

Diabetic Foot Care, DFU Healing & Foot Soaks

Critical Thinking & Innovation in foot & lower limb care practice



ERIN D. KING

ENTREPRENEUR, CLINIC OWNER,
DIRECTOR OF EDUCATION & CARE, PUBLISHED
AUTHOR, POD.FS, FOOT/WOUND CARE NURSE

When did it become a stanch rule that diabetic foot soaking is contraindicated?

Through my research I have yet to find a validated controlled study that establishes evidence that diabetic foot soaks are harmful when done in a controlled environment.

Yes, I said that Stay with me.

I can confidently conclude most healthcare practitioners (HCP) have accepted the concept to "NEVER soak a diabetics foot". I question do we paint every client situation with the same brush?

This topic requires deconstructing. I agree wholeheartedly this narrative is concerning yet questionable. A commonsense and evidence-based approach is necessary that considers point of care concepts, client beliefs and behaviors. In an ideal scenario one would not necessarily factor every day personal care limitations and a subjective client perspective however, we must be realistic in our approach that considers a whole of patient care practical plan.

Let's first dive into the quintessence care Nurses, Foot Nurses and PodOrtho Foot Specialists provide as regulated health care providers. One would agree nurses have been charged and conditioned to critically analyze the science behind all health care protocols. Nurses perform detailed assessments, provide a nursing diagnosis and create a plan of care that considers each individual client's beliefs, needs, environment and limitations. These concepts set nurses apart from other HCP that have admittedly been appreciated by many clients over many decades. A client's appreciation for the extraordinary care a nurse provides ensures nurses remain nourished and confident to continue delivering specialized care in many evolving, challenging and complex environments.

Today I was presented with a call from a general practitioner (a physician) who choose to contact my clinic regarding a mutual client's diabetic foot and wound care. unfortunately, he chose to chastise the care I had been providing to a diabetic foot care client who required a foot soak to remove her wound dressing applied by her home care nurse that was unfortunately adhered to her DFU. In this context in my professional opinion this method of care was the right decision in this particular circumstance. This decision was based on the fact that as a nurse we are often presented with making decisions that requires critical thinking as self-regulated HCP.

Nurses are often undervalued and/or considered a subsidiary HCP. This is no longer the case within our evolving and changing healthcare landscape. Many nurses (RN's, RPN's and NP) have evolved over many decades through post graduate education and skilled hands-on training and must be appreciated for their knowledge, skill and judgement who have specialized in various areas of healthcare and work in independent practice.



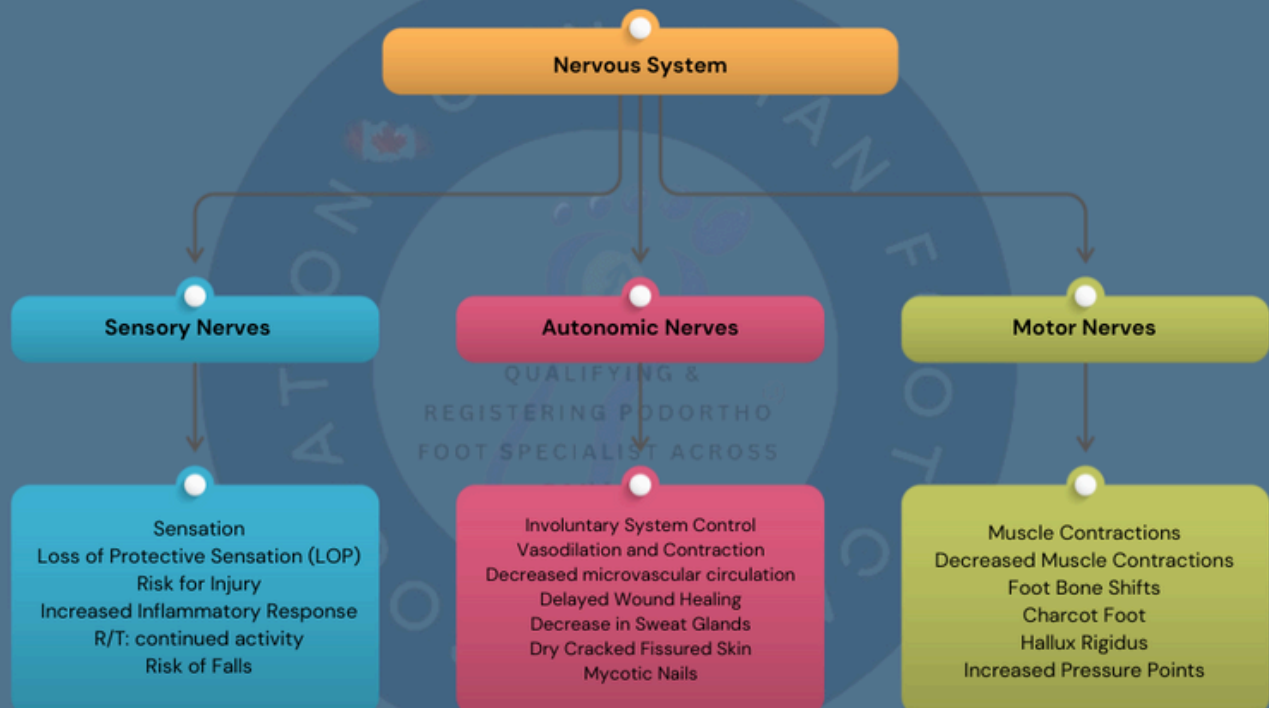
DFU Statistics & Goals

The main goal of therapy for type 2 diabetes is to prevent or delay complications and maintain quality of life. There are many complications of DM, such as cardiovascular disorders, end-stage renal disease, retinopathy, neuropathy, mental illness, muscle atrophy, adhesive capsulitis and even joint stiffness following surgery. Diabetic foot (DF) is a frequent complication of DM due to vascular and neuropathological damage and is the main reason for amputation and death. About 15% of people with DM suffer from DF ulcers (DFUs), and 14%-24% of those with DFU subsequently undergo lower limb amputation, which has led to DFU being the leading cause of non-traumatic lower limb amputations [1].

DF & Concepts

BREAKING IT DOWN

Nerves & Peripheral Neuropathy in Diabetics R/T: Foot Complications



WHAT IS THE RATIONALE BEHIND PERFORMING A DIABETIC FOOT SCREEN

1. **Determining Risk**
2. **Setting a quantifiable measurable benchmark**
3. **Determining required care and follow up maintenance care**
4. **Determining what health teaching is required**
5. **Determining required referrals**



Do we soak a diabetic foot?

WHY NOT?

1. **Decrease risk of causing dry skin R/T: autonomic neuropathy**
2. **Risk of Injury R/T: sensory neuropathy causing LOP**
3. **Is your patient a well-controlled diabetic and has a normal diabetic foot screen score?**
4. **Are they at risk?**
5. **Does your client have PN?**
6. **Does your client have LOP?**

Do you soak with Health Canada approved foot care products?

Do you check the temperature of the foot soak prior to soaking your client's feet?

Do you moisturize with an approve moisturizer/mouse specific to the skin on the feet?

Does the environment follow best practice infection-controlled guidelines?

WHAT ARE THE BENEFITS OF SOAKING THE FEET BEFORE TREATMENTS?



- 1. Providing Comfort**
- 2. Hygienic Cleansing**
- 3. Increasing the microvascular circulation**
- 4. Softening the skin prior to removing callouses/corns**



LET US KNOW WHAT YOUR THOUGHTS REGARDING THIS ARTICLE ON OUR
SOCIAL MEDIA

