

Diabetic Foot Ulcer Care Plan

Patient Information

Name

Date of Birth

Medical Record Number

Diagnosis

Date of Assessment

Ulcer Assessment

Location

Size (L x W x D in cm)

Stage/Grade

Appearance

Exudate

Odor

Signs of Infection

Other Observations

Assessment Findings

Vascular Status	Neurologic Status	Other Complications
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Goals

Interventions

Intervention	Frequency	Responsible
<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>

Evaluation

Recommendations / Follow-up