



**BPGs...
to the Bedside!**

5 *Actions for Personal Support Workers*

Based on recommendations of the
RNAO Best Practice Guideline (BPG):

**“Reducing Foot Complications
for People with Diabetes” (2004)**



BPGs...to the Bedside!

Welcome to this edition of **BPGs...to the Bedside!** - a series of handbooks developed by the Central East BPG Initiative and specifically designed for Personal Support Workers (PSWs) working in long-term care homes.

This edition of **BPGs...to the Bedside!** highlights 5 actions for PSWs that reflect recommendations of the RNAO Best Practice Guideline (BPG) 'Reducing Foot Complications for People with Diabetes' (2004).

Many long-term care homes are already working on implementing BPGs - recommendations about a particular aspect of health care delivery (such as assessing pain; managing constipation; preventing delirium; or providing footcare to residents with diabetes). BPGs ensure the care we provide is based on current research and agreed upon by a team of expert nurses.

But implementing a BPG involves all team members - and PSWs can provide particular contributions. The **BPGs...to the Bedside!** series focuses on how PSWs can incorporate some BPG recommendations into daily resident care activities - and contribute to promoting our residents' health and well-being.

We hope you find **BPGs...to the Bedside!** helpful.

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What would a PSW do - based on the RNAO BPG 'Reducing Foot Complications for People with Diabetes'?

Action # 1. For residents with diabetes... the PSW observes foot circulation daily.



Why? Diabetes diminishes blood flow to the feet - which means there is often less oxygen and other essential nutrients getting to the feet.

Decreased blood flow can cause the feet to swell (edema) and look 'bluish'. For a resident with diabetes, feet will also often feel cooler and skin dry.

In addition, decreased blood flow to the feet can cause poor healing - and even put the resident at risk for amputation.

**PSWs
help take BPGs
to the bedside!**

Some pointers:

Every morning and evening, the PSW should:

- feel the resident's feet for changes in temperature
- observe for dryness, swelling, and color changes
- ask about pain in legs and feet.

During the day, to promote circulation, the PSW should:

- encourage the resident to elevate feet when sitting
- reinforce not to sit with legs crossed.

Read the RNAO BPG 'Reducing Foot Complications for People with Diabetes' (2004) at:

<http://www.rnao.org/Page.asp?PageID=924&ContentID=815>

For other topics in the **BPGs...to the Bedside!** series,
contact mary.dupuis@yeehong.com

What would a PSW do - based on the RNAO BPG 'Reducing Foot Complications for People with Diabetes'?

Action # 2. For residents with diabetes... everyday, the PSW observes feet for skin breakdown.



Why? For residents with diabetes, non-healing ulcers on the feet cause up to 85% of amputations to lower extremities. Treating foot ulcers early helps prevent amputations caused by foot ulcers.

Having had a foot ulcer increases the resident's risk of developing another ulcer.

Calluses and corns can indicate the loss of sensation to the feet - and can also be a risk factor for developing a foot ulcer.

Cracks, often a result of poor circulation leading to the decreased functioning of the sweat glands, cause dryness of the feet and may also lead to foot ulcers.



Some pointers:

Every morning and evening, the PSW should look for:

- calluses, blisters, and corns
- open areas and cracks on tops and bottoms of feet
- open areas in-between toes.

Ensure the resident is not using over-the-counter treatment products for corns or calluses - as these may cause skin breakdown.

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What would a PSW do - based on the RNAO BPG 'Reducing Foot Complications for People with Diabetes'?

Action # 3. For residents with diabetes... the PSW provides proper foot hygiene.



Why? Keeping a resident's feet clean and conditioned (and using only a mild soap) will help reduce chances of dryness and infection.

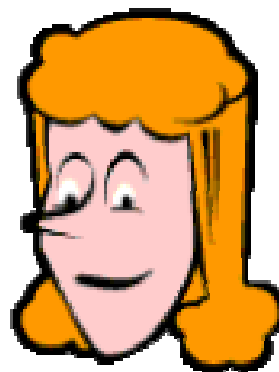
But - soaking more than 10 minutes and rubbing the skin dry can increase dryness and skin breakdown.

Applying creams in-between toes also increases chance of infection.

Some pointers:

Washing feet daily is best - but at least twice/week:

- use mild soap and warm water
- avoid soaking more than 10 minutes
- clean nails with a soft nail brush
- dry by patting gently, including between toes
- moisturize with an unscented lotion for dry skin, except in-between toes.



And, to ensure safe practices, remember to always follow your LTC home's policy about toenail care for residents with diabetes.

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What would a PSW do - based on the RNAO BPG 'Reducing Foot Complications for People with Diabetes'?



Action # 4. For residents with diabetes... the PSW checks socks and shoes daily.

Why? Improper footwear is the number one cause of foot ulcers and well-fitted, comfortable shoes reduce rubbing on feet. But, even with well-fitted shoes, friction can be significantly reduced by breaking-in new shoes slowly by adding one hour wear time each day and removing shoes after six hours.

Proper fitted, natural fiber socks will allow the skin to breathe, prevent rubbing on feet, and maintain circulation.

Shaking-out shoes before wearing will get rid of anything (such as a pebble) that may cause injuries.

PSWs & BPGs:



Putting our
best foot
forward!

Some pointers:

- Socks should be well-fitted (but not too tight), with no holes or seams and made of natural fiber (such as cotton or wool).
- Shoes should be comfortable with closed toes, less than 1 inch (2.5 cm) heel, with soft insides, laces or Velcro, and at least $\frac{1}{2}$ inch space at the end of the longest toe.

Read the RNAO BPG 'Reducing Foot Complications for People with Diabetes' (2004) at:

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What would a PSW do - based on the RNAO BPG 'Reducing Foot Complications for People with Diabetes'?

Action # 5. For residents with diabetes... report any changes to the registered nurse.



Why? Non-healing foot ulcers are the number one cause of amputations to lower extremities - and treating ulcers early will help reduce the risk of amputation.

Detecting and treating foot problems early will reduce the risk of complications.



Some pointers:

Every shift, the PSW should report:

- circulation problems
- signs of skin breakdown
- concerns or questions about care
- issues about resident's socks or shoes.

Because circulation to feet is reduced the longer the person has diabetes, reporting issues immediately to the registered nurse will allow for a thorough assessment and early intervention.

Read the RNAO BPG 'Reducing Foot Complications for People with Diabetes' (2004) at:

<http://www.rnao.org/Page.asp?PageID=924&ContentID=815>

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In summary, and based on the RNAO BPG 'Reducing Foot Complications for People with Diabetes', in routine resident care, the PSW can include the following 5 actions:

1. observe foot circulation daily
2. observe for skin breakdown daily
3. provide proper foot hygiene
4. check socks and shoes daily and
5. report any changes to the registered nurse.

Remember: PSWs contribute to taking...



BPGs to the Bedside!

Some more resources about diabetic foot care:

RNAO's Diabetes Foot: Risk Assessment and Education Program at:

http://www.rnao.org/Storage/16/1036_BPG_Foot_Diabetes_Workshop_Participant.pdf

and facilitator's guide at:

http://www.rnao.org/Storage/16/1035_BPG_Foot_Diabetes_Workshop_Facilitator.pdf

Read the RNAO BPG 'Reducing Foot Complications for People with Diabetes' (2004) at:

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