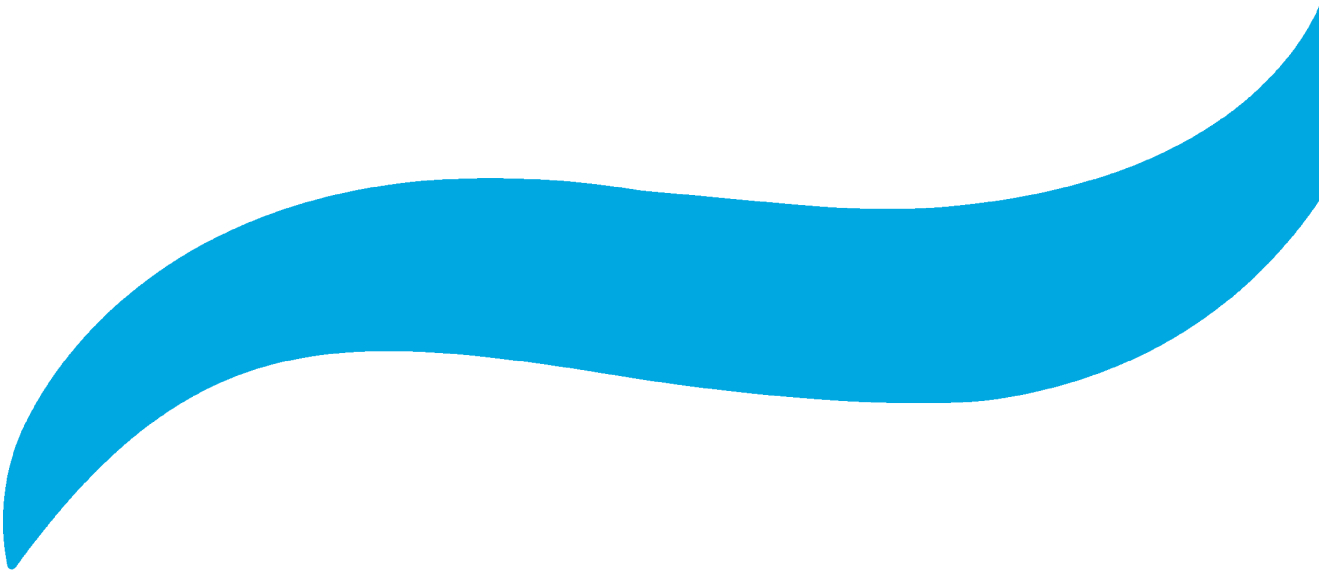
Scottish Diabetes - Foot Action Group

NHS SCOTLAND

CPR

for Feet

Training Manual



Introduction

Diabetes foot disease is a complication of diabetes caused as a result of damage to the nerves and blood vessels that serve the limbs, putting them at risk. Worryingly some healthcare professionals and people with diabetes do not realise that having the condition puts them more at risk of developing a foot ulcer which could lead to them having to undergo an amputation.

It is reported that more than 135 people per week in the UK have a limb amputated as a result of diabetes.

Diabetic foot disease accounts for more hospital bed days than all other diabetes complications put together.

(Diabetes UK 2015)

Hospital acquired foot ulceration

The Scottish Inpatient Diabetic Foot Audit in November 2013 revealed that:

- 2.4% of in patients with diabetes developed a new foot lesion whilst in hospital
- 57% of in patients had not had their feet checked
- 60% who were discovered to be at risk of developing a foot ulcer did not have any pressure relief in place

(Scottish Diabetes Foot Action Group 2013)

Patients at risk

Patients who are at risk of developing a foot ulcer are those who:

- Have had a history of previous ulceration or amputation
- Have peripheral neuropathy (lack of feeling/perception of pain)
- Have peripheral vascular disease (impaired circulation)
- Are bed bound or have fragile skin

The objective of CPR for Feet

The objective of CPR for Feet is to ensure that at risk patients do not develop an avoidable foot ulcer during their stay in hospital and those who are admitted to hospital with a current foot ulcer or gangrene are referred appropriately.

Our aim as HCP's is to ask ourselves

- Have I checked the patients feet?
- Have I arranged to protect these feet if they are at risk?
- Have I referred the patient appropriately if there is a foot problem?

CPR for Feet

Check

Check both feet:

- Are there any breaks in the skin/areas of discolouration?
- Are there any ulcers present?
- Is neuropathy present?
- Is action required?

Protect

Protect feet if

- Pressure damage/ulcer present

or **at risk due to:**

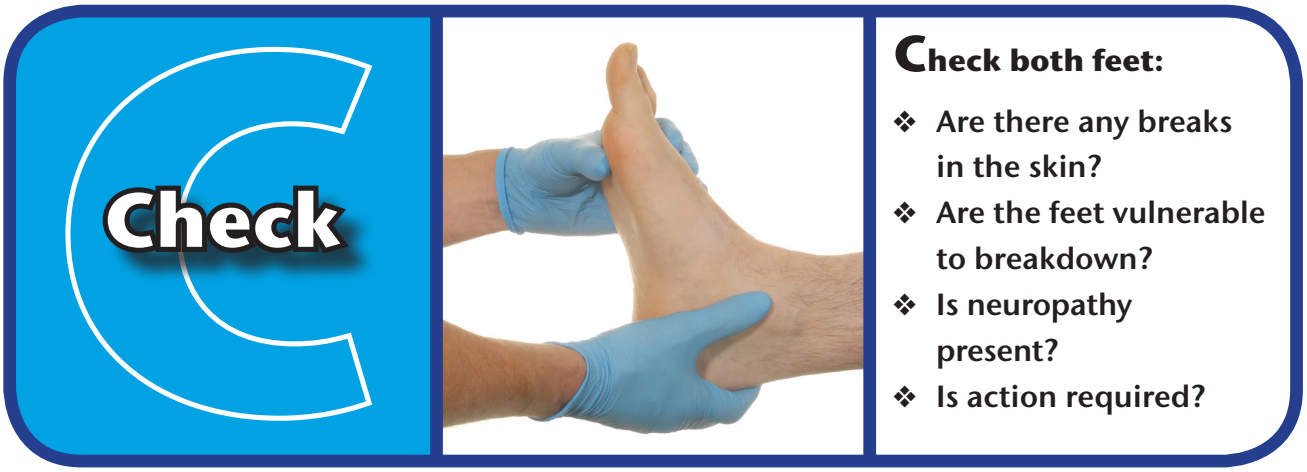
- Neuropathy
- Previous ulcer/ pressure damage or amputation
- Bed bound or fragile skin

Refer

Refer all patients with a foot ulcer/pressure damage or other major concern to the podiatry department or Tissue Viability Link Nurse for treatment and reassessment of pressure relief requirements.

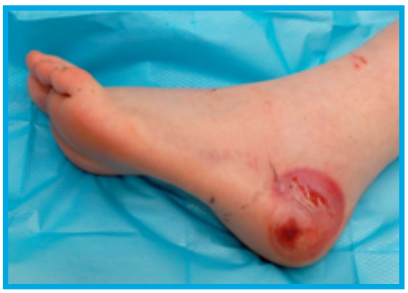
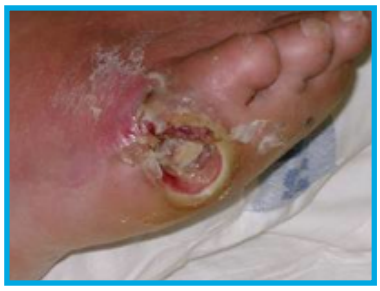
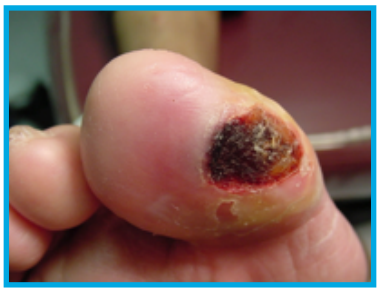
Tel .....

C- Check



When any at risk patient is admitted to hospital both feet should be checked;

- Remove any current foot dressings

- Does the patient have an existing foot ulcer or gangrene?
- Ask the patient if they have had a previous foot ulcer
- Does the patient have neuropathy?
- Is the patient bed bound or have fragile skin?
- Pay special attention to the heel area
- The mirrorred CPR card can make it easier to check this area
- A daily check should be carried out

How to check for neuropathy

The presence of neuropathy can be ascertained with the use of a 10g monofilament - training available at:

www.diabetesframe.org

or

LearnPro module
CPR for diabetic feet
*Including Touch the Toes Test**

Please note that the Touch the Toes Test is not a substitute for the patients annual foot screening, it is purely to ascertain the risk a patient may have of developing a foot ulcer during their Hospital stay.*

*Officially known as the Ipswich Touch Test, which was designed by Dr Gerry Rayman and the team at Ipswich Hospital.

P - Protect

If a patient has an existing ulcer or is at risk of developing an avoidable ulcer then care should be taken to protect the patient's feet especially if they are confined to bed.

(A pressure relieving mattress does not provide sufficient protection to prevent all at risk patients from developing an avoidable foot ulcer or provide sufficient pressure relief for those with an existing foot ulcer/ulcers.)

Pressure reducing/relieving devices

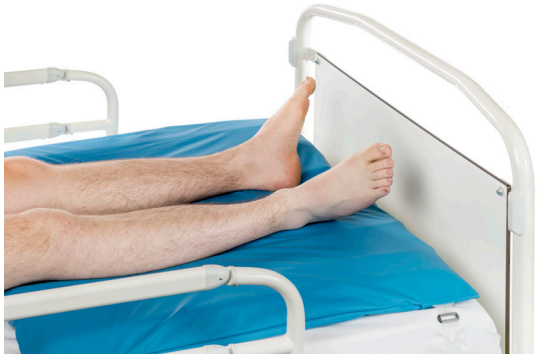
There are various pressure relieving devices available to reduce the pressure on the feet of patients who are at risk of developing an avoidable ulcer and to relieve the pressure on areas of existing ulceration.

The decision of which devices to use will be dependent on whether the patient is ambulant or non ambulant and will be decided by the Nurse for at risk patients or by the Orthotist, Podiatrist or Tissue Viability nurse for patients with active foot disease following assessment of the patient and their specific needs to ensure the correct device is utilised.

Patients and devices can be split into two distinct groups:

- Non ambulatory - devices for use in bed only
- Ambulatory - devices for use in bed and ambulation

Examples of devices that can be used to protect patients who are at risk but do not have an existing ulcer and who are ambulatory:

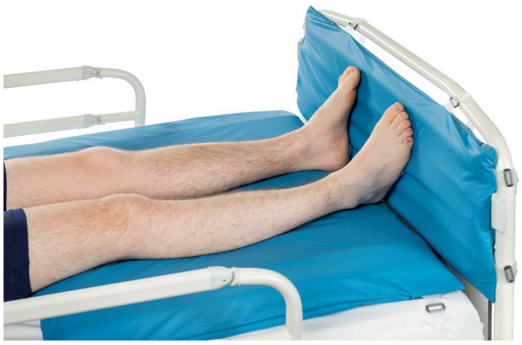


HeelSafe

HeelSafe & SoleSafe

Examples of devices that can be used to protect patients who are at risk but do not have an existing ulcer and who are non ambulatory:

HeelSafe



HeelSafe & SoleSafe

FootSafe prevention boot

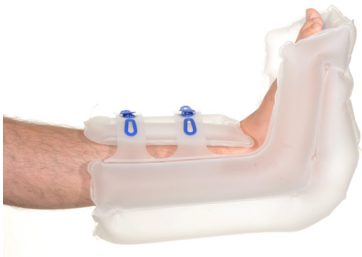
Examples of devices that can be used to relieve the pressure on patients who have an existing ulcer and who are ambulatory:

PRAFO

APRB

Examples of devices that can be used to relieve the pressure on patients who have an existing ulcer and who are non ambulatory:

PRAFO

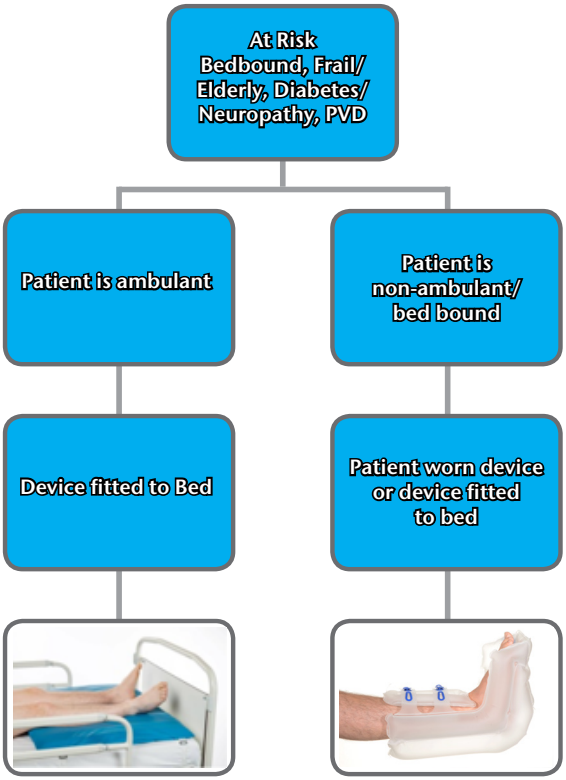


Foot Protection Boot

APRB

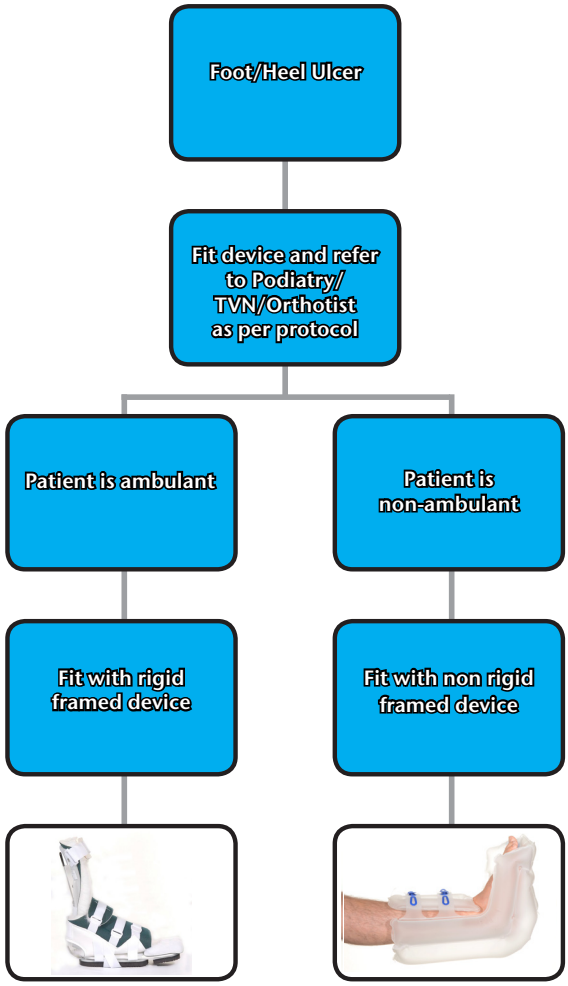
Guidance on the appropriate use of pressure reducing/ relieving is illustrated in the algorithm below which contains examples of some of the devices that could be used:

Foot / Heel Protection



REASSESS PRESSURE RELIEF NEEDS DAILY AND REFER TO LOCAL PROTOCOL WHERE AVAILABLE

Stock held at ward level and fitted by nursing staff following CPR assessment



Devices fitted by Podiatrist/ Orthotist following assessment

Ordering information

Ward level pressure relieving devices shown can be obtained via normal ordering processes or be placed on 'topup' It is recommended that a small stock of these devices be kept in the ward.

R - Refer

- Patients who have been discovered on admission to have existing pressure damage, an ulcer or gangrene should be protected and then referred immediately to the Podiatrist, TVN or member of the diabetes team
- The Podiatrist, TVN or member of the diabetes team will carry out an assessment of the patient's needs and will advise accordingly
- Referral by telephone during normal working hours is generally the quickest and most efficient method but this may depend on local protocol
- Please follow usual local referral guidelines/protocols

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