

# "Best Feet Forward"

## Pre-reading module

### Case study recommended answers

#### Case Study One

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Mrs H is 45 years of age and has been newly diagnosed with diabetes.

Little foot pathology is evident, apart from a small fissure on the right foot between the third and fourth toes.

**1. From the information provided, what would be your assessment of this lady?**

- Minor foot problem*
- Need to check if seen educator*

**2. What immediate advice would you give?**

- Keep clean and dry.*
- Take particular care after shower to dry well*
- Wear cotton/woolen socks and leather shoes to decrease moisture*

**3. Complete a care plan (side two of foot assessment tool) for this lady**

- Low Risk Foot*
- Active foot problem; Refer to podiatrist and/or general practitioner*

## Case Study Two

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Mrs W. is 43 years of age she had type 2 diabetes for 2 years.

Seven days ago she dropped a can on her toe, since then she has had a very painful toe with pus coming from the side of the nail.

She has been soaking the foot in water "as hot as I can stand".

Today the blood glucose is 17m/mol.

### 1. From the information provided, what would be your assessment of this lady?

- Infected*
- Raised BGLs*
- Foot self care knowledge poor*

### 2. What immediate advice will you give?

- Clean and cover*
- Relieve pressure/immobilise*
- Stop Soaking*
- See GP*

### 3. Complete a care plan (side two of foot assessment tool) for this lady

- High Risk Foot:** *signs of infection*
- Active Foot Problem:** *Refer to podiatrist and/or general practitioner*
- Inadequate Knowledge of Foot care practices:** *Refer to diabetes educator/Provide education*

## Case Study Three

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Mrs A. is 65 years of age and has had Type 2 diabetes for 25 years.

She measures her blood glucose levels very infrequently.

BGL today is 13m/mol.

She has had a sore on her foot for 3-4 months which she has treated herself with a razor and an antiseptic.

She is unconcerned by this wound and tells you she usually heals well.

### 1. From the information provided, what would be your assessment of this lady?

- *Neuropathic ulcer*
- *Elevated blood glucose*
- *Inappropriate self care practices*

### 2. What immediate advice would you give her?

- *Need to stress needs immediate action: GP and Podiatrist referral*
- *Keep clean and dry and relieve pressure*
- *Stop using razor*

### 3. Complete a care plan (side two of foot assessment tool) for this lady

- **High Risk Foot**
- *Ulceration /signs of infection: Immediate referral to general practitioner*
- *High Risk Foot: Referred to podiatrist/diabetes educator Refer for medical assessment at least every six months Visual inspection at every visit Inadequate*
- *Inadequate Knowledge of Foot care practices: Refer to diabetes educator/Provide education*

## Case Study Four

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Mr S is 75 years old and has had Type 2 diabetes for 10 years.

BGLs are usually below 9mmol. He reports having calf pain when walking 50 metres or more. You are unable to palpate pulses on either foot.

He complains of no foot problems.

He has reasonable eyesight but has difficulty bending to reach his toes.

He lives with his wife.

### 1. From the information provided, what would be your assessment of this gentleman?

- *Peripheral Vascular Disease*
- *Nails poorly cared for*

### 2. What immediate advice would you give him?

- *Use moisturiser on feet*
- *Suggest podiatrist cut toenails*
- *Check if wife able to help with foot care*
- *Review footwear*

### 3. Complete a care plan (side two of foot assessment tool) for this gentleman.

- *High Risk Foot: Referred to podiatrist/diabetes educator Refer for medical assessment at least every six months Visual inspection at every visit*
- *Inadequate Symptomatic Peripheral Vascular Disease: Refer to General Practitioner or Physician*
- *Inability to perform safe self care practices: Refer to diabetes educator Educate Family member or carer*

## Case Study Five

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Mr B is 75 years and lives in an elderly persons unit.

Recently diagnosed with Type 2 diabetes.

He is a non smoker and BGLs have been well controlled.

His pulses are palpable and he has no symptoms of neuropathy.

He walks only around the block with the aid of a stick.

He says his feet hurt but have done so for years.

He is frightened of loosing his legs and becoming immobilised and helpless.

### 1. From the information provided, what would be your assessment of this gentleman?

- *Severe callus/may have ulcer underneath*
- *Cannot exclude PVD/ dry skin thick toenails*

### 2. What immediate advice would you give him?

- *Reassurance*
- *Podiatrist referral*
- *Moisturiser for feet*
- *Check shoes*

### 3. Complete a care plan (side two of foot assessment tool) for this gentleman

- *High Risk Foot: Referred to podiatrist/diabetes educator*
- *Refer for medical assessment at least every six months Visual inspection at every visit*  
*Inadequate Foot Deformity or abnormality;*
- *Referred to podiatrist*