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Transforming diabetic foot care: Vascular Nurse Specialist (VNS) impact in the foot protection team

Background:

Diabetic Foot Protection Teams (DFPT) are proven to be beneficial in reducing the number of amputations in patients with diabetes (NICE, 2015). It is known that Peripheral Arterial Disease (PAD) affects 1 in 3 people with diabetes over the age of 50, (NICE, 2015). DFPTs are normally staffed by podiatry professionals, trained in the assessment of lower limb arterial supply, but do not have direct links to the vascular service. This abstract outlines the impact of a VNS joining the foot protection team.

Aim:

To ascertain the impact of a VNS joining the foot protection team.

Method:

Funding was gained from local commissions to establish DFPT which included a VNS. Three clinics per week were created, with a VNS at each session. The VNS completed a vascular assessment for each patient, not only checking foot pulse status and Doppler assessment but questioning patients on symptoms of PAD, checking BMT compliance and severity of symptoms. A database was compiled of the number of patients seen and interventions made.

Results:

Within an 8 month period 550 patients of amber or red diabetic risk were seen in the DFPT, of these the VNS assessed 360. A large portion of these patients were already identified as having PAD. However, the VNS made 101 interventions and recommendations on risk management, including BMT, BP management, and smoking cessation. The VNS identified 7 patients that required urgent assessment (critical limb ischaemia), due to the VNS links patients were directly referred and seen within 24 hours. A further 25 patients were identified as requiring further investigation or intervention due to ulceration or lifestyle limiting disease, again direct referrals were made into local services. 9 patients were newly identified as having PAD, these patients were added to the QoF register and appropriate BMT was commenced.

Conclusion

The inclusion of a VNS in the DFPT aids identification and management of patients with PAD, this early intervention will reduce the incidence of amputations and ultimately reduce the incidence of heart attack and strokes.

References:

NICE (2015) NICE guideline 19: Diabetic foot problems: prevention and management. Available at: <https://www.nice.org.uk/guidance/ng19/chapter/Key-priorities-for-implementation> Accessed 3/9/15

