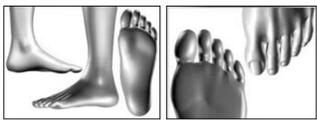


## Advanced Foot & Nail Care Assessment & Treatment Flow Sheet Documentation Guide

This provincial document guides the documentation process, either electronic health record or paper, for the Foot Care Nurse's foot & nail point-of-care assessment and the advanced foot & nail care provided for a patient, client or resident. This flow sheet is used in association with the FCN's High-Risk Foot & Nail Assessment which serves as the baseline for the client's condition.

<b>Assessment &amp; Treatment Plan</b>	
<b>Assessment</b>	
<b>Year</b> (xxxx) (for paper flowsheet only)	Enter current year, e.g., 2026 The year needs to be documented when new flow sheet is started.
<b>Month/Day</b> (MMM/DD) (for paper flowsheet only)	Enter the month/date care was provided, (e.g., Feb 26).
<b>Time</b> (HH:MM) (for paper flowsheet only)	Enter the time care was provide as per 24:00 clock, (e.g., 14:30).
<b>Skin &amp; Nail Integrity</b>	For both left & right lower leg, foot, toes and nails, use Y (Yes) or N (No): <input type="checkbox"/> As per baseline <input type="checkbox"/> Nails correct length
<b>Colour</b>	For both left & right lower leg, foot, toes, use Y (Yes) or N (No): <input type="checkbox"/> As per baseline
<b>Warmth (Circulation)</b>	For both left & right lower leg, foot, toes, use Y (Yes) or N (No): <input type="checkbox"/> As per baseline <input type="checkbox"/> Posterior Tibial Pulse present <input type="checkbox"/> Dorsalis Pedis Pulse present <input type="checkbox"/> Cap Refill less than 3 seconds
<b>Movement</b>	For both left & right lower leg, foot, toes, use Y (Yes) or N (No): <input type="checkbox"/> As per baseline
<b>Sensation</b>	For both left & right lower leg, foot, toes, use Y (Yes) or N (No): <input type="checkbox"/> As per baseline <input type="checkbox"/> Pain during day <input type="checkbox"/> Pain at night
<b>Treatment</b>	
<b>Month/Day</b> (MMM/DD) (for paper flowsheet only)	Enter the month/date care was provided, (e.g., Feb 26).
<b>Area of Concern</b>	For both left & right foot, use A, B, C to indicate areas of concern on the graphics <div style="display: flex; justify-content: center; align-items: center; gap: 20px;"> <div style="text-align: center;"> <p>Right</p>  </div> <div style="text-align: center;"> <p>Left</p>  </div> </div>
<b>Care Provided</b>	For both left & right foot, use ✓ to indicate care done: <input type="checkbox"/> Nails trimmed/filed <input type="checkbox"/> Tyloma reduction <input type="checkbox"/> Heloma reduction <input type="checkbox"/> Verruca reduction <input type="checkbox"/> Offloading <input type="checkbox"/> Skin care <input type="checkbox"/> Teaching <input type="checkbox"/> Referral Other: free text field to enter other care provided
<b>Comments</b>	Free text field for additional notes.
<b>Signature</b>	Enter name and designation.