MSRM 140117.01.2.17 (D-3/24)

OKLAHOMA DEPARTMENT OF CORRECTIONS NURSING PRACTICE PROTOCOLS

COMPREHENSIVE FOOT EXAMINATION

Subjective Data:				А	iergies:	
Chief complaint:						
Medical History:	□ CAD □ DM (□ Type I □ Type II) □ Peripheral Vascular Disease □ Retinopathy □ Nephropathy □ Peripheral Neuropathy Other:					
Current History:	1. Any change in the foot or feet since the last evaluation? ☐ Yes ☐ No					
	 Current ulcer or history of a foot ulcer? ☐ Yes ☐ No Is there pain in the calf muscles when walking that is relieved by rest? ☐ Yes ☐ No 					
Most Recent hemog					eved by rest? Y % Date:	
Current Medications (including OTC):						
Foot Examination:						
Toe Nails:	☐ Thick ☐ Long ☐ Ingrown ☐ Infected with fungal disease					
Foot Deformities:	☐ Toe deformities ☐ Bunions ☐ Charcot foot ☐ Foot drop ☐ Prominent metatarsal heads ☐ Amputation Date: Side: Level:					
Pedal Pulses: Posterior Tibial Left: ☐ Present ☐ Absent						
	Posterior Tibial Right: Dorsalis Pedis Left: Dorsalis Pedis Right: Dorsalis Pedis Right: Dorsalis Pedis Right: Present Absent Present Shiny Redness Swelling Fissure Warmth Dry Mois					
Skin:	□ Thin	☐ Fragile S	hinv 🗖 Hairle	ss 🗖 Redness 🗖 S	welling D Fissure D	Warmth □ Dry □ Moist
Callus Formation:						
Pre-ulceration:						
Blood or discharge on socks or hose: ☐ Yes ☐ No Risk Categorization: Low ☐ Intact protective sensation ☐ No Prior foot ulcer ☐ No foot deformity ☐ Pedal pulses present						
		■ No amputation		- No i noi loot di	ei 🔲 No loot deloi	mity Tedai puises present
Risk Categorization Risk Inmate	: High		ctive sensation	☐ History of foot	ılcer 🚨 Foot deformi	ty 🚨 Absent pedal pulses
Objective Data: (clinically indicated VS) BPPulseRespTempWtFSBS						
Monofilament Testing: Sensory level with a "+" in the areas of the foot if the patient can feel the 5.07 Semmes- Weinstein (10-gram) nylon monofilament and "-" if the patient cannot feel the filament First (big) toe						
REFER TO HEALTH CARE PROVIDER IF: If during clinic hours the health care provider is to be called if not on site. If after clinic hours the health care provider is to be called the next working day. □ Diabetic or circulatory problems □ Signs of secondary infection present □ Unusual location □ Condition not responding to nursing intervention □ Severe pain or burning Health Care Provider: Time Notified: Orders Received for Treatment: □ Yes □ No If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.						
Plan: Interventions: (check all that apply) □ Check in assessment only for health care providers visit. □ Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed. □ Feet cleanse gently with mild antiseptic soap. □ Soak foot in plain warm water twice a day. □ Soak foot in warm water with Epson salt daily for 5 days PRN (must be performed in medical unit) □ Toenails trimmed without difficulty. □ Basin issued to inmate for twice a day foot soaks. □ Apply calluses or corn pad to lesion. OR □ Mole skin to affected area. □ Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN OR □ Ibuprofen 200 mg - 2 tablets p.o. three times a day for 4 days PRN. □ Education/Intervention: Instructed signs and symptoms of infection, keep wound clean and dry, do not pick lesion, reapply pad only if it comes off, medication use, proper nail techniques - trim nails straight across, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions. Progress Note: Health Care Provider Signature/Credentials: □ Date: □ Time: □ RN/LPN Signature/credentials: □ Date: □ Time: □						
	, or eacill				Date	
Inmate Name (Last, First)						DOC#