

## OP2

### **Audit of foot care in in-patients with diabetes revisited**

G Duncombe, R Berrington, M-F Kong, S Jackson

Department of Diabetes and Endocrinology, University Hospitals of Leicester,  
Leicester General Hospital, Leicester, UK

We have previously audited and presented our results of the standard of foot care in in-patients with diabetes in our hospital. Following this audit, our diabetes nurses ran a series of seminars for ward staff about care of the diabetic foot, but no written guidelines were produced. We have now re-audited using the same methodology. We visited 10 medical wards (the haemodialysis unit was excluded and the vascular unit is no longer based at this hospital site). The audit was performed by 2 consultants and 2 diabetes specialist nurses specialized in foot care. Neuropathy and vasculopathy and their documentation, Waterlow score (nursing assessment of risk of pressure sores), mobility, footwear and pressure-relief aids were assessed. We identified 53 patients with diabetes (7 type 1, 46 type 2). The reasons for admission were as follows: 2 mainly for diabetes, 18 due to a stroke, 23 for medical reasons (infection, falls, dementia), 10 for renal problems. Average length of stay was  $26.4 \pm 55.2$  days (range 1-365). Fourteen (26%) had no recorded assessment of risk of pressure sores. 39 (74%) had their Waterlow score recorded between daily and two-weekly. Fourteen (26%) were identified with foot problems of which only 2 (4%) had correct documentation and 12 (23%) were identified as having pressure sores (grades 1-5) which were not documented properly. Only 21% of patients had neuropathy documented in the medical or nursing records. Of the group who had no documentation of neuropathy 74% had a VPT score  $>20\text{mV}$ . 75% had no palpable foot pulses but most of them had no documentation. Out of 10 patients requiring dressings only 3 (30%) had suitable dressings and only 2 (20%) were on antibiotics. Four (8%) patients did not have adequate pain relief. Out of the 53 patients, 21 (40%) were bed bound, 8 (15%) were chair-bound and 7 (13%) required help to walk. Only 16 (30%) were independently mobile. Only 13 (25%) patients had some form of pressure-relief.

These results were extremely disappointing, showing no improvement compared to three years ago. As a consequence of these findings we are rolling out footcare guidelines for in-patients with diabetes across the Trust and we plan to re-audit next year.