

Role of the Clinic Nurse or Medical Assistant in Preventing Foot Ulcer and Amputation in Persons with Diabetes

The nurse or medical assistant plays a key role in the prevention of serious foot problems in persons with diabetes. Team care can significantly reduce the occurrence of diabetic foot ulcer and amputation. There are two essential components to this team care:

Annual, Comprehensive Foot History and Examination: Identify High-Risk Patients

Every patient with diabetes should undergo this history and examination annually in order to identify those patients who are at high risk for foot ulcer and amputation.

“High-risk” patients include those with:

- Prior lower extremity amputation
- Prior foot ulcer
- Loss of protective sensation in the feet as detected by the inability to sense the 10-g monofilament
- Major skeletal deformities of the feet
- Vascular obstruction to the arteries that supply the legs and feet
- Extensive callus formation or very dry skin of the feet

Intensive Intervention in High-Risk Patients to Prevent Foot Ulcer

The following interventions may help to reduce the frequency of foot ulcer and amputation in “High-risk” patients:

- Determine whether the patient can reach and see the soles of their feet. Train a caregiver to inspect the feet if this is not possible for the patient.
- Inspection of the feet at every office visit.
- Regular follow-up with podiatry.
- Intensive education about how to care for the feet.
- Referral of some patients for therapeutic footwear.

The tasks listed below will enable nurses or medical assistants to facilitate the performance of foot examinations in the office setting and help reduce the frequency of foot ulcer and lower extremity amputation:

- Annually provide each patient with diabetes with a *Diabetes Foot Care Questionnaire* form to complete before seeing the clinician. The questionnaire

- helps identify a patient's risk level for foot ulcer and amputation and identifies educational deficiencies.
- Attach a "high-risk feet" sticker to the chart of all high risk patients. (A template for printing these chart stickers is included in the physician toolkit.)
 - Have the patient remove their shoes and socks before the clinician enters the exam room.
 - ❖ High-risk patients should have their feet visually inspected at every office visit.
 - Determine that the patient can reach and see the soles of their feet in order for them to detect any abnormalities. Up to 50% of patients with diabetes may not be able to do this. Such patients will need to use mirrors or magnifying glasses to adequately examine the soles of their feet while others will need a caregiver to accomplish the task of daily foot inspection.
 - Stock the exam room regularly with 10-g monofilaments that are used to detect loss of protective sensation.
 - ❖ The clinician with whom you work may train you to perform this examination using the toolkit document, "Using the 10-g Semmes–Weinstein Monofilament." (Monofilaments may be obtained from one of the sites listed on *Resources for 10-g Monofilaments* in the physician toolkit.)
 - Provide the patient with literacy and language-appropriate foot care education handouts. A list of patient education resources titled *Sites for Free Patient Education Tools* is included in the physician toolkit document.
 - ❖ Low-risk patients may benefit from the one-page hand-out *Foot Care Tips: Take Care of Your Feet for a Lifetime*.
 - ❖ High-risk patients should receive a more comprehensive educational handout, such as *Prevent Diabetes Problems: Keep Your Feet and Skin Healthy* or *Foot Care Tips: Take Care of Your Feet for a Lifetime*.
 - ❖ *Diabetes Foot Care* from the American Orthopedic Foot and Ankle Society has been translated into 19 languages.
 - ❖ The article *How to Choose Footwear* is an excellent review of footwear selection for patients.