Document injuries as per diagram:			Right		
					S
Proximal fibula tenderness?	Yes	No	Able to weight bear?	Yes	No
Proximal fibula tenderness? Anterior tibia tenderness?	Yes Yes	No No	Able to weight bear? Distal pedal pulse?	Yes Yes	No No
			-		
Anterior tibia tenderness?	Yes	No	Distal pedal pulse?	Yes	No
Anterior tibia tenderness? Calcaneus tenderness?	Yes Yes	No	Distal pedal pulse?	Yes	No
Anterior tibia tenderness? Calcaneus tenderness? X-ray: Yes No Diagnosis:	Yes Yes Result	No No	Distal pedal pulse? Sensation?	Yes	No
Anterior tibia tenderness? Calcaneus tenderness? X-ray: Yes No	Yes Yes Result	No No	Distal pedal pulse?	Yes	No
Anterior tibia tenderness? Calcaneus tenderness? X-ray: Yes No Diagnosis: Discharge destination Parent advised to give regular pain relie	Yes Yes Result	No No	Distal pedal pulse? Sensation?	Yes	No
Anterior tibia tenderness? Calcaneus tenderness? X-ray: Yes No Diagnosis: Discharge destination Parent advised to give regular pain relic	Yes Yes Result	No No	Distal pedal pulse? Sensation?	Yes	No
Anterior tibia tenderness? Calcaneus tenderness? X-ray: Yes No Diagnosis: Discharge destination Parent advised to give regular pain relie (Duration) Participation in PE/sport/high impact adviced (Duration) Parent/carer/guardian given written adviced to give writt	Yes Yes Result	No No	Distal pedal pulse? Sensation?	Yes	No
Anterior tibia tenderness? Calcaneus tenderness? X-ray: Yes No Diagnosis: Discharge destination Parent advised to give regular pain relie (Duration) Participation in PE/sport/high impact adviced (Duration) Parent/carer/guardian given written adviced (Specify)	Yes Yes Result	No No Tick Tick	Distal pedal pulse? Sensation?	Yes	No
Anterior tibia tenderness? Calcaneus tenderness? X-ray: Yes No Diagnosis: Discharge destination Parent advised to give regular pain relie (Duration) Participation in PE/sport/high impact adviced (Duration) Parent/carer/guardian given written adviced to give writt	Yes Yes Result	No No Tick	Distal pedal pulse? Sensation?	Yes	No
Anterior tibia tenderness? Calcaneus tenderness? X-ray: Yes No Diagnosis: Discharge destination Parent advised to give regular pain relie (Duration) Participation in PE/sport/high impact adviced (Duration) Parent/carer/guardian given written adviced (Specify)	Yes Yes Result	No No Tick Tick	Distal pedal pulse? Sensation?	Yes	No

Ankle & Foot Injury Proforma





	NAS Foundation Trust	Department
Clinician's Details	Patient's Details	
Name/stamp:	Name:	
Date: Time:	Date of Birth:	
Date & Time of injury:	Trust ID:	
Describe what happened:		
PMH:	Drug history:	
Allergies:	Immunisations:	
Examination: (mark areas of bruising,	swelling and bony tenderness)	
Left	Document injuries as pe	r diagram:
Leit		
	<i>→</i>	
Sec.		