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.

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

2. Protocol
   a. Database
      i. 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.
      ii. Diabetic foot, vascular, venous and pressure wounds treatment and prevention are considered multidisciplinary approach
   b. Action
      i. Wash hands and don protective clothing
      ii. Clean wound areas with normal saline, chlorhexidine or betadine
      iii. Assess for neuropathy, circulation, autonomic and biomechanical systems
      iv. Assess signs or symptoms of infection which may undergo wound culture and sensitivity testing for both aerobic and anaerobic bacteria
      v. Specimen from subcutaneous tissue may be obtained
      vi. If suspect osteomyelitis of the diabetic foot, x-ray should be obtained.
      vii. If suspect DVT, duplex ultrasound should be obtained
      viii. Choose the appropriate dressing and wound debridement may be considered
      ix. 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
      x. Chose the appropriate method for offloading pressure in the pressure type ulcers
      xi. Educate the patient not to excessive soak the foot and the regular use of water based moisturizing emollient is recommended.
      xii. Elevation recommended in venous ulcers
xiii. 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.

c. Record keeping:
   i. Documentation of wound assessment in progress note and wound assessment record.

d. 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

VII. 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

VIII. 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