

P14

Identification of the Diabetic At-Risk Foot - is it done?

Bente Ramskover, Sanne Wichmann , Marianne Lundgreen Podiatrist, University centre for Woundhealing, Odense University Hospital, DK

Introduction: Patients with type 2 diabetes are most commonly at-risk with foot problems. The devastating consequence of foot complications can be prevented. The first step is to identify the at-risk foot. Interventions targeting modifiable risk factors can reduce the incidence of ulcers or amputations. I investigated the extents to which health care providers (HCP) are aware of the importance of identification and documentation of the diabetic at-risk foot, as a step in the prevention of diabetic foot ulcers during hospitalization. Methods: Data in the pilot study were collected from a questionnaire, which was distributed to HCP at one department. Results: Overall, 20 HCP (69 %) filled in the questionnaire (10 nurses, 10 care assistant). 70 % of the HCP believed that 50 - 75 % of the diabetic patients had an at-risk foot, and that 20 % would develop an ulcer. Both occupational groups indicated that it had major consequences for the patient to get a foot ulcer. The nurses believed their knowledge had great significance to preventing foot ulcers. Care assistants believed in action such as checking diabetics feet. 50 % had knowledge about guidelines, but only 30 % felt it was followed. 55 % described the at-risk foot in the patient record. But only 10 % were contented with the documentation. Overall 80 % reported that it was important to know who has the responsibility for witch part in relation to identification and documentation. Conclusion: The HCP are conscious of the importance of getting the diabetic at-risk foot identified, but the documentation is problematic. Despite the fact that HCP believe that early identification can prevent development of foot ulcers and amputations, the knowledge doesn't transform into actions. The field of responsibility is not clear. If the HCP has to experience that the identification and documentation is an important part in relation to health promotion and prevention, there should be a special effort to provide HCP with increased education, defining and delegating responsibility, development and implementation of clinical guidelines with specific screening tools for identification of the diabetic at-risk foot.