

Shared Care Pathway for Management of Foot Ulceration for Patients under the Care of Podiatry and Community Nursing Services

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This must be completed and form part of the document appendices each time the document is updated and approved			
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06/11/20	1	Yasmin Mulhall – Clinical Care Coordinator – Central Neighbourhood Joanne Fear – Team Leader – Central	New document

Version Control Sheet			
		Neighbourhood Maria Remo Loida – Advanced Podiatrist – Blackpool Emma Phillips – Advanced Podiatrist – Blackpool Debbie Wilford – Advanced Podiatrist – Wyre Susan Baldwin – Senior Community Nurse – South Shore Neighbourhood Chloe Cross – Community Nurse – North Shore Neighbourhood Emma Clarke – District Nurse – Central West Neighbourhood	

Consultation / Acknowledgements with Stakeholders		
Name	Designation	Date Response Received
Lorraine Wilkinson	Head of Locality	6/8/2020
Jan Bamber	Complex Care Coordinator and NMP Lead	5/8/2020
James Earle	Team Leader	5/8/2020
Kay Dalton	Team Leader	6/8/2020

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1 Introduction / Purpose

1.1 Purpose

The purpose of this standard operating procedure is to create a pathway for shared care between podiatry services and community nursing for patients with foot ulceration. This will help patients to receive appropriate care in a timely manner, and ensure that foot wounds are managed effectively and there are no delays in treatment.

1.2 Introduction

It was identified that there was a need to standardise practice across disciplines of Nursing and Podiatry, to improve patient outcomes.

Nurses have specialist knowledge in the management of patients with ulcers and this combined with the specialist knowledge of sharp debridement skills and off-loading techniques by Podiatrists means a natural combined approach would greatly benefit patient care resulting in improved quality of life and improved outcomes for patients.

Current government legislation promotes multidisciplinary integrated working as it is known that this will promote improved patient outcomes (1).

A review group was formulated consisting of Podiatrists and Community Nurses from the Blackpool Fylde and Wyre localities. Current practice was identified including variances in practice between localities and it was identified that there was no current pathway in place. The pathway is designed to streamline care for patients with foot ulceration or pressure ulceration (foot or heel), peripheral vascular disease and high risk diabetic patients.

2 General Principles / Target Audience

The pathway will be used by all community nursing teams and podiatrists involved in the care of patients with foot ulcers.

3 Responsibilities (Ownership and Accountability)

3.1 All Health Care Professionals involved in wound management

In order to implement this pathway in clinical practice all Health Care Professionals involved in wound management will:

- Identify learning needs in relation to wound management as part of their development requirements.
- Access training as outlined in section 5.0 in order to maintain their competence and safe practice.
- Liaise with other members of the multi-disciplinary team in order to plan and co-ordinate appropriate wound management for patients.
- Undertake a holistic assessment of the patient to identify potential factors that may affect wound healing and wherever possible take action to maximise potential for healing.

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Accurate documentation must be completed at initial presentation and each visit thereafter should deterioration occur and must include the following:

- Location of wound (on body / foot map)
- Date of onset
(to be documented at initial visit and on the front of each consecutive wound chart)
- Length
- Width
- Depth
- Undermining area
- Wound bed descriptors / tissue type
(e.g. Granulation, slough, necrosis, tendon, bone etc.)
- Exudate (type and amount)
- Presence or absence of clinical signs of infection
(including details of wound swab culture and sensitivity)
- Pain Score
- Wound photography as per Medical Photography Policy (CORP/PROC/002) (2).
Clinicians who have been issued with a Trust-encrypted mobile phone that has been enabled for use with the 'WABA MIM' must ensure that the appropriate level of consent has been obtained prior to the taking of photographs and that this has been documented. The deleting of images once the images have been uploaded from the Trust device to the WABA MIM / EMIS will be automatic
- Plan of care / treatment aims

All health care professionals have a duty to ensure appropriate actions are taken following reassessment. Where any concern is identified or if a wound is failing to heal the healthcare professional should seek advice from a senior within the team and if appropriate escalate a referral to the Tissue Viability Service.

3.2 Community Nurses / Treatment Room Nurses

Community Nurses and Treatment Room Nurses will:

- Undertake holistic assessment of the patient with foot ulceration to include assessment of vascular status using ankle-brachial pressure index (ABPI) or Toe-brachial pressure index (TBPI), unless already completed by vascular or podiatry) and
- Waterlow risk assessment to be completed and updated as per trust policy (3)
- Ensure Care Plan is implemented
- Patient / carer information (4) will be provided around Pressure Ulcer Prevention and Management Guidelines

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- Skin assessment to be completed – to include all potentially vulnerable areas
- Support surfaces to be assessed (and provision of equipment arranged if required)
- Advise Patient Keep moving – if patient is nursed in bed a repositioning regime to be established personalised to the patient and pressure relieving advice to be given
- Incontinence is assessed and appropriate management plan is implemented
- Nutrition and Hydration assessment (MUST) completed and appropriate action plan implemented and referral on to dietitian is initiated if required.
- A wound assessment tool is completed and an appropriate wound management care plan is implemented to include:
 - (a) Skin care including care of the foot and emollients prescribed
 - (b) Dressing choice and rationale for treatment
 - (c) Frequency of dressing change
 - (d) Evaluation of wound management and wound progression.
- Refer all patients with foot ulceration to podiatry for further assessment of the foot as per the following Shared Care Pathway for Foot Ulceration (Section 4.0).
- Complete an untoward incident report (5) for all patients with pressure ulceration to the heel or foot and follow relevant guidelines to ensure that the patient receives appropriate assessment and management.
- Documentation of Consultant involvement where applicable (e.g. Vascular, Diabetic MDT, Renal etc.)

3.3 Podiatrists

Podiatrists will:

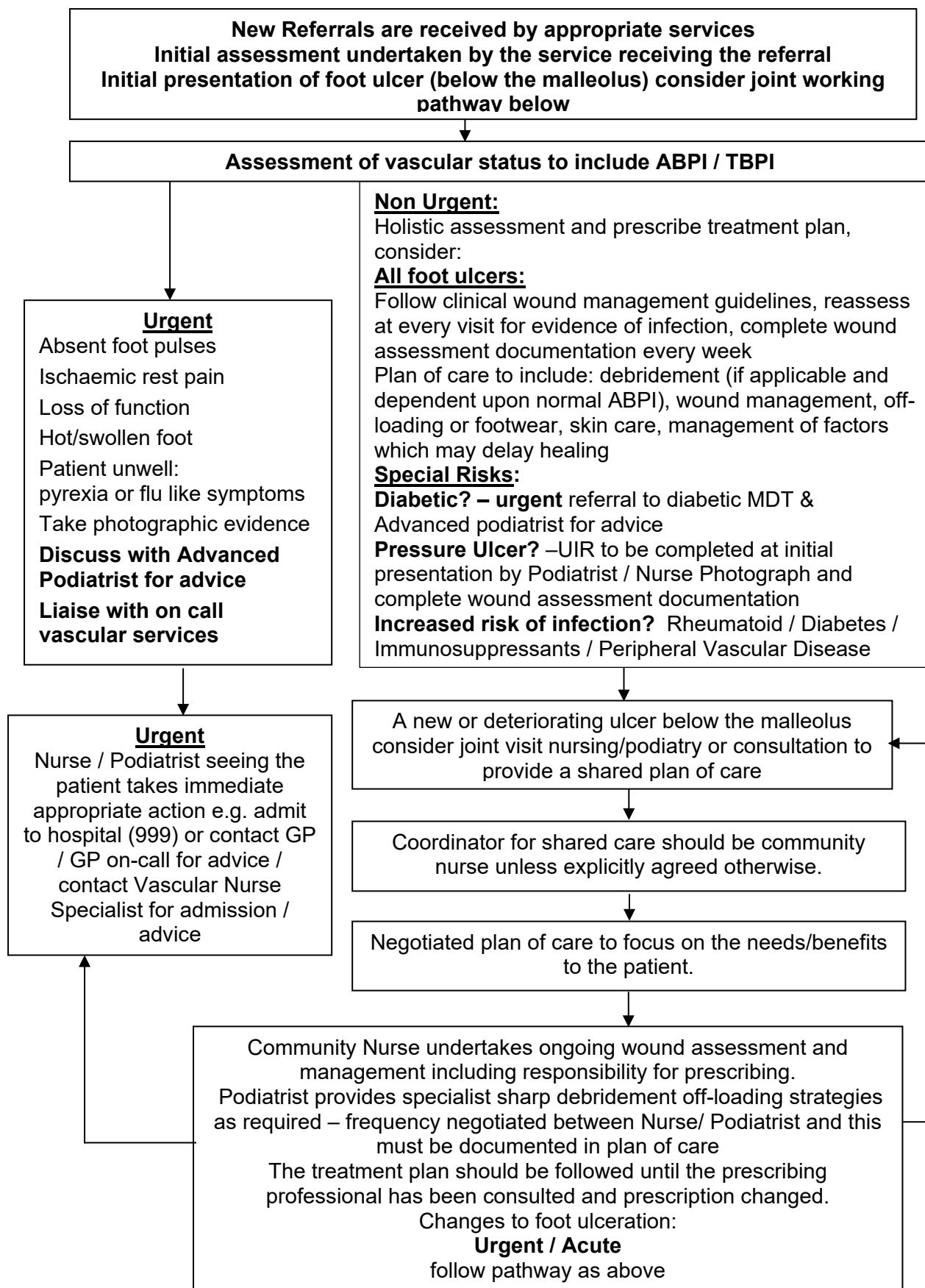
- Complete holistic assessment of the patient with foot ulceration to include assessment of vascular status and neurological assessment where appropriate unless already completed by another service (e.g. Vascular Service, Community nursing)
- Refer the patient to appropriate Community Nursing Team for ongoing care as per the Shared Care Pathway For the management of Foot Ulceration. Shared care may also be appropriate for some patients following nail surgery.
- Where minor cuts are caused in the process of trimming nails, the podiatrist should assess appropriateness of self-care by the patient (where appropriate). If the patient is unable to self-manage, then the podiatrist should maintain their duty of care to the patient and continue treatment until healed.
- Assess the patient's suitability for sharp debridement, off-loading, bio-mechanics and discuss frequency of podiatry input required with appropriate nursing staff who will devise and implement the plan of care.
- Ensure that patients who have plantar surface ulceration have adequate off-loading prior to referral to Ambulatory Services in order to prevent potential for deterioration.

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- Complete an untoward incident report (5) for all patients with pressure ulceration to the heel or foot (unless already completed by another service) and follow relevant guidelines to ensure that the patient receives appropriate assessment and management.

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4 The Care Pathway



5 Training

All staff involved in wound management on the feet should attend the following educational training where required. Sessions are advertised through the clinical improvement team patient safety training booklet and OLM via One HR.

- Tissue Viability as part of trust induction
- Doppler and Lower Limb Assessment and procedure for measuring ABPI and TBPI
- Pressure Ulcer Prevention and Management Workbook

Advanced podiatrists and community nursing link nurses also offer in house training sessions on request and this can be booked by contacting them direct.

5.1 Monitoring (Including Standards)

Standard	Time frame / format	How	Whom
Patients with a new wound identified below the malleolus to have vascular assessment (and ABPI) undertaken within 2 weeks of first assessment and repeated as per Doppler policy	Annual	Records audit through 1-1 supervision and peer review Documentation on EMIS	Team leader / Clinical Lead
Patients identified as showing signs of deterioration in foot ulceration a joint visit / consultation by podiatrist and nurse has been instigated	Annual	Records audit through 1-1 supervision Documentation on EMIS	Team leader / Clinical Lead
For patients with foot ulceration photographs are available to show initial presentation	Annual	Records audit through 1-1 supervision Documentation on EMIS	Team leader / Clinical Lead

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7 Definitions and Abbreviations

ABPI	Ankle Brachial Pressure Index - A method of assessing the arterial blood supply to the lower limbs
Abscess	A pus-filled cavity resulting from inflammation and usually caused by bacterial infection
Acute	A disease/disorder that is brief with sudden onset
Aetiology	The cause of – disease/disorder
Arterial	Involving or contained in the arteries
Aseptic	Free of disease-causing microorganisms
Bacteraemia	The presence of bacteria in the blood
Cellulitis	Inflammation of any of the tissues of the body, characterized by fever, pain, swelling, and redness of the affected area
Chronic	An illness or medical condition that lasts over a long period and sometimes causes a long-term change in the body
Colonised	The presence of bacteria on the body surface without causing disease in the person
Conservative	Relieve symptoms or preserve health with minimum simple intervention
Culture and sensitivity	A test to define the type of bacteria and to determine which antibiotics can successfully fight the infection
Debridement	Removal of dead, devitalized, contaminated tissue or foreign matter from a wound
Doppler	A test that measures the blood pressures in the legs to make sure there is normal blood flow
Dressing	A therapeutic or protective material applied to a wound
Emollient	An agent that hydrates, softens or soothes the skin
Erythema	Redness of the skin caused by dilatation and congestion of the capillaries, often a sign of inflammation or infection
Excoriated	Wearing or abrasion of the skin
Foot ulcer	Wound present below the malleolus
Granulation	Small, fleshy, beadlike nodules, consisting of outgrowths of new capillaries, on the surface of a wound that is healing
Haemorrhage	Bleeding from ruptured blood vessels
Holistic	Relating to the consideration of the complete person
Infection	Invasion and multiplication of microorganisms in body tissue
Inflammation	Swelling, redness, heat, and pain produced in an area of the body as a reaction to injury or infection
Macerated	White softened tissue caused by prolonged exposure to moisture

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Malleolus	The ankle bone
Malnutrition	A lack of healthy foods in the diet, or an excessive intake of unhealthy foods, leading to physical harm
Malodour	A distinctive odour that is offensively unpleasant
Microbiology	The scientific study of microscopic organisms and their effects
Microcirculation	The flow of blood or lymph through the smallest vessels of the body
Necrotic	The death of cells in tissue caused by disease or injury.
Oedema	A build-up of excess serous fluid between tissue cells
Pathogenic organism	Bacteria that produce illness
Pressure Ulcer	A pressure ulcer is localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction
Purulent	Relating to containing or consisting of pus
Pus	The yellowish or greenish fluid that forms at sites of infection, consisting of dead white blood cells, dead tissue, bacteria, and blood serum
Pyrexia	High temperature or fever
Sanguinous	Relating to blood; bloody
Scab	A hard crust of dried blood, serum, or pus that forms over a wound during healing
Sepsis	The condition or syndrome caused by the presence of microorganisms or their toxins in the tissue or the bloodstream
Septicaemia	Toxic microorganisms in the bloodstream
Serosanguinous	Consisting of clear serum and blood
Slough	Dead tissue, usually cream or yellow in colour present on a wound bed
Strike-through	Leakage of wound exudate onto the outside of a dressing/bandage
TBPI	Toe Brachial Pressure Index - A method of assessing the arterial blood supply to the lower limbs using the toes
UIR	Untoward Incident Report
Ulcer	Wound on the skin that does not heal and results in the destruction of tissue
Undermining	Areas of tissue loss underneath intact skin or a hollow between the skin surface and a wound bed
Vascular insufficiency	Inadequate peripheral blood flow, caused by disease, obstruction or blockage
Venous	Relating to or involving the veins
Venous return	Blood in the veins, which is returning to the heart
Wound	Injury to the skin, cause by trauma or disease

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Appendix 1: Equality Impact Assessment Form					
Department	Clinical Quality & Effectiveness	Service or Policy	ALTC/SOP/017	Date Completed:	January 2018
GROUPS TO BE CONSIDERED Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.					
QUESTION	RESPONSE		IMPACT		
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	To guide the use of conservative sharp debridement for wound management by the Tissue Viability Team				
Does the service, leaflet or policy/ development impact on community safety	No				
<ul style="list-style-type: none"> Crime Community cohesion 					
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No				
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No				
How does the service, leaflet or policy/ development promote equality and diversity?	No				
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	No				
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	No				
Will the service, leaflet or policy/ development	No				
i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?					
Does the service, leaflet or policy/ development promote equity of lifelong learning?	No				
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	No				
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	No				
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	No				
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	No				

Appendix 1: Equality Impact Assessment Form				
Does the policy/development promote access to services and facilities for any group in particular?	No			
Does the service, leaflet or policy/development impact on the environment	No			
<ul style="list-style-type: none"> During development At implementation? 				
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis		Yes	No	(Please delete as appropriate)
Name of Author:		Date Signed:		
Signature of Author:				
Name of Lead Person:		Date Signed:		
Signature of Lead Person:				
Name of Manager:		Date Signed:		
Signature of Manager				