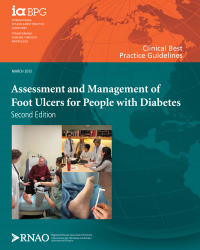
# RNAO_Logo_H_CMYK.tif

**Gap Analysis:**

***Assessment and Management of Foot Ulcers for People with Diabetes* Second Edition, March 2013**

**Work Sheet**



This guideline can be downloaded for free at:

<http://rnao.ca/bpg/guidelines/assessment-and-management-foot-ulcers-people-diabetes-second-edition>

The RNAO Leading Change Toolkit 3rd Edition

<https://rnao.ca/leading-change-toolkit>



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date Completed: | |  | | |
|  | | | | |
| Team Members participating in the Gap Analysis: | | | | |
|  | |  |  |
|  | |  |  |
|  | |  |  |

Completion of this gap analysis allows for the annual comparison of your current practice to evidence-based practices as regulated by the MOHLTC per Fixing Long-Term Care Act, 2021 at <https://www.ontario.ca/laws/statute/21f39> &

[O. Reg. 246/22: GENERAL (ontario.ca)](https://www.ontario.ca/laws/regulation/r22246)

| **RNAO Best Practice Guideline Recommendations** | Met | Partially Met | Unmet | Notes  (Examples of what to include: is this a priority to our home, information on current practice, possible overlap with other programs or partners) |
| --- | --- | --- | --- | --- |
| **Practice Recommendations: Assessment** | | | | |
| 1.0 Obtain a comprehensive health history and  perform physical examination of affected limb(s).  (Level of Evidence= Ib – IV) |  |  |  |  |
| 1.1 Identify the location and classification of foot  ulcer(s) and measure length, width and depth of  wound bed.  (Level of Evidence= 1a-IV) |  |  |  |  |
| 1.2 Assess bed of foot ulcer(s) for exudate, odour,  condition of peri-ulcer skin and pain.  (Level of Evidence= IV) |  |  |  |  |
| 1.3 Assess affected limb(s) for vascular supply and  facilitate appropriate diagnostic testing, as  indicated.  (Level of Evidence=III-IV) |  |  |  |  |
| 1.4 Assess foot ulcer(s) for infection using clinical  assessment techniques, based on signs and  symptoms, and facilitate appropriate diagnostic  testing, if indicated.  (Level of evidence= Ia) |  |  |  |  |
| 1.5 Assess affected limb(s) for sensory, autonomic  and motor changes.  (Level of Evidence=IIa) |  |  |  |  |
| 1.6 Assess affected limb(s) for elevated foot pressure, structural deformities, ability to exercise, gait abnormality, and ill-fitting footwear and offloading devices.  (Level of Evidence = Ia-IV) |  |  |  |  |
| 1.7 Document characteristics of foot ulcer(s) after each assessment including location, classification and any abnormal findings.  (Level of Evidence = IV) |  |  |  |  |
| **Practice Recommendations: Planning** | | | | |
| 2.0 Determine the potential of the foot ulcer(s) to  heal and ensure interventions to optimize  healing have been explored.  (Level of Evidence = IV) |  |  |  |  |
| 2.1 Develop a plan of care incorporating goals  mutually agreed upon by the client and health-  care professionals to manage diabetic foot  ulcer(s).  (Level of Evidence = IV) |  |  |  |  |
| 2.2 Collaborate with the client/family and  Inter-professional team to explore other  treatment options if healing has not occurred at  the expected rate.  (Level of Evidence = IV) |  |  |  |  |
| 2.3 Collaborate with client/family and the  Inter-professional team to establish mutually  agreed upon goals to improve quality of life if  factors affecting poor healing have been  addressed and complete wound closure is  unlikely.  (Level of Evidence = IV) |  |  |  |  |
| **Practice Recommendations: Implementation** | | | | |
| 3.0 Implement a plan of care to mitigate risk factors  that can influence wound healing.  (Level of Evidence = IV) |  |  |  |  |
| 3.1 Provide wound care consisting of debridement,  infection control and moisture balance where  appropriate.  (Level of Evidence = Ia-IV) |  |  |  |  |
| 3.2 Redistribute pressure applied to foot ulcer(s) by  the use of offloading devices.  (Level of Evidence = Ia) |  |  |  |  |
| 3.3 Provide health education to optimize diabetes  management, foot care and ulcer care.  (Level of Evidence = Ia) |  |  |  |  |
| 3.4 Facilitate client-centred learning based on  individual needs to prevent or reduce  complications.  (Level of Evidence = III) |  |  |  |  |
| **Practice Recommendations: Evaluation** | | | | |
| 4.0 Monitor the progress of wound healing on an  ongoing basis using a consistent tool, and  evaluate the percentage of wound closure at 4  weeks.  (Level of Evidence = Ib) |  |  |  |  |
| 4.1 Reassess for additional correctable factors if  healing does not occur at the expected rate.  (Level of Evidence = IV) |  |  |  |  |
| **Education Recommendations** | | | | |
| 5.0 Health-care professionals participate in  continuing education opportunities to enhance  specific knowledge and skills to competently  assess and manage clients with diabetic foot  ulcers, based on the RNAO Nursing Best Practice  Guideline, Assessment and Management of Foot  Ulcers for People with Diabetes (2nd ed.).  (Level of Evidence = IV) |  |  |  |  |
| 5.1 Educational institutions incorporate the RNAO  Nursing Best Practice Guideline, Assessment and  Management of Foot Ulcers for People with  Diabetes (2nd ed.), into basic registered nurse,  registered practical nurse, doctor of medicine  and inter-professional curricula to promote a  culture of evidence-based practice.  (Level of Evidence = IV) |  |  |  |  |
| **Organization and Policy Recommendations** | | | | |
| 6.0 Use a systematic approach to implement the  Assessment and Management of Foot Ulcers for  People with Diabetes (2nd ed.) clinical practice  guideline and provide resources and  organizational and administrative supports to  facilitate clinician uptake.  (Level of Evidence= IV) |  |  |  |  |
| 6.1 Develop policies that acknowledge and  designate human, material and fiscal resources  to support the inter-professional team in diabetic  foot ulcer management.  (Level of Evidence =IV ) |  |  |  |  |
| 6.2 Establish and support an inter-professional,  inter-agency team comprised of knowledgeable  and interested persons to address and monitor  quality improvement in the management of  diabetic foot ulcers.  (Levels of Evidence =IV) |  |  |  |  |
| 6.3 Develop processes to facilitate the referral of  clients with diabetic foot ulcers to local diabetes  resources and health-care professionals.  (Level of Evidence=IV ) |  |  |  |  |
| 6.4 Advocate for strategies and ongoing funding to  assist clients in obtaining appropriate pressure  redistribution devices during and after ulcer  closure.  (Levels of Evidence =IV) |  |  |  |  |