☐F ☐I

Document contents:
Page 1: Instructions only
Page 2: Data Collection
Page 3: Clinical Information
Page 4: Clinical Information

Instructions

1. a.) General form instructions
- Use only original forms. Do not photocopy the forms.
- Use a **black pen** only to complete the form - do not use pencil, other pen colours or white out (Liquid Paper)
- Indicate responses by filling in the circle or inserting numbers or letters (CAPITALS) completely within the boxes.
- Layout of dates should always be Day Month Year (e.g. 01 / 04 / 2008).
- For all 'Yes / No' questions, an answer must be completed - do not leave blank.

b.) Patient identification
- Affix patient identification label within the box at the top right corner of the form. Ensure label does not cover corner marker on the form

c.) Manual entry: Sex, URN (UR Number), and Date of Birth (i.e. no label supplied)
- These fields are used to identify and track the patients records through our database.
- These fields are mandatory and should be completed for every form sent to PSQ.
- Examples: Sex (M, F) || Date of birth (06/01/1974) || URN (1234567, T234567, 123456)
- Please include leading zeros and characters in UR Numbers.

2. Facility Codes
- Facility (Hospital, Facility Code, Referral Site)
- These fields are used to capture the facility in which the form was completed. Put the name or the code of the facility in the space provided. For example: ***Royal Brisbane & Women's Hospital*** or ***00201***
- The definitive source of facility codes is found under *'Facility Codes'* in the *'Corporate Reference Data System'* found at the top left of the webpage: *http://qheps.health.qld.gov.au/reftools.htm*

Facility: ST MARY'S HRFC Facility code: 1104

3. Date Fields
- Date fields are used to capture various dates in the format of dd/mm/yyyy. Dates such as 01/01/2011 should include leading zeros when entering the day and month. Other dates fields may also have times attached therefore the format will be: **dd/mm/yyyy hh:mm**

Date form completed: 10/01/2012 ED presentation date: 10/01/2012 Time: __:__

4. Text Box Fields
- Text box fields are alphanumeric by default meaning they can hold both alpha characters or numeric characters. Typically, data collection forms are designed to only accept either numeric or alpha not both for each text box. Therefore it is important when completing these types of fields that the correct data format is used. For instance: 'Age' requires numerical values such as 23, 45, 54 and 'Ward' requires alpha values such as ICU.
- Text box fields with a decimal place built into the text box allow data such as height or some measure to be entered. Text boxes with no decimal place built in will not allow users to enter their own decimal place and will reject the data when scanning.

Age: 64 Weight: 95.__ kg

5. Choice Fields
- Choice fields let you choose one or more options within a select group of options available. There are two format rules for choice fields: *Single Choice* and *Multiple Choice*.
- **Single Choice fields:** only choose one option out of the one or more available. Single Choice fields may be indicated with a (Single Choice) next to the title of the field.

Single choice (single choice): ○ Select me ○ Or me ○ Or even me

For example: **Separation status** (single choice): ○ Discharged ○ Transferred ○ Deceased

- **Multiple Choice fields:** you can select more than one option out of all options available. Multiple Choice fields may be indicated with a (Multiple Choice) next to the title of the field.

Multiple choice (multiple choice): ○ Pick me ○ Aswell as me ○ Fill me in too

For example: **Health professional(s) attending** (multiple choice): ○ Podiatrist ○ GP ○ Physician ○ Other

On document completion: Separate pages 1 and 2 from pages 3 and 4. Photocopy page 2, sign and date copy and retain in clinical notes with pages 3 and 4. Send original page 2 to Collections Officer, MRAT, PSQ.

For further information on how to complete a data collection form please contact MRAT at: mrat@health.qld.gov.au

University of Texas classification system for diabetic wounds

Stage / Comorbidities \ Depth	Pre- or post- ulcerative lesion completely epithelialised	Superficial wound not involving tendon, capsule or bone	Wound penetrating to tendon or capsule	Wound penetrating to bone or joint
No infection or ischaemia	A 0	A 1	A 2	A 3
With infection	B 0	B 1	B 2	B 3
With ischaemia	C 0	C 1	C 2	C 3
With infection and ischaemia	D 0	D 1	D 2	D 3

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HIGH RISK FOOT FORM

v3.00 - 05/2011 Mat. No.: 10236552 SW173

CHI

Queensland Government

HRF Version v1.0

Form ID: HRF1 Date: 23/03/2011

Marking Guide Use black ballpoint pen

A3 Correct A3 Incorrect

● Correct ● ✕ Incorrect

Office Use Only

(Affix identification label here) **Sex:** M **URN:**

Family Name: BEARAY

Given Name(s): DAVID

22 FOOTEST
KENT

Post Code: 4111

Date of birth: 01/01/1948

(Label corner here)

High Risk Foot Data Collection Form

Facility: 1104 *(Please enter your Facility name or code)*

Visit type (single choice) ● New client visit Review client visit Did not attend

Today's visit to HRFS 10/01/12

Separation status (If applicable) (single choice) Discharged Transferred Deceased

Health professional(s) attending (multiple choice)
● Podiatrist GP
Nurse Orthotist
Physician Surgeon
Other

New client visits only (or client previously discharged with new referral)

Date of referral 02/01/12

Indigenous status (single choice) Aboriginal Torres Strait Islander Both ● Neither Unknown/ Not stated

SUBJECTIVE Reason for attendance

PREVIOUS CHARCOT → DEFORMITY + ULCERS, ? BONE INFECTION L 2ND TOE

Medical and diabetic foot history

Medical history (single choice) Non-diabetes Type 1 diabetes ● Type 2 diabetes

If diabetes, then year diagnosed: 1991

Co- morbidities (multiple choice) ● Neuropathy ● Hypertension Dyslipidaemia CVD ESRF
PAD ● Smoker CKD HYPERCHOLESTEROLAEMIA
● Other: PREVIOUS SMOKER 25 YRS AGO

Recent BGLs greater than 15mmol/L? Yes ● No N/A

HbA1c result 7.5

Previous foot ulcer ● Yes No

Current foot ulcer ● Yes No

→ **If yes, is this a new ulcer?** Yes ● No

Previous amputation Yes ● No

Clinical diagnosis

Neuropathy ● Yes No

PAD ● Nil Mod Crit Location:.....

Acute Charcot Yes ● No Location:.....

Foot Deformity ● Yes No

Risk Classification (single choice)

●	**Acute**	- Foot ulcer/ acute Charcot
	High risk	- Foot deformity with Neuropathy and / or PAD - Previous ulcer or amputation or critical PAD
	At risk	- Neuropathy or PAD
	Low risk	- Nil Neuropathy or PAD

Ulcer / wound assessment summary

Type (single choice) (for highest scoring ulcer / wound)
● Neuropathic Neuro-Ischaemic
Ischaemic Post Surgical

Combined surface area 12 mm²

Combined surface area (single choice) Healed No change ● Smaller Larger

Clinical signs of infection (see infection - page 4) ● Nil Mild Moderate Systemic

UTWCS Grade A1 (for highest scoring ulcer / wound)

Management performed

Debrided ulcer / wound / callus	Yes	No	● N/A	**Off-loading optimum**	Yes	● No	N/A
Dressing optimum	● Yes	No	N/A	**Footwear optimum**	Yes	● No	N/A
Antibiotics required	Yes	● No	N/A	**Educated patient**	● Yes	No	N/A

Completed by (print name)	Designation:	Signature:	Date:
JOHN SMITH	PODIATRIST	J Smith	10/01/12

Photocopy this form, sign photocopy and retain for chart. Send original to data collections officer, PSQIS

1212594981

DO NOT WRITE IN THIS BINDING MARGIN

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Queensland Government

High Risk Foot Form

(Affix identification label here)

URN:

Family name: BEARAY

Given name(s): DAVID

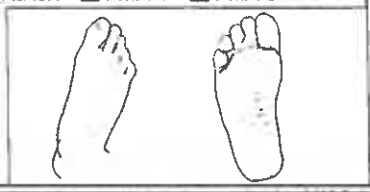
Address: 22 FOOTE ST KENT 4111

Date of birth: 01/01/1948 Sex: ☒ M ☐ F ☐ I

» **All fields marked with * must be recorded in the data collection section (page 2).**

Mandatory foot assessment (complete minimum 6 monthly)

[Right foot]	[Left foot]
Pulse 0 + ++ +++ ABPI:	Pulse 0 + ++ +++ ABPI:
Dors ped: ☐ ☐ ☒ ☐ Toe pressure: mmHg	Dors ped: ☐ ☐ ☒ ☐ Toe pressure: mmHg
Post tib: ☐ ☒ ☐ ☐	Post tib: ☐ ☒ ☐ ☐
Claudication or rest pain ☐ Present ☒ Absent	Claudication or rest pain ☐ Present ☒ Absent
Distance before onset:	Distance before onset:
Monofilament 10g ☒ Hallux ☑ PMA 1 ☑ PMA 5	Monofilament 10g ☒ Hallux ☑ PMA 1 ☒ PMA 5
Deformity and skin lesions	Deformity and skin lesions
☐ Absent ☐ HAV	☐ Absent ☐ HAV
☐ Lesser toes ☐ Charcot	☐ Lesser toes ☑ Charcot (2)
☐ Amputation ☐ Ulcer	☐ Amputation ☑ Ulcer (3) PAST
☐ Corn / callus ☐ Heel fissure	☐ Corn / callus ☐ Heel fissure
☐ Other	☑ Other (1)
Nail pathology ☐ Yes ☒ No	Nail pathology ☐ Yes ☒ No



Additional tests / observations (e.g. neurological tests / pain, odema, temperature)

NEUROPATHIC PAIN - SHARP PAINS + PINS + NEEDLES BOTH FEET

Ulcer / wound assessment

Location	1 L 2ND DIPJ	2 L MEDIAL ARCH / CUNEIFORM	3 L plantar foot
* Change	☐ Healed ☐ Smaller ☑ No change ☐ Larger ☐ Infected	☑ Healed ☐ Smaller ☐ No change ☐ Larger ☐ Infected	☑ Healed ☐ Smaller ☐ No change ☐ Larger ☐ Infected
* Type	☑ Neuropathic ☐ Ischaemic ☐ Neuro-Ischaemic ☐ Post surgical ☐ Other	☐ Neuropathic ☐ Ischaemic ☐ Neuro-Ischaemic ☐ Post surgical ☐ Other	☐ Neuropathic ☐ Ischaemic ☐ Neuro-Ischaemic ☐ Post surgical ☐ Other
Size: width, length, surface area, depth * (record total SA for all wounds)	W: 3 mm L: 4 mm SA: 12 mm² D: 2 mm	W: mm L: mm SA: mm² D: mm	W: mm L: mm SA: mm² D: mm
Wound bed	☐ Necrotic % ☑ Granulating 100 % ☐ Epithelialising % ☐ Sloughy % ☐ Pale % ☐ Hypergranulating % ☐ Bone %	☐ Necrotic % ☐ Granulating % ☐ Epithelialising % ☐ Sloughy % ☐ Pale % ☐ Hypergranulating % ☐ Bone %	☐ Necrotic % ☐ Granulating % ☐ Epithelialising % ☐ Sloughy % ☐ Pale % ☐ Hypergranulating % ☐ Bone %
Surrounding skin	☐ Macerated ☑ Fragile ☐ Hyperkeratotic ☐ Erythema ☐ Indurated ☐ Oedema ☐ Normal / healthy ☐ Dry / scaly	☐ Macerated ☐ Fragile ☐ Hyperkeratotic ☐ Erythema ☐ Indurated ☐ Oedema ☐ Normal / healthy ☐ Dry / scaly	☐ Macerated ☐ Fragile ☐ Hyperkeratotic ☐ Erythema ☐ Indurated ☐ Oedema ☐ Normal / healthy ☐ Dry / scaly
Wound edge	☑ Regular ☐ Undermined ☐ Irregular ☐ Rolling	☐ Regular ☐ Undermined ☐ Irregular ☐ Rolling	☐ Regular ☐ Undermined ☐ Irregular ☐ Rolling
Odour	☑ Nil ☐ Offensive	☐ Nil ☐ Offensive	☐ Nil ☐ Offensive
Exudate	☐ Nil ☑ Low ☑ Serous ☐ Moderate ☐ Purulent ☐ High ☐ Haemoserous	☐ Nil ☐ Low ☐ Serous ☐ Moderate ☐ Purulent ☐ High ☐ Haemoserous	☐ Nil ☐ Low ☐ Serous ☐ Moderate ☐ Purulent ☐ High ☐ Haemoserous
Sinus	☐ Yes (depth: mm) ☑ No	☐ Yes (depth: mm) ☐ No	☐ Yes (depth: mm) ☐ No
Probe to bone?	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
* UTWCS Grade	A1		
* Treatment goal	☐ Debridement ☐ Rehydration ☐ Control exudate ☐ Control odour ☐ ↓ bacterial load ☐ ↑ granulation ☑ Protect ☐ Manage pain	☐ Debridement ☐ Rehydration ☐ Control exudate ☐ Control odour ☐ ↓ bacterial load ☐ ↑ granulation ☐ Protect ☐ Manage pain	☐ Debridement ☐ Rehydration ☐ Control exudate ☐ Control odour ☐ ↓ bacterial load ☐ ↑ granulation ☐ Protect ☐ Manage pain
Dressing regime	☑ Dry dressing ☐ Hydrogel ☐ Alginate ☐ Foam ☐ Hydrofibre ☑ Other SCF PROTO OFFLOAD ☐ Antimicrobial ( )	☐ Dry dressing ☐ Hydrogel ☐ Alginate ☐ Foam ☐ Hydrofibre ☐ Other ☐ Antimicrobial ( )	☐ Dry dressing ☐ Hydrogel ☐ Alginate ☐ Foam ☐ Hydrofibre ☐ Other ☐ Antimicrobial ( )
Add photo / trace	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No

» For additional ulcers / wounds, please use the *High Risk Foot Form - Additional Ulcer / Wound Assessment (SW174).*

☐ **Tick (✓) if additional ulcer / wound assessment in use / attached.**

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High Risk Foot Form

(Affix identification label here)

URN:

Family name: DEARAY

Given name(s): DAVID

Address: 22 FOOTE ST KENT 4111

Date of birth: 01/01/1948 Sex: ☒ M ☐ F ☐ I

Infection

* Infection	☐ Yes	☑ No	☐ N/A	* Antibiotics required	☐ Yes	☑ No	☐ N/A	Cellulitis	☐ Yes	☑ No

☐ Mild (<2cm)	☐ Referred for medical review <24hours ☐ Amoxycillin / Clavulanate 875/125mg Oral BD *If there is a non-severe penicillin allergy or other contra-indication e.g. Hepatitis, use:*
☐ Moderate (>2cm)	☐ Cephalexin 500mg Oral QID and Metronidazole 400mg Oral BD ☐ Other:
☐ Systemic symptoms, spreading cellulitis or suspect osteomyelitis (probe to bone)	☐ Refer for potential admission and / or parenteral antibiotics *See Therapeutic Guidelines 'Antibiotic Version 12 2006'*
☐ MRSA / VRE or severe penicillin allergy	☐ Contact Infectious Diseases for consultant

Off-loading deformity

* Off-loading deformity	☐ Yes	☑ No	☐ N/A	* Footwear optimum	☐ Yes	☑ No	☐ N/A

☐ Post-op shoe / boot	☑ Removable cast walker	☐ Total contact cast	☑ Padding SCF	☐ Off-shelf footwear
☐ Depth footwear	☐ Custom footwear	☐ Insoles / orthotics	☐ Surgical repair	

Comments NEEDS CUSTOM ORTHOSES + DEPTH FOOTWEAR

Additional comments

L 2ND DIPJ ULCER FROM AIRWALKER IRRITATION. NO SIGNS OF OSTEOMYELITIS. XRAY LEFT FOOT SUBLUXED L 2ND MTPJ + PIPJ CALCIFICATION OF VESSELS
REQUIRES CUSTOM ORTHOSES + DEPTH FOOTWEAR ASAP
CONTINUE AIRWALKER + HANDYPOR DRESSINGS 3/7

Patient education

* Provided education ☑ Yes ☐ No ☐ N/A

☑ Foot risk status	☑ Appropriate footwear
☑ Blood glucose control	☑ Ulcer management
☑ Daily foot checks	☐ Other

Comments DRESSINGS FOR PROTECTION

Treatment plan

Short term WOUND HEALING LD2

Long term WOUND PREVENTION FW + ORTHOSES

Comments

Service goal
Client / carer agrees and understands: ☐ Yes ☐ No
Client signature: D. Bearay Date: / /

Review and referrals

Review date 4 WEEK ST MARY'S 10/02/12 QUT REVIEW 17/01/12

* Hyperglycaemia (>8% HbA1c)	☐ Diabetes educator ☐ GP ☐ Endocrinologist	
* PAD / Ischaemia	☐ Vascular surgeon - *Critical PAD*	➡ Absent pulses + claudication / rest pain or ulcer Toe pressure <30mmHg or ABI <0.4
	☐ HRFS - *Moderate PAD*	➡ Toe pressure 30–70mmHg or ABI 0.4–0.7
* Painful Neuropathy	☐ Medical pain review	
Other referrals	☐ Orthopaedic surgeon ☐ Infectious diseases consultant	☒ FOOTWEAR + ORTHOSES QUT
Tests	☐ X-ray ☐ Bloods ☐ Swab / pathology ☐ Other:	

Assessor's name (please print):	Designation:	Signature:	Date:
JOHN SMITH	PODIATRIST	J Smith	10/01/12

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