



Foot Care Clinic

Foot Care Steps

1. Soak feet in warm water bath for 5-10 minutes.
2. Use soap to wash feet, then remove soap with water.
3. Dry feet—especially in between the toes with washcloth or chux pad.
4. Inspect all aspects of feet for cuts, blisters, redness, swelling, calluses, etc.
5. Assess circulation: dorsalis pedis & posterior tibialis pulses and capillary refill.
6. Assess sensation: diabetic foot exam (DFE) using monofilament.
7. Cut nails straight across with clippers and smooth off sharp edges with emery board.
8. Gently remove calluses and dead skin with pumice stone.
9. Apply lotion to feet (not between toes), massage feet below the ankles.
10. Provide foot care edu/instructions, organize f/u, indicated wound care supplies, Rx/OTC meds
 - a. Foot Care Kit: wash basin, chux, bar soap, nail clippers, emery board, pumice stone, baby lotion, pedicure stick

Pedal Disorders

- Blister: leave intact unless drainage is inevitable, clean with alcohol, puncture with sterile needle, drain, leave blister roof intact, non-adherent dressing, offload w/ foam and retention dressing
- Corns/Calluses: debulk corn/callus, apply salicylic acid patch q48hr (not for DM Pts)
- Warts: cleanse, cryotherapy, f/u blister management
- Tinea Pedis (Foot Fungus): miconazole cream if dry, powder if wet
- Onychomycosis (Toenail Fungus): apply vaporub to nail QD, refer for rx
- Onychocryptosis (Ingrown Toenail): trim nails, if painful/infected refer for nail lift/removal
- Frostbite: cut off wet socks/gloves (no sheering), do not rub, rewarm with lukewarm water, assess for infection, refer to UCH burn clinic
- Immersion Foot (Trench Foot): air dry and slowly rewarm feet, do not rub
- Heel Fissures: petroleum jelly or oil-based cream 2x/d
- Cellulitis: outline/date/time redness, elevate, abx
- Scabies: decontaminate body/clothing, permethrin cream rx
- Arterial Ulcers: assess pulses, ABI (<1.0 = vasc disease), irrigate, occlusive dressing, refer
- Venous Ulcers: irrigate ulcer, debride necrotic tissue, non-adherent dressing, compression socks, elevate, refer
- Diabetic Ulcers: give compact mirror to check feet daily
 - Non-Infected: irrigate, offload pressure, debride, non-adherent dressing
 - Infected: abx, refer for surgical debridement



Cellulitis



Immersion Foot



Tinea Pedis



Onychomycosis



Onychocryptosis



Friction Blister



DM Ulcer



Venous Ulcer



Arterial Ulcer



Frostbite



Heel Fissure



Scabies



Corn



Wart



Callus