STANDARDIZED PROCEDURE

TREATMENT OF DIABETIC FOOT, VASCULAR, VENOUS AND PRESSURE WOUNDS

These procedures are intended to describe procedures performed by Nurse Practitioners and/or Certified Nurse Midwives (depending on the clinical privileges granted to the individual practitioner) *at UC San Diego Health.*

Policy

a. Midlevel practitioner preformed assessment and evaluation of diabetic foot, vascular, venous, and pressure wounds
b. Setting – inpatient care units, outpatient wound clinic
c. Supervision – attending physician

Protocol

Database

- The care of diabetic foot, vascular, venous and pressure wounds is often episodic involved screening, prophylaxis including diabetic footwear, compression of extremities, elevation of extremities, offloading of pressure from the affected areas and education regarding disease process.
- Diabetic foot, vascular, venous and pressure wounds treatment and prevention are considered multidisciplinary approach

Action

- Wash hands and don protective clothing
- Clean wound areas with normal saline, chlorhexidine or betadine
- Assess for neuropathy, circulation, autonomic and biomechanical systems
- Assess signs or symptoms of infection which may undergo wound culture and sensitivity testing for both aerobic and anaerobic bacteria
- Specimen from subcutaneous tissue may be obtained
- If suspect osteomyelitis of the diabetic foot, x-ray should be obtained.
- If suspect DVT, duplex ultrasound should be obtained
- Choose the appropriate dressing and wound debridement may be considered
- Select the appropriate foot wear or offloading devices to reduce the high pressure zones, the entire weight bearing of the foot in diabetic wounds should be utilized to distribute the weight more evenly
- Chose the appropriate method for offloading pressure in the pressure type ulcers
- Educate the patient not to excessive soak the foot and the regular use of water based moisturizing emollient is recommended.

- Elevation recommended in venous ulcers
- Instruct the patients should never use commercially keratotic preparations and should never attempt to remove hyperkeratotic tissue themselves due to often causing gangrene and amputations if wounds not healing.

Record keeping:

a. Documentation of wound assessment in progress note and wound assessment record.
b. Document diabetic foot ulcer education, treatment and prevention in progress note.

Consultation - Referral to physician or specialty clinician: conditions for which the diagnosis and or treatment are beyond the scope of the midlevel practitioner's knowledge and or skill, or for those conditions that require consultation

RESPONSIBILITY

Please contact the Advanced Practice Council if you need help. The administrative assistant for the Chief Nursing Officer can direct you. Call; 619-543-3438

HISTORY OF POLICY

Revised by the Committee of Interdisciplinary Practices: 2/26/2014,
9/28/2016 Reviewed by the Medical Staff Credentials Committee: 3/5/2014,
10/6/2016 Approved by the Medical Staff Executive Committee: 3/20/2014,
10/7/2016