

Torbay Foot Protection Programme for Inpatients	
Standard Operating Procedure (SOP)	
Ref No: 1844	
Version: 2	
Prepared by: Ruth Gornall – Lead Diabetes Podiatrist	
Presented to: Care and Clinical Policies Group	Date: 19 October 2016
Ratified by: Care and Clinical Policies Group	Date: 19 October 2016
	Review date: 02 December 2018
Relating to policies:	

1. Purpose of this document

To ensure that all patients with diabetes admitted to both the community hospitals and the acute hospital have a foot screen within 24 hours to identify those patients who are most at risk of developing foot ulceration. Once the patient is identified as being at high risk a daily foot check can be implemented and a referral made to the foot protection team if required.

2. Scope of this SOP

This procedure will apply to all trained and untrained nursing staff, podiatrists and podiatry support workers, working on the wards both in the community hospitals and the acute setting.

3. Instructions

- 3.1 The foot inspection should take place within the first 24 hours of being admitted to hospital. Any wound dressings should be removed from both feet and the feet thoroughly inspected. This should include between the toes and the back of the heel. A search should be made for any active ulcers or signs of heel pressure damage.
- 3.2 The presence of any of the following will automatically classify the patient as being at high risk of developing foot ulcers and the feet should be inspected on a daily basis and the heels elevated with a firm pillow:
 - Previous ulcer/amputation
 - Peripheral arterial disease
 - Immobility
 - Cognitive impairment
 - Impaired consciousness
 - Stroke
 - Renal failure/dialysis
 - Visual impairment

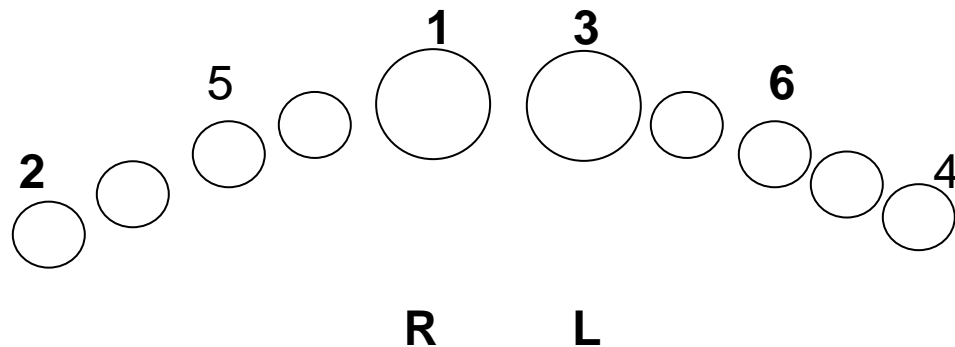
3.3 Carry out The Ipswich Touch Toe Test

- Ask the patient to close their eyes and keep them closed until the end of the test.
- Inform the patient that you are going to touch their toes and ask them to say “yes”, as soon as they feel the touch.

3.4 Perform the touch using your index finger:

- The touch must be as light as a feather, and brief (1-2 seconds). Do not press, prod, poke or tap the skin.
- If the person did not respond do not attempt to get a reaction by pressing harder. Record as not felt.
- You must not touch each toe more than once. Do not repeat. There is no 2nd chance

3.5 The toes should be touched in the following sequence:



3.6 Record the result by writing Y or N on the record sheet. ([Appendix 1](#))

3.7 If 2 or more sites are not felt, the patient should be classed as having high risk feet and the feet should be checked every day as part of the daily observations and a record made on the foot protection programme sheet.

3.8 The heels of all high risk patients should be elevated off the bed with a firm pillow or other pressure relieving device. Remember, an air mattress or gel pad alone will not relieve the pressure enough to allow healing of a heel wound. If the patient is sat on a chair, feet should be placed firmly on the ground and if the patient is using a foot stool the legs should be firmly supported and the heels allowed to be free and floating.

3.9 If at any time a foot ulcer or evidence of tissue damage is discovered the wound should be covered with a simple, sterile, dry dressing and the patient should be referred immediately to the inpatient podiatry team by e-mailing an inpatient referral form: torbayinpatientpodiatry@nhs.net ([Appendix 2](#))

- For any urgent problems, please contact the podiatry administration office 01803 217712. Opening time 08:45 – 15:45 Monday to Friday.

- 3.10 If a heel pressure sore is discovered of any European Pressure Ulcer Advisory Panel (EPUAP) grade, 1 - 4; In addition to referring to podiatry the heel should continue to be elevated off the bed with a firm pillow and the pressure sore should be reported as an incident in line with Trust policy.

4. Standards

Item	%	Exceptions
All patients with diabetes should have their feet screened when admitted to hospital.	100	0
Any patient found to be at risk should have their heels elevated and a foot check carried out on a daily basis.	100	
Any patient found to have either a diabetes foot ulcer or evidence of heel pressure damage should be referred to the podiatry service.	100	

Appendix:

[Appendix 1 - Torbay Diabetes Foot protection Programme Screening Tool](#)

[Appendix 2 - Inpatient Referral Form](#)

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Ratified	June 2015	New	Matrons Meeting, Tissue Viability Champions Meeting & Care and Clinical Policies Group
2	Ratified	02/12/16	Revised	Care & Clinical Policies Group

Affix Patient Id Label

Surname:

Forename:

Hospital / NHS Number:

Date of Birth:

Torbay Diabetes Foot protection Programme

Name of person completing page one:

Signature:

Date:

Time:

High Risk

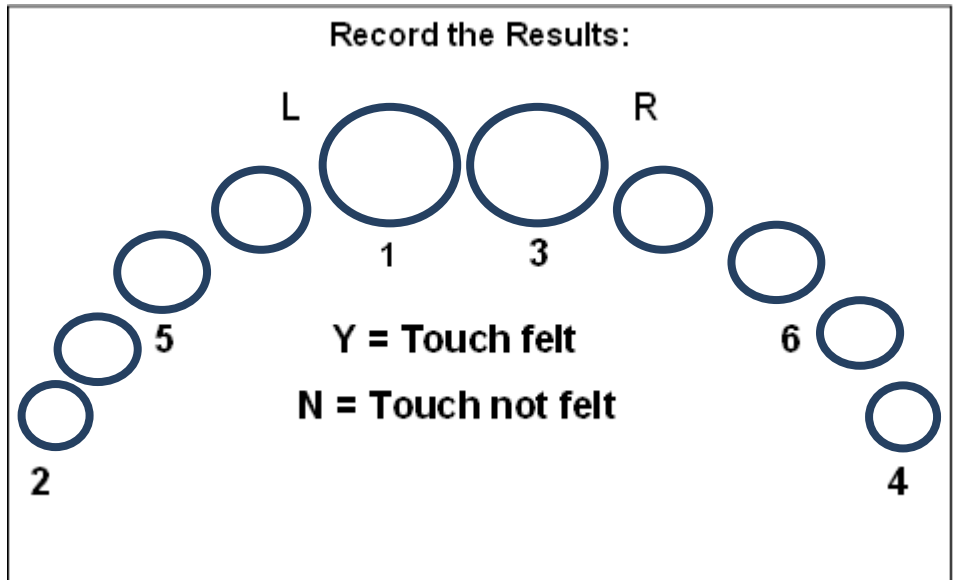
Does the patient have any of the following (tick all that apply)

- Previous ulcer/amputation
- Peripheral arterial disease
- Immobility
- Cognitive impairment
- Impaired consciousness
- Stroke
- Renal failure/dialysis
- Visual impairment

No

Perform the **Ipswich Touch Toe Test** to check for loss of sensation

Record the Results:



Yes

High Risk (2 or more negative)

Check feet of all **high risk** patients daily and protect heels by elevating off bed and stools using appropriate pressure relieving equipment. Refer all foot ulcers and unhealthy heels to the foot protection team by e-mailing the in-patient referral form which can be found under the podiatry section in the operations folder on ICON and sending it to: torbayinpatientpodiatry@nhs.net. For urgent problems please telephone the podiatry administration office at Castle Circus Health Centre; ☎ (01803) 217712


Date of referral:

Initials:

Date seen:

Initials:

Barcode

Torbay and South Devon 
 NHS Foundation Trust
 DEPARTMENT OF PODIATRY & FOOT HEALTH
 INPATIENT REFERRAL FORM
(Please only refer patients with active ulceration)

*For Torbay Hospital and Community ward patients.
 Please send to: torbayinpatientpodiatry@nhs.net*

Referrer's name:		Referral Date	
Referral Time:			
Hospital:		Ward	
NHS Number		Patient Name	
		Date of Birth:	

Relevant medical history (please include whether patient known CURRENTLY to Vascular, Trauma and Orthopaedics and Tissue Viability)

Reasons for podiatry referral, please note: routine nail cutting is not provided			
Ulceration please delete/circle as appropriate:	YES/NO	Infection:	YES/NO
Is a foot pressure ulcer present?	YES/NO		
If yes, has a Datix/Safeguarding form been completed?	YES/NO/N/A		
Incident Number:			

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Quality Impact Assessment (QIA)

<i>Please select</i>				
Who may be affected by this document?	Patient / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input checked="" type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Others (<i>please state</i>):			

Does this document require a service redesign, or substantial amendments to an existing process?	<input type="checkbox"/>
<i>If you answer yes to this question, please complete a full Quality Impact Assessment.</i>	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity? No	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		
<i>If you answer yes to any of these strands, please complete a full Quality Impact Assessment.</i>				
If applicable, what action has been taken to mitigate any concerns?				

Who have you consulted with in the creation of this document? <i>Note - It may not be sufficient to just speak to other health & social care professionals.</i>	Patients / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Details (<i>please state</i>):	Lead diabetic foot consultant and microbiologist.		

Rapid Equality Impact Assessment (for use when writing policies and procedures)

Policy Title (and number)	Torbay Foot Protection Programme For Inpatients	Version and Date	V1 Nov 2016
Policy Author	Ruth Gornall, Lead Diabetes Podiatrist		
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.			
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)			
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible ⁶ ?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?			
EXTERNAL FACTORS			
Is the policy/procedure a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
It is recommended by NICE guidelines			
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?			
The diabetic foot multidisciplinary team including microbiology.			
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form	Ruth Gornall	Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.