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An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

**OPINION:**  
**APPROVED DATE:** 07/12  
**REVISED DATE:** 7/15, 01/19  
**ORIGINATING COMMITTEE:**  
**SCOPE OF PRACTICE COMMITTEE**

Within the Scope of Practice of  X  RN  X  LPN

### ADVISORY OPINION FOOT CARE

It is within the scope of practice for a registered nurse (RN) to perform foot care on patients with high risk for significant complications based on patient assessment and level of nursing certification as delineated below.

It is within the scope of practice for a licensed practical nurse (LPN) to contribute to the initial assessment of the feet through the gathering and recording of assessment data and to perform level 1 basic foot care in collaboration with the RN or licensed independent practitioner (LIP) if the following requirements are met:

#### I. GENERAL REQUIREMENTS

	<b>Level 1 Basic Foot Care</b>	<b>Level 2 Intermediate Foot Care</b>	<b>Level 3 Advanced Foot Care</b>
Required Training & Certifications	All RNs and LPNs may perform level 1 basic foot care	Only RNs and LPNs with nationally accredited training and documented competency may perform level 2 intermediate foot care	Only an advanced practice RN (APRN) with demonstrated competency in foot care may perform level 3 advanced foot care
Nursing Care	Evaluation of: a. Identification of at risk individuals based on evaluation of past medical history including diabetes mellitus (DM), peripheral vascular disease (PVD), peripheral neuropathy, and other disease processes b. Skin integrity, circulation, edema c. Foot and nail structure, disorders, deformities, and significant calluses  Basic care includes: a. Filing and trimming nails (straight across and not too short) for patients that have: 1. Toenails of normal thickness 2. Normal sensation of feet 3. Palpable dorsalis pedis pulses	a. Complex wound care prescribed by LIP b. Use of an electric nail file, clipping and thinning of unusually long or thick toenails for patients with high risk for complications c. Debridement (manual, mechanical, and chemical) d. Paring of small, non-painful corns and calluses that may require the use of a curette, nail nippers, grinders with a sanding disc or drum, and a paring device f. Modification of preventive footwear	a. An APRN with prescriptive authority may prescribe medications such as antifungal agents and/or antibiotics to treat infections b. Excise an ingrown toenail c. Order corrective footwear devices into the plan of care d. Advanced wound care management e. Packing or partial excision of nail plate to treat an ingrown toenail f. Paring of painful or complicated callus or corn

	<b>Level 1 Basic Foot Care</b>	<b>Level 2 Intermediate Foot Care</b>	<b>Level 3 Advanced Foot Care</b>
	<p>4. No history of disease processes that are at high risk for foot complications, such as DM, PVD, musculoskeletal disorders, venous insufficiency, etc.</p> <p>b. Interventions to promote skin integrity and prevent ulcerations such</p> <p>as applying prescribed topical products (not between toes) to patients with intact skin</p> <p>c. Foot screening and performance of monofilament or vibration test to check for loss of sensation</p> <p>d. Referral to an appropriate LIP for additional assessment and care when needed</p> <p>e. Documentation specific to intervention including wound description/ measurement, plan of care, and evaluation</p> <p>f. Application of unna boots with annual documented competency of correct procedure filed with employer</p> <p>g. Obtain wound cultures and perform treatment of minor infections with LIP order and management</p> <p>h. Educating the patient in diabetic foot care to include the following</p> <ol style="list-style-type: none"> <li>1. Awareness of personal risk factors</li> <li>2. Importance of at least an annual foot inspection by a health care professional</li> <li>3. Daily self-inspection of feet</li> <li>4. Skin and nail care according to the American Diabetes Association</li> </ol> <p>5. Injury prevention including routine wearing of appropriate footwear</p> <p>6. When to seek help or specialized referral</p> <p>7. Facilitation of support groups for patients at risk for foot issues, in particular the patient with diabetes mellitus.</p> <p>8. Modification of educational care plan to meet unique, specific needs of individual patients.</p>		
Specific Requirements	<p>Documentation specific to performed intervention including but not limited to wound description/measurement, education, and referral</p> <p>Adherence to facility policies and procedures.</p>	<ol style="list-style-type: none"> <li>a. Prescription by a LIP</li> <li>b. Signed patient consent for Consent obtained per facility policy.</li> <li>c. Adherence to employers policy and procedures</li> <li>d. Documentation specific to intervention including assessment, wound description/measurement, plan of care, and evaluation</li> <li>e. Referral of patients to additional specialty care (Podiatrist/ LIP) as patient's condition warrants</li> </ol>	<ol style="list-style-type: none"> <li>a. Prescription by a LIP</li> <li>b. Consent obtained per facility policy.</li> <li>c. Adherence to employers policy and procedures</li> <li>d. Documentation for interventions to include assessment, evaluation, treatment and care</li> <li>e. Referral of patients to additional specialty care (Podiatrist/ LIP) as patient's condition warrants</li> </ol>

## II. COURSE OF INSTRUCTION for Level 2 and 3 to include, but not limited to:

- A. Common foot pathology
  1. Anatomy, physiology, and comprehensive assessment of the foot and lower extremities.
  2. Structure and function of the foot and nail
  3. Changes in the foot due to age and chronic diseases
  4. Prediction and prevention of diabetic foot wounds and complications
  5. Pathogenesis and epidemiology of diabetic foot complications and the impact of these complications
  6. Classification of overall foot risk and appropriate referral/clinic management
  7. Nerve damage and foot pain in persons with diabetes & other chronic conditions
  
- B. Instruction/knowledge regarding interventions, treatment and management including:
  1. Diabetic foot infections
  2. Chronic and complex wounds
  3. Debridement (manual, mechanical, and chemical)
  4. Nail disease, fungal infections, and ingrown toenails
  5. Instruments used in foot care such as curette, nail nippers, grinders with a sanding disc or drum, paring device, and electric nail file.
  6. Sterilization of instruments and infection control procedures
  7. Advanced wound care devices, dressings
  8. Orthotics and other footwear.
  9. Pharmacological and non-pharmacological management options
  10. Packing or partial excision of nail plate to treat an ingrown toenail

## III. RATIONALE

Foot ulcerations can result in significant morbidity and are the most common reason for amputation in the patient with diabetes. Patients at high risk for complications include the following, but are not limited to: diabetes/mellitus (DM), peripheral vascular disease (PVD), peripheral neuropathy, age related changes, musculoskeletal disorders, venous insufficiency, and other diagnoses with potential to negatively impact wound healing. The RN is pivotal in assisting at risk patients to avoid foot complications that can lead to amputation. Foot conditions are associated with significant costs and complications, especially when the care provided is inappropriate, incomplete or sporadic. Specialized foot care is an evolving field that requires higher standards than basic nursing curriculum.

## IV. REFERENCES

- Anderson, A. (2017). Part 1: Background to diabetic foot disease. *British Journal of Community Nursing*, 22(3), 148.
- Apelqvist J., Bakker, K., Van Houtum, W. Schaper, N. (2008). The development of global consensus guidelines on the management of the diabetic foot. *Diabetes/Metabolism Research & Reviews*, 24(1), 116-118.
- Avraham, R., Van Dijk, D., and Simon-Tuval, T. (2016). Regulatory focus and adherence to self-care behaviors among adults with type 2 diabetes. *Psychology, Health, and Medicine*, 21(6), 696-706.

- Chapman, S. (2017). Foot care for people with diabetes: Prevention of complications and treatments. *British Journal of Community Nursing*, (22)5, 226- 229.
- Crozier, L. (2014). Diabetic foot-related problems: Improving outcomes in the dialysis population using a foot assessment screening tri-algorithm (FAST). *Nephrology Nursing Journal*, 41(4), 381- 391.
- Dominic, S. K., Visovsky, C., and Rice, J. (2015). A nurse's guide to the prevention of neuropathic ulcers in patients with diabetes. *Med-Surg Nursing*, 24(5), 299-308.
- Driver, V., Fabbi, M., Lavery, L. Gibbons, G. (2010). The costs of diabetic foot: The economic cases for the limb salvage team. *Journal of the American Podiatric Medical Association*, 100(5), 335-341.
- Etnyre, A., Zarate-Abbott, P, Roehrick, L., Farmer, S. (2011). The role of certified foot and nail care nurses in the prevention of lower extremity amputation. *Journal of Wound, Ostomy and Continence Nursing*, 38(3), 242-251
- Herre, A. J., Graue, M., Beate-Christin, H. K., Gjengedal, E. (2016). Experience of knowledge and skills that are essential in self-managing a chronic condition- a focus group study among people with type 2 diabetes. *Scandinavian Journal of Caring Sciences*, 30(2), 382-390.
- Indian Health Services, Division of Diabetes Treatment and Prevention. (2011). *Indian Health diabetes best practice: Foot care*. Retrieved from [https://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/2011\\_BP\\_FootCare\\_508c.pdf](https://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/2011_BP_FootCare_508c.pdf)
- Kentucky State Board of Nursing (2018). Advisory opinion statement: Cosmetic and dermatological procedures by nurses. Retrieved from <https://kbn.ky.gov/practice/Documents/aos35.pdf>
- Koliopoulos, M., Walker, E., & Bleich, D. (2010). Perceived risk of amputation, emotions, and foot self-care among adults with type 2 diabetes. *The Diabetic Educator*, 36(3), 473-482.
- Louisiana State Board of Nursing. (n.d.). Declaratory statement on the role and scope of practice of the registered nurse in performing foot care interventions. Retrieved from: [www.lsbn.state.la.us/documents/decstate/declarat4.pdf](http://www.lsbn.state.la.us/documents/decstate/declarat4.pdf)
- Massachusetts State Board of Nursing (2014). Advisory ruling on nursing practice: Foot care. Retrieved from
- Nagoba, B., Gahndi, R., Wadher, B., Rai. A. Hartalker, A., & Selkar, S. (2010). A simple and effective approach for the treatment of diabetic foot ulcers with different Wagner grades. *International Wound Journal*, 7(3), 153-158.
- Sheridan, S. (2012). The need for a comprehensive foot care model. *Nephrology Nursing Journal*, 39(5), 397- 400.

Turns, M. (2015). Prevention and management of diabetic foot ulcers. *Community Wound Care*, 30-37.