

Foot Care: Specialized Assessment and Treatment

Site Applicability

Mount Saint Joseph Hospital – 4 East

Skill Level

Specialized: - RN with Foot Care Nursing Certificate
(Vancouver Community College HLTH 1190)

Related Documents and Resources:

1. [BD-00-12-40040](#) - Monofilament Testing for Loss of Protective Sensation of Diabetic/Neuropathic Feet
2. Tuning fork test ([Elsevier Skills](#)) (use Google Chrome)
3. Nail and foot care ([Elsevier Skills](#)) (use Google Chrome)

Clinical Indication:

Patients with excessive nail growth and/or thickness.

Patients with excessive callus and/or corn formation.

Patients with functional limitations that impede performing self foot care.

Need to Know:

- Excessive nail growth and callus/corn formation can lead to pressure areas and skin breakdown.
- Foot care instruments must be sterile before use.

PRACTICE GUIDELINE

Equipment & Supplies:

- Vacuum Podiatric Rotary Instrument
- Sterile pouch containing nippers and a blacks file
- Single use bur
- Monofilament and/or tuning fork
- Personal Protective Equipment (P.P.E.) including gloves, N95 mask, eye shield/glasses, disposable apron and any additional P.P.E. as required by IPAC
- Disposable foot file (100/180 grit)

NURSING PRACTICE STANDARD

B-00-12-10137 – Foot Care

- Foot lotion (10% urea cream)
- Wound care products as appropriate
- Skin antiseptic
- Foot cleanser
- Disposable soaker pad

Practice Guideline

Precautions:

- If the patient is identified as potentially aggressive, assess if an additional staff member should be present to assist. Determine need for pre-sedation with MRN and /or physician. Do not perform foot care if patient is resistive.
- Do not soak feet.
- Stabilize patient's foot when performing treatment.
- Reduce as much free nail as possible with nippers or hand files to reduce nail dust produced by rotary instrument.
- Do not use the rotary tool on clear, thin, normal nails due to the risk of breaking into the nail bed.
- Open areas and previously dressed areas will be left untouched and referred to Most Responsible Nurse (MRN) and/or Wound Care Nurse as needed.
- Intact necrotic, blistered and pressure areas will be left untouched and referred to MRN and/or Wound Care Nurse as needed.
- If pressure areas noted, foot care nurse to liaise with MRN to update Braden Scale and pressure ulcer prevention care plan.

Procedure:

1. Obtain physician order for "Foot Care Nurse to see" and for 10% urea cream
2. Obtain patient history from MRN, patient records and/or patient including infection control precautions, medical history, current mental state, open areas of skin and list of medications
3. Perform hand hygiene.
4. Apply personal protective equipment as required.
5. Explain the procedure and obtain informed consent. If patient unable to provide informed consent, obtain it from the substitute decision maker.
6. Have patient remove socks/stockings and shoes from both feet independently if able.
7. Perform general assessment of each foot including: <ul style="list-style-type: none"> • Monofilament test and/or tuning fork test (Elsevier Skills: Musculoskeletal and

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<p>Neurologic) per PHC Guidelines.</p> <ul style="list-style-type: none"> Assess colour, warmth, movement and sensation (CWMS), including pedal pulse (dorsalis pedis) Assess skin integrity including dryness, presence of callus' or corns, fissures, ulcers, rashes, wounds etc. Assess nail length, color, thickness, involuted areas, ingrown nails etc. Assess for structural deformities of the foot such as bunions, hammer toes, overlapping toes. Assess condition of footwear if applicable. Assess foot hygiene.
8. Cleanse foot with gauze and cleanser.
<p>9. Maintaining a protective thickness, reduce calluses and/or corns using disposable file and rotary instrument as needed:</p> <ul style="list-style-type: none"> Apply appropriate intermittent pressure and use visual and finger checks to reduce risk of friction burns when using rotary instrument. Avoid contact between healthy surrounding tissue and with file and/or rotary instrument.
10. Use black's file to remove debris from beneath each nail to determine the free edge of the nails.
11. Cut nails straight across, ensuring free smooth corner edges.
<p>12. File nail as needed with disposable file and/or rotary instrument with appropriate burr for condition of nail.</p> <ul style="list-style-type: none"> Apply appropriate intermittent pressure to nail, avoiding cuticle edges to maintain the protective layers above the nail bed. Use visual and finger checks to reduce the risk of friction burns.
13. Apply urea 10% cream to feet, avoiding toe webs, open or dressed areas as well as closed necrotic or blistered areas
14. Assist patient as needed to put socks and shoes on.
15. Perform hand hygiene.
<p>16. If the skin is injured during foot care:</p> <ul style="list-style-type: none"> The area should be cleansed with a skin antiseptic and covered with appropriate wound care product by foot care nurse. If injury to skin occurs, foot care nurse to liaise with MRN to initiate PHC wound documentation flow sheet and care plan.
<p>17. Refer as needed to:</p> <ul style="list-style-type: none"> Wound Care Nurse

- MRN
- MRP (if infection is suspected)
- Vascular Surgeon referral, if needed, in discussion with MRP
- Podiatrist (if additional treatment below the nail or epidermis is required), in discussion with MRP
- Occupational Therapy
- Physiotherapy

Expected Outcomes:

Patients receive treatment in hospital for excessive nail growth, thickness, excessive callus formation or corn formation, and are referred to resources in the community for continuing care as appropriate.

Patient Education:

- Refer patient and/or family to community foot care resources for follow up upon discharge.
- Offer PHEM brochure “Top Ten Tips for Good Foot Care” as appropriate.

Documentation:

Document assessment findings, foot care provided, recommendations for further treatment and possible referrals in the interdisciplinary notes.

References:

1. Assessment: Musculoskeletal and Neurologic (2016). Elsevier Clinical Skills. St. Louis, MO. Elsevier. Retrieved June 27 2017 from www.elsevierskills.com
2. Lazenby, C.L.M. (2015). Art and Science of Foot Care: A Clinical Resource for Nurses in Canada. Kingston, ON: Foot Care Kingston.
3. Nail and Foot Care. Elsevier Clinical Skills (2017). St. Louis, MO. Elsevier. Retrieved June 27 2017 from www.elsevierskills.com
4. Olson, J. R.N., B.S.N., M.Ed., Dipl. Gero. VCC Foot Care Nursing (HLTH 1190) Certificate of Nursing Foot Care 2009. Revising Author: James D Cooke, R.N., C.N.N., Certificate of Nursing Foot Care August 2015.
5. Peel Public Health: Take Control Guide 2011 Section 6-6. Infection Prevention and Control Resource Guide, Resident Health.

Persons/Groups Consulted:

RN Wound Ostomy Skin Clinician.
RN Foot Care Nurse
RN MN Clinical Nurse Leader
RN Nurse Educator MSJ.
RN Patient Care Manager
MD

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Approved By: Professional Practice Standards Committee

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