









FOOT CARE		
VERSION No	2	
REVIEWED BY	Clinical Lead (RQ)	
NUMBER OF PAGES	1	

Introduction

Individuals with problems that affect healing or circulation should have their toe nails cut by a registered Chiropodist. For example individuals with:






-  *Diabetes Mellitus*
-  *Intermittent claudication*
-  *Raynauds Disease*
-  *Severe circulatory failure*
-  *Femoral artery occlusion*
-  *Pelvic tumours*
-  *Peripheral vascular disease*

Procedure




All individuals in need of foot care should first be assessed by a registered Chiropodist or having attended a foot clinic a plan of care formulated by the professional and individual. Staff should have basic training from a chiropodist before cutting nails on those Individuals with none of the above medical conditions. In this home only a chiropodist cuts toenails.

Managing the risk of developing a foot problem in a person with diabetes.

For people who are assessed as at low risk of developing a diabetic foot problem, continue to carry out annual foot assessments, emphasise the importance of foot care, and advise them that they could progress to moderate or high risk. Refer people who are at moderate or high risk of developing a diabetic foot problem to the foot protection service. For people at moderate or high risk of developing a diabetic foot problem, the foot protection service should:

-  Assess the feet
-  Give advice about and provide skin and nail care of the feet
-  Assess the biomechanical status of the feet, including the need to provide specialist footwear and orthotics
-  Assess the vascular status of the lower limbs
-  Liaise with other healthcare professionals (for example, the person's GP) about the person's diabetes management and risk of cardiovascular event.

Feet should be assessed of newly admitted people as follows:

-  Within 2–4 weeks for people who are at high risk of developing a diabetic foot problem
-  Within 6–8 weeks for people who are at moderate risk of developing a diabetic foot problem
-  Depending on the person's risk of developing a diabetic foot problem, carry out reassessments

Further Guidance

NICE guidelines [CG66] Published date: May 2008 Type 2 diabetes (partially updated by CG87)(CG66 NICE Pathway <http://pathways.nice.org.uk/pathways/diabetes#path=view%3A/pathways/diabetes/foot-care-for-people-with-diabetes.xml&content=view-index>)