

Foot Care

Title: Foot Care

Advisory Ruling Number: 9305

Authority: The Massachusetts Board of Registration in Nursing issues this Advisory Ruling on Nursing practice pursuant to Massachusetts General Laws, chapter 30A, section 8 and chapter 112, section 80B.

Date Issued: January, 1979

Dates Revised: July 15, 1992; September 25, 2002; March 9, 2011

Scope of Practice: Registered Nurse and Licensed Practical Nurse

Purpose: To guide the practice of Registered Nurses and Licensed Practical Nurses who, within their practice, incorporate foot care to meet nursing and client goals including, but not limited to, health promotion, client teaching, health risk reduction, and promotion of safety and comfort.

Advisory: For the purpose of this Advisory Ruling on Nursing Practice, the application of prescription and/or non-prescription medications or treatments, intended for reasons other than moisturizing and/or provision of a protective moisture barrier for intact skin, requires an order(s) from a duly authorized prescriber identifying the minimum required elements^[1] of a prescription prior to implementation.

Foot care is an important component of nursing care. Nurses must apply evidence based principles when assessing, planning, implementing and evaluating an individual's foot health care needs. Licensed nurses who incorporate foot care into their practice must recognize foot signs and symptoms that may represent conditions requiring treatment beyond their scope of practice and refer to appropriate members of the health care team for collaboration and orders for continued treatment.

Such practice must be in compliance with Massachusetts General Laws (G.L.) c. 112, s. 80B; 244 CMR 3.02: Responsibilities and Functions – Registered Nurse; 244 CMR 3.04: Responsibilities and Functions – Practical Nurse; 244 CMR 9.03(5): Adherence to the Standards of Nursing Practice; 244 CMR 9.03(8): Identification Badge; 244 CMR 9.03(9): Responsibility and Accountability; 244 CMR 9.03(10): Acts within the Scope of Practice; 244 CMR 9.03(11): Performance of Techniques and Procedures; 244 CMR 9.03(12): Competency; 244 CMR 9.03(14): Asepsis and Infection Control; 244 CMR 9.03(38): Administration of Drugs; 244 CMR 9.03(44): Documentation; 244 CMR 9.03(46): Responsibilities of Nurse in Management Role; M.G.L. Chapter 94C: Section 18: Issuance of prescription by practitioner or physician; 105 CMR 700.001: Controlled Substance, Drug definitions.

Nurses who provide foot care must have theoretical knowledge of:

1. Foot and lower extremity anatomy and physiology;
2. Structure and function of the foot and nail;
3. Common foot pathology and related nursing interventions;
4. Changes in the foot due to age and chronic diseases;
5. Nursing assessment of the foot and lower extremity;
6. Use of instruments used in nursing foot care; and
7. Infection control.

Foot care is considered a nursing intervention that includes the following components:

1. Assessment of past medical history including Diabetes Mellitus, Peripheral Vascular Disease or Peripheral Neuropathy;
2. Assessment of circulation;
3. Assessment of skin integrity, foot and nail structure;
4. Hygiene and shortening of toe and finger nails;
5. The use of emery boards or pedicure drill with emery disc attachment, to soothe corns or calluses with documented competency pursuant to 244 CMR 5.00 (continuing education) et al; and
6. Referral to an appropriate practitioner for further assessment and orders for continued care for alterations in skin integrity, foot structure and/or other abnormalities that may require application of prescription or non-prescription treatments and/or devices.

Client education includes, but is not limited to the following:

1. Self care;
2. Appropriate footwear;
3. Nutrition;
4. Exercise;
5. Compliance with medical regimes; and
6. Reporting changes and/or problems to their primary care provider.

A client, or their legal representative, must grant informed consent in writing or orally, with substantiating documentation by the nurse. In obtaining informed consent for a nursing intervention, the nurse will provide the client with information about foot care, including its intended benefits and potential risks. Collaboration and consultation between members of the health care team is essential. Documentation of consent, assessment information, plan of care, interventions and evaluation must adhere to current standards of practice.

References:

College of Licensed Practical Nurses of Manitoba. Certified Foot Care Nurses Interest Group: Standards of Practice. January, 2007. <http://www.footcarenurse.ca/download/standards.pdf>

Indian Health Service Division of Diabetes Treatment and Prevention. Indian Health Diabetes Best Practice Foot Care. July, 2009. <http://www.diabetes.ihs.gov>

http://www.wocn.org/pdfs/Education/Curriculum_Blueprint.pdf

http://www.wocn.org/pdfs/About_Us/advocacy_and_policy/white_papers.pdf

http://www.wocn.org/pdfs/About_Us/advocacy_and_policy/white_papers.pdf

<http://www.guideline.gov/index.aspx>

<http://www.footcarenurse.ca/footcare.php>

[1] Name of ultimate user, name of the medication/substance, dose and route of the medication/substance, frequency of the medication/substance administration, a valid medication/substance order date, specific directions for administration, signature of the duly authorized prescriber, signature of the individual accepting/verifying the order