

Name _____

Issue 1:

Date: ____/____/____

RISK ASSESSMENT 5 *Foot Care and Support*

Risk Assessment Objectives: Maintain and Maximise Foot Care

Tick box if relevant

- Oedematous Feet Y [] N []
- Skin Condition [Good] [Fair] [Poor] [Ulceration]
- Diabetic Y [] N []
- Poor Circulation Y [] N []
- Brittle Nails Y [] N []
- [] Self Managing
- [] Care/Support Input
- [] Others input
- [] Needs Chiropody
- [] Nursing input needed

PERSONAL STATEMENT

RISK ASSESSMENT THROUGH CONCERN LEVELS

IF THE SCORE IS BETWEEN 7-10 THESE MUST BE AN ESSENTIAL ACTION PLAN

Severity	Concern level	Tick Box for Concern level	Concern by colour
10	Safeguarding concerns	[]	
09	3 rd Party Intervention concerns	[]	
08	Destabilising concerns	[]	
07	Escalating concerns	[]	
06	Concerning concerns	[]	
05	Moderate Concerns	[]	
04	Medium concerns	[]	
03	Minimal concerns	[]	
02	Trivial concerns	[]	
01	No concerns	[]	

ACTION PLAN

1. _____

Signed _____

Date: ____/____/____

Review Monthly

Name _____

Issue 1:

Date: ____/____/____

SUPPORT PLAN 5

Foot Care and Support

OUTCOME: Name to have good circulation, skin and nail care

ASSESSMENT

- Name showers and washes her feet
- Name may need chiropody, which they arrange
- Name manages their own appointments except when they require support

Name is prompted regarding foot care where appropriate

SUPPORT NEEDED

- Name buys their own body cleansing soaps and lotions
- Name is supported in their hygiene needs
- Name is encouraged to keep chiropody appointments
- Name will be accompanied where the need for support is required/requested

SPECIFIC OUTCOMES/ACTIONS TO ACHIEVE

- Name** is able t to self-manage their own foot care needs
- Name** is prompted regarding foot care where appropriate
- Name** can access staff to help her with chiropody visits as required

Signed _____

Date: ____/____/____

Review Monthly