

Long-Term Care Survey Alert

WOUND PREVENTION: If The Shoe Doesn't Fit...The Resident Could Get A Diabetic Ulcer

2 ways to keep your diabetic residents from getting foot ulcers.

A hard-to-heal foot ulcer can cost a diabetic resident his limb or life. You can help prevent such ulcers from developing--or getting worse--by following these two key strategies.

1. Tap Part B coverage to ensure residents have properly fitting shoes. If a podiatrist comes to the facility to trim a diabetic patient's toenails, ask him to evaluate whether the patient's shoes fit well enough--or to check new shoes before the resident spends much time wearing them, suggests **Rena Shephard, RN, MHA**, president of **RRS Healthcare Consulting** in San Diego.

Why? Some residents with poor sensation in the feet will wear shoes they've had for years and not realize they are now too tight, observes **Robert Beard**, a durable medical equipment supplier in York, AL.

Medicare Part B will pay for therapeutic shoes and inserts for diabetic residents who meet medical necessity requirements, says Beard. (For a resident in a Part A SNF stay, the shoes would be part of the all-inclusive rate.)

To qualify for the coverage under Part B, the patient must have diabetes mellitus and one or more of the following conditions:

- a. history of partial or complete amputation of the foot.
- b. history of previous foot ulceration.
- c. history of pre-ulcerative callus formation.
- d. peripheral neuropathy with evidence of callus formation.
- e. foot deformity.
- f. poor circulation.

2. Develop assessment and physician notification protocols. The nursing staff should assess the diabetic resident's overall skin condition daily, say experts. And they should pay attention to the soles of the feet and heels, advises **Gazalla Allauddin, BS, RN, RAC-C**, a nurse consultant for **FR&R Healthcare Consulting** in Deerfield, IL.

If the staff note the resident has skin breakdown on the foot, they should notify the primary physician and/or podiatrist to order appropriate interventions. "Any open area on the foot should be protected before" the resident puts on shoes for ambulation, adds Allauddin.