

# DIABETIC FOOT CARE

Diabetes can cause two problems that affect feet.

About 50-70% of non-traumatic lower extremity amputations occur in clients with diabetes. Clients who present with wounds, infections or ulcers require intensive treatment. Proper foot care can help prevent common foot problems and/or treat them before they cause serious complications.

**Diabetic Neuropathy:** Uncontrolled diabetes can damage the nerves. If nerves in feet and legs are damaged, it affects the client's ability to feel heat, cold or pain. If there is diminished sensation and the client does not feel a cut or sore on the foot, it may be neuropathy and predisposes the person to infections.

**Peripheral Vascular Disease:** Diabetes affects the flow of blood. Without good blood flow, it takes longer for wounds to heal. Poor blood flow in the arms and legs is called peripheral vascular disease. Infections that do not heal because of poor circulation place a person at risk for developing gangrene (death of tissue due to lack of blood). To prevent gangrene from spreading, an amputation may be necessary. Many amputations can be avoided through proper foot care.

## PURPOSE

To prevent common foot problems related to diabetes.

## APPLIES TO

- Registered Nurses
- Licensed Practical/Vocational Nurses
- Therapists
- Other (Identify): \_\_\_\_\_

**Note:** Home Health Aides may not trim or cut nails.

## EQUIPMENT/SUPPLIES

- Soft washcloth and towels
- Soap
- Disposable gloves
- Body lotion
- Orange stick
- Emery board or nail file
- Nail clippers

**PROCEDURE**

1. Identify the client per agency policy.
2. Wash hands. Refer to the Hand Washing procedure.
3. Fill washbasin and emesis basin with warm water (100° to 110° F).  
Test the water temperature.
4. Position the client, preferably sitting in a chair or in bed.
5. Examine the foot.
  - a. Palpate the dorsalis pedis and posterior tibialis pulses. Document the presence or absence. Poor lower extremity blood flow can delay healing.
  - b. Assess for sensory neuropathy. Decreased sensation limits the client's ability to protect the feet and ankles.
6. Place wash basin on a towel on the floor and assist client to place feet in the basin.
7. Wash feet.
8. Don clean gloves.
9. Care of toenails:
  - a. Clean feet with soft washcloth and soap.
  - b. Gently clean under nails using an orange stick.
  - c. Remove feet from basin and dry thoroughly with clean towel.
  - d. Clip toenails straight across and even with the top of toes. If the client has circulatory problems, do not cut nails. File the nails only.
  - e. Shape nails with emery board or nail file. Do not file corners of toenails.
10. Apply lotion liberally to hands and feet, but not between toes.
11. Remove gloves. Clean reusable equipment and dispose of waste according to the Agency Waste Disposal Policy.
12. Wash hands. Refer to the Hand Washing procedure.
13. Instruct the client on skin care guidelines. Instruct the client on the prevention of foot problems:
  - a. Keep blood glucose levels in target range.
  - b. Practice good foot care habits. Wash feet with mild soap and water daily and dry them completely.
  - c. Check feet daily – top, bottom and between toes. If you notice any sign of infections, call health care provider. Inspect feet daily for blisters, cuts, scratches, redness or discoloration.

- d. Treat foot injuries immediately. Minor blisters, cuts or scrapes can be cleaned and treated with an antibiotic cream. Check daily to make sure area is healing.
  - e. If corns, calluses, or warts are present, see a podiatrist or physician. Do not use chemical lotions to treat; they are too harsh for diabetic skin.
  - f. Encourage use of super fatted soaps and lotions (i.e., Dove, Alpha Keri, Lubriderm, Keri Lotion).
  - g. Wear socks and shoes made from natural materials such as cotton, wool, and leather. Make sure shoes fit well. Improperly fitted shoes may cause injury to feet. Leather shoes allow some air to circulate to feet. Plastic shoes cause feet to perspire, leading to fungal infections, rashes, and blisters.
  - h. If feet are sweaty, use a mild foot powder between toes and in socks and shoes. Keep blood flowing to feet. Elevate legs when sitting. Wiggle toes and move ankles several times a day. Don't cross legs for periods of time. Do not smoke
  - i. Wear socks to bed if feet feel cold. Never use hot water bottles or heating pads.
  - j. Buy well fitting, comfortable socks and shoes.
  - k. Before putting on shoes, check them for foreign objects, torn linings, and protruding nails.
  - l. Never walk barefoot.
  - m. If rising at night, turn on the lights to avoid bumping feet.
  - n. Contact physician if nails or feet show signs of inflammation or infection. Visit health care provider every 3-4 months.
  - o. Circulation is adversely affected by smoking and extreme cold.
  - p. Certain positions and situations will compromise circulation: sitting with legs crossed; or wearing tight support hose, knee-high stockings, or garters.
  - q. Avoid application of topical antimicrobial medications in first-aid technique. These medications color the skin and mask the redness of infection.
14. When to contact a physician:
- a. Changes in skin color, temperature.
  - b. Swelling in foot or ankles.
  - c. Pain in the legs.
  - d. Open sores on feet.
  - e. Ingrown toenails or infected toenails.
  - f. Corns or calluses.

- g. Dry, cracking skin.
- h. Unusual or persistent foot odor.

## DOCUMENTATION GUIDELINES

Document in the clinical record:

- Foot care performed.
- Status and condition of nails and feet.
- Presence or absence of pulses.
- Changes in sensation.
- Instructions given to the client.
- Notification to physician of any changes in condition.

## RELATED PROCEDURES

None

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