Stepping into better health: Improving foot care in patients, with the introduction of monthly foot checks.

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Introduction

The aim of this Essentials of Care (EOC) Project was to improve diabetic foot care Practices within the Renal Ambulatory Care Unit (RAC) through the introduction and incorporation into practice of monthly foot checks. These monthly foot checks are on patients’ attending the RAC Unit for dialysis. Evidence states that diabetic patients have increased risk and incidence of foot ulcers. 1 in 5 ulcers requires amputation causing 1 Australian to lose a limb every 3 hours to Diabetes (NHMRC 2011). This risk is furthermore increased in patients with End Stage Renal Disease requiring renal replacement therapies.

Background

In 2015 we commenced our second cycle of the EOC program. During a claims, concerns and issues session the nursing team identified concerns regarding the recent rate of lower limb amputations occurring within the RAC Unit along with the ongoing challenges of managing dialysis patients and lower limb wounds in this outpatient setting. There are psychological and social implications to individual consumers along with significant costing totalling $13,000 per foot ulcer admission and $26,000 per amputation admission (Diabetes Australia 2016).

“I thank the Nurses for helping me to look after my feet”

Patient

Methods

Together, the nursing team utilized the PRAXIS framework as a planning tool to explore existing issues and challenges along with the creation of an action plan.

Conclusion

The Diabetic Foot Assessment of Risk Test (DART) form was adapted from the Indigenous Diabetic Foot Program (Warnock 2011) and was trialled with the support of the podiatry department within the unit. Staff and patients were educated on it prior to its implementation. This lower limb risk tool enables consumers limbs to be assessed for current or potential ulceration along with identifying risks of amputation. Combined with the introduction of a referral pathway, staff now feel confident in assessing, implementing interventions and escalating high-risk patients promptly.

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References

