You are doing WELL when:
- Any pain is diminishing or gone
- You are able to participate in self-care of your wound
- The wound is becoming smaller
- Your blood glucose levels are stable

CALL your nursing agency when:
- You notice an increase in redness, pain, swelling, heat or drainage from the wound
- Your wound drainage changes to pus, yellow, green/blue or brown liquid
- Your wound appears to be larger
- Your temperature is over 37.5 °C (100 °F)

CALL 911 RIGHT AWAY when:
- Your wound begins bleeding and you cannot get it stopped
- You experience changes in your ability to think or concentrate

Your Nursing Agency contact information

Feb. 2011 CarePartners RNAO BPSO/ SW CCAC Wound Management Program
Some content adapted from Ready...Aim...Improve! Surgical Wounds http://www.qualitynet.org
and the Lower Leg Amputation Prevention Program (LEAP)
ftp://ftp.hrsa.gov/bphc/pdf/leap/Patient%20Booklet.PDF and
Laurie Goodman/ Credit Valley Hospital DFU Teaching Handout.

“My Diabetic Foot Ulcer”

This booklet was created to help you understand your role in improving your health (“self-care”) and in helping your body to heal.

You can help with self-care by:
- Recognizing the signs and symptoms of wound infection and knowing who to call
- Washing your hands regularly
- Keeping your dressing clean and dry
- Changing the dressing as instructed by the nurse
- Eating a healthy, balanced diet, observing any restrictions that you have been told about
- Avoiding trauma, pressure or friction to the wound
- Seeing the pedorthist regarding special shoes or inserts to reduce the pressure on your ulcer
- Wearing the “off-loading” device every time you walk- in the house or out of it.
What can I expect from the CCAC?
The CCAC is part of the team with your doctors, nurses and other health care providers, to deliver a treatment care plan that encourages you to resume your independence by maintaining and/or returning to normal activities and routines as soon as possible.

Supply Depot information (Where to get your supplies):
Medical supplies are ordered as a Supply Depot “pick-up” order on a weekly basis. Depots are geographically located to ensure clients have not more than a one-way trip of 20-25 minutes.

My supply depot location:_____________________
___________________________________________

Home Delivery:
In the rare situations where a client is truly home-bound and without any support system to access groceries, prescriptions or keep external appointments, home delivery of medical supplies can be arranged in consultation with a Client Service Manager.

Learning Self –Care:
Your nurse will be teaching you how to change your dressing, and will leave written instructions for you. One of the big challenges with dressings for a diabetic foot ulcer is how to keep the dressing clean but not bulky. Dressings that become soiled with drainage allow bacteria to enter the dressing and into the wound, increasing your risk of infection.

My Personal Plan
You should discuss your situation with your nurse and doctor. Here are three key questions that you need to find the answers to:

What is my main problem?_____________________
___________________________________________
___________________________________________

What do I need to do about it?_____________________
___________________________________________
___________________________________________
___________________________________________

Why is it important for me to do this?____________
___________________________________________
___________________________________________

You should work on the following areas to improve your health and heal your wound:
Take your pain medicine as needed, and other medications as ordered
☐
☐ Exercise and get fresh air regularly
☐
☐ Eat healthy meals to improve your healing
☐
☐ Stop smoking
☐
☐ Learn to assist with the appliance changes (this is an expectation) so that you can become independent.
Infections in the Diabetic Foot Ulcer

**Risks:** Wound drainage that soaks through the dressing allows bacteria to travel into the wound. Your nurse will teach you how to change the dressing so that you can clean the wound and apply a new dressing as soon as you notice this. Do NOT ignore a soiled dressing. Keep your blood sugar at the level your doctor has advised.

**Signs of Infection in diabetic foot ulcers** include cellulitis, red streaks up the foot or leg, new or increased pain, foul odour, redness extending more than 2 cm. beyond the wound, new grey or black tissue, wound getting larger, heat in the skin around the wound, swelling (edema), pus, delayed healing, soft or mushy tissue, bloody drainage or increased clear drainage, or bone in the wound.

You should see a doctor for assessment as soon as the signs are noted. Do NOT “wait and see”. Because of your diabetes, the signs of infection can be unnoticed in the early stages, and the wound can deteriorate very quickly.

Can I have the nurse visit me at a specific time each day?
The ____ CCAC has several Flex Clinics, where you can schedule your visit for a specific appointment time for:
- Wound or Ostomy Care
- IV Antibiotic Therapy
- Injectable Medication Administration (e.g. Fragmin)

My flex clinic location: __________________________

In order to continue to have a nurse visit you at home rather than using the flex clinic, you must:
- Be physically unable to travel to attend appointments
- Lack a dependable means of transportation
- Have an average appointment time of greater than 20-30 minutes

**Medications:**
Take your pain medication as ordered to keep you comfortable. Pain can impair your appetite, and interfere with sleep. You must be comfortable in order to heal.
Take antibiotics (if they are ordered) until they are finished.
Diabetic Foot Ulcer
Whether you have Type I or Type II Diabetes, you have an increased risk for developing an open wound, or ulcer, on your foot. Ulcers usually happen because a person has diabetic nerve damage (neuropathy). This is caused by poor control of blood sugar levels. Neuropathy leads to foot deformities, with callus and changes in the pressure-bearing surface of the foot. Read more about this on page 11. Having a diabetic foot ulcer can lead to serious complications like infection and amputation of the toes or leg.

There are some important things that you can do now to prevent complications from this ulcer, and avoid ulcerations in the future that we talk about in this booklet.

Blood glucose levels decrease quickly when you lose weight, sometimes even before a loss of 5 pounds. In fact, keeping your HbA1c level less than 7% can partially reverse the effects of neuropathy. It can also reduce the risk of further complications. A Diabetes Care Centre in your local hospital or clinic, working with your doctor, can help you to achieve better blood glucose levels.

Nail and Foot Care
This is best done after your shower or bath when the nails are softened.
Cut the length of the nail even with the end of your toes. Cut straight across to avoid ingrown toenails. NEVER notch the nails, use a knife, razor blade or scissors. IF you have trouble seeing or reaching to do this, or have thickened or curled toenails, you should see a foot care nurse or foot specialist.

If you wish to have a pedicure at a spa, ask what qualifications the person has and ensure that the tools are sterilized between customers.

Smooth the edges of the nails with an Emory board.
Wash your feet every day. Be sure to dry between the toes.

Soaking in the tub should be limited to 5-10 minutes 3 x/week. Soaking causes the skin to lose moisture and elasticity. Check that the temperature is ok before getting into the tub. Use warm, not hot water.
Choosing the Right Footwear

Shop for shoes in the afternoon when your feet are a little bigger.

Ask your doctor or diabetic clinic to suggest a shoe store that is able to give you the right fit and style. Use the same shoe store regularly.

Never buy shoes off the shelf without being fitted. Don’t rely on how the shoe “feels”.

When buying a new pair of shoes, it is good practice to remove the insole from the shoe and stand on it to see if the foot overlaps the insole, indicating that the shoe is too narrow or short for the foot.

Shake the shoes to make sure that nothing is inside before putting them on.

NEVER go barefoot, wear sandals, flip-flops or narrow, pointed shoes.

Multidisciplinary Team

It may take many health care professionals working together to heal this ulcer. YOU are the most important member of this group. It can be very confusing to know who does what in this “circle of care”. Not every individual with a diabetic foot ulcer needs all these professionals involved.

- Dietician
- Foot care Specialist: Chiropodist/Podiatrist
- Diabetologist
- Social Worker
- Pedorthist/orthotist
- Neurologist
- Family Doctor/ GP
- Radiologist
- Dermatologist
- Orthopaedic Surgeon
- Community Nurse
- Infectious Diseases Doctor
- Wound Care Specialist
- Vascular surgeon
- Diabetes Educator
- Pharmacist
- Psychologist
- Rehab team: OT, PT

It is important that your care is coordinated between the health care professionals you are seeing.
Here are some things that you should start doing now, and continue after your ulcer heals.

**Check your feet every day**

Wear your glasses and use a good light.

Use a mirror to look at the soles of your feet

If you still cannot see the soles, ask a family member to look for you.

Look between your toes for moisture, athlete’s foot, blisters or breaks in the skin.

Look for areas of dry skin, callus, blisters, cracks, sores, or swelling.

Feel for changes in temperature
Look for changes in colour or size.

The callus around a diabetic foot ulcer increases pressure to the area by about 27%. A qualified registered nurse or your doctor will need to remove this with a scalpel as often as needed. IF your orthotic device is effective, and you are wearing it, the amount of callus that occurs should decrease. This is why pressure “off-loading” must be done in order for the ulcer to heal. A consultation will be needed in order to assess your foot and to make a customized orthotic device and/or footwear for you.

A prescription from your doctor will allow you to claim the cost if you have third party insurance. The ulcer will NOT heal if the pressure cannot be relieved. The device must be worn at all times when you are on your feet.

**Important Practice:** Even when you think that there is nothing wrong with your feet, take your shoes and socks off at every doctor visit. Ask the doctor to check your feet for any abnormalities.

Drawing of normal foot by Nancy Bauer. Used with permission.
Neuropathy
Which of these describes the feeling in your feet?
- I can feel my feet just fine, thank you!
- I feel pins and needles in my feet.
- I have pain and burning at times.
- My feet are numb. I can't feel them.

If you answered anything except "I can feel my feet just fine," you need to take extra care, because these are symptoms of neuropathy. Your nurse will do a simple test with a monofilament to tell what areas of your foot have loss of feeling.

Diabetic Neuropathy eliminates the protective sensation that normally occurs when tissue damage is happening, so that you may not be aware that the foot is in danger of ulcerating. Motor neuropathy changes the structure of the foot. The increased local pressure and trauma from walking is associated with callus formation. Tearing of soft tissue over a prominent bony area on the sole of the foot can eventually lead to skin ulceration under the callus. Without callus debridement and pressure relief the person with diabetes develops a chronic non-healing ulceration.

Report any changes to your doctor by making an appointment, or tell your nurse if you are being seen through the CCAC.

Never cut corns or calluses yourself—this must be done by a foot care specialist.

Keep the skin on your feet soft and moisturized and healthy. Use a lotion or cream daily after you wash your feet, but do NOT apply between your toes.

Some products that doctors and wound care nurses recommend are: Elta, Eucerin ointment, Glaxal base, Uremol 20%, Lac-Hydrin or Lubriderm.

Wear loose, light-coloured socks and slippers to keep your feet warm. Choose cotton socks with no holes, seams, wrinkles or darns. Wear a clean pair each day.

NEVER use heating pads, hot water bottles or soak in hot water to warm your feet.
Nutritional Information for Wound Healing*

NB* Because you are diabetic, or are on a restricted diet due to other health conditions or have specific food allergies, you may not be able to follow all of these suggestions. If in doubt, talk to your nurse, dietitian or physician.

If you are experiencing difficulty in swallowing, please see your doctor about a swallowing assessment.

**Increase your fluid intake.** Unless you are on a fluid-restricted diet, you should drink at least 8 cups of liquid each day. Keep a water bottle with you at all times, and drink after or between meals. Any fluids that contain caffeine (tea, coffee, chocolate, cola drinks) cause you to pass more urine, and should be limited to small amounts. If your appetite is poor, try smaller, more frequent meals. Avoid snacking on “Junk food”. Ask your doctor about having a small glass of sherry before meals, or for a prescription of Maltlevol liquid vitamin supplement, either of which can stimulate your appetite. Many vitamins and minerals are important in the healing process, including vitamins A & C, zinc and iron. Please increase your diet with the following foods if able: Sources of vitamin C are: citrus fruits and juices, strawberries, tomatoes, sweet peppers (especially red), potatoes, broccoli, cauliflower, brussels sprouts and cantaloupe.

Sources of vitamin A are: liver, milk/dairy products, egg yolk, and fish oils.
Sources of zinc are: meat, fish, seafood (especially oysters), poultry, liver, eggs, milk, legumes, whole wheat products, and wheat germ.
Sources of iron are: meat, poultry, fish, liver, organ meats, eggs, legumes, nuts, dried fruit, fortified breads, cereals, and pastas. Iron from animal sources is more bio-available than that provided by plant foods. Iron absorption is improved if taken with foods containing vitamin C.

A general **multivitamin and mineral supplement** would be good to take while the wound is healing, but check with your pharmacist if you are on other medications. If you are taking vitamin E please stop taking it while the wound is healing.

**Healing requires extra calories, and a diet high in protein is needed to build new tissue.** Increase your protein intake: meat, eggs, fish and dairy products, nuts, whole grains combined with beans, soya tofu.

*With thanks to CarePartners/ET NOW for use of this information*

**References:**