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Supplement Integration

This supplement to the nursing best practice guideline Reducing Foot Complications for People with Diabetes is the result of a scheduled review of the guideline. As part of its commitment to ensure consistency with the best available evidence, the Registered Nurses’ Association of Ontario (RNAO) has established a monitoring and review process which involves a full review of each guideline every 3 years.

Foot complications continue to be a major cause of morbidity and disability among people with diabetes (ADA, 2007). Therefore, all nurses, across the continuum of care, have an important role in helping clients understand and reduce their risk for such problems. Importantly, though this guideline addresses nursing care specifically related to the reduction of foot complications, these recommendations should be considered as part of the holistic approach that is required to promote the health and well-being of the individual with diabetes. Such an approach may involve further interventions including, for example, health teaching regarding glycemic control, promoting physical activity and smoking cessation, and providing other self-management support interventions.

Review Process

A panel of specialists was assembled for this review, comprised of members from the original development panel as well as other recommended individuals with particular expertise in this practice area. A structured evidence review based on the scope of the original guideline was conducted to capture relevant literature and other guidelines published since the original literature search. Initial findings regarding the impact of the current evidence base on the guideline were developed and circulated to the review panel. The review panel members were given a mandate to review the original guideline in light of the new evidence, specifically to ensure the validity, appropriateness and safety of the guideline recommendations as published in 2004. In August 2007, the panel was convened for a teleconference to achieve consensus on the impact of this new evidence on the existing recommendations.
Review of Existing Guidelines
One individual searched an established list of websites for guidelines and other relevant content. This list was compiled based on existing knowledge of evidence-based practice websites and recommendations from the literature. Twelve international guidelines were critically appraised using the Appraisal of Guidelines for Research and Evaluation (AGREE) Instrument. From this review, two guidelines were identified to inform the review process and were circulated to all review panel members:


Literature Review
Concurrent with the review of existing guidelines, a search for recent literature relevant to the scope of the guideline was conducted with guidance from the Review Chair. The search of electronic databases, including CINAHL, Medline and EMBASE, was conducted by a health sciences librarian. A Master's prepared nurse conducted the inclusion/exclusion review, quality appraisal and data extraction of the retrieved studies, and summarized the literature findings. The comprehensive data tables and reference lists were provided to all panel members.

A summary of the evidence review is provided in the flow chart below.

Panel Review
After a review of the current evidence, it was the consensus of the panel that no substantive changes to the recommendations were required. However, one revision was made to Appendix D: Diabetes Foot Assessment/Risk Screening Guide based on an error noted in the original publication. The updated version of this appendix can be found on page three of this supplement. New implementation tools that were identified by the panel during this review process are available on the RNAO website at www.rnao.org/bestpractices.

Summary
A review of the most recent studies and relevant guidelines published since the development of the guideline Reducing Foot Complications for People with Diabetes does not support the need for change to the recommendations, but rather suggests stronger evidence for our approach to caring for those with diabetes.
Appendix D: Diabetes Foot Ulcer Risk Assessment

Use this guide to assess presence of potential risk factors for future foot amputation and ulceration. Examine both feet and inquire about patient self-care practices.

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>1. Foot Ulcer (a wound that took &gt; 2 weeks to heal) now or in the past</td>
<td></td>
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<tr>
<td>2. Loss of sensation at any one site (determined after testing the 4 sites: great toe, first, third and fifth metatarsal heads using the 10 gram/5.07 monofilament)</td>
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<tr>
<td>3. Callus present on soles of feet or toes or abnormal foot shape (e.g. claw or hammer toes, bunion, obvious bony prominence, Charcot's foot or joint)</td>
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<tr>
<td>4. Pedal pulses (dorsalis pedis or posterior tibial) not palpable by nurse and positive history of lower limb pain on exertion that is relieved with rest. (claudication)</td>
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**RISK STATUS (mark status with an X)**
- **Lower Risk**
  - If NO to all items 1-4
- **If Higher Risk**
  - If YES to any items 1-4

<table>
<thead>
<tr>
<th>SELF-CARE PRACTICES</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>5. Patient able to see and reach bottom of feet or has helper who has been taught to perform appropriate foot care/inspection.</td>
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<tr>
<td>6. Patient has well fitting footwear (adequate length with no rough interior.)</td>
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<td>7. Patient has received foot care education before.</td>
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<tr>
<td>8. Patient checks condition of feet most days e.g. ask “How do you know if you have a reddened area or other problem with your feet?” or “How often do you check your feet?”</td>
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<tr>
<td>9. Patient reports foot problems to health care provider e.g. ask “What would you do if you found a blister or sore on your foot?”</td>
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<tr>
<td>10. Patient takes steps to reduce risk of injury e.g. ask if client walks bare foot out or indoors, checks for foreign objects in shoes before wearing them, checks water temperature before entering a bath etc.</td>
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If the patient answers NO to any items 5 - 10, this indicates a self-care knowledge deficit and opportunity to enhance self-care knowledge and behaviour.

Referrals ____________________________

__Assessor Date: (yyyy/mm/dd):__

EDC 06 (04/2006) CHART-DOSSIER


