

Louisiana State Board of Nursing

DECLARATORY STATEMENT ON THE ROLE AND SCOPE OF PRACTICE OF THE REGISTERED NURSE IN PERFORMING FOOT CARE INTERVENTIONS

Preamble

The Louisiana State Board of Nursing believes that registered nurses often encounter patients with specific foot problems. More than 7 million people in the United States have Diabetes Mellitus of which 50,000 of these individuals have a lower extremity amputation each year. Foot care is an integral part of nursing care, and the registered nurse must be accountable and responsible for the assessment, planning, intervention, teaching, supervision, and evaluation of foot care to ensure that the patient will receive safe and effective nursing care in accord with a prescribed treatment plan and LAC 46:XLVII. 3901-3913. Since risk factors can be inherent in foot care interventions, the registered nurse shall possess credentials that validate specialized knowledge, skills, and abilities prior to performing such foot care interventions.

Authority

Pursuant to R.S. 49:963 and LAC 46:XLVII.3321, the Board of Nursing is authorized to issue declaratory statements in response to requests for clarification of the effect of rules and regulations or of R.S. 37:911 et seq. as re-enacted and amended, 1996.

Process

On July 29, 1997 the Task Force on the Role and Scope of Practice of the Registered Nurse in Performing Foot Care Interventions convened to review the petitioner's request and the letter of concern from the Louisiana State Board of Medical Examiners regarding the current practice of a registered nurse employed by a diabetic foot clinic, and to develop a declaratory statement regarding the scope of practice of the registered nurse when performing foot care interventions.

After due deliberation, the Task Force members identified the following salient points relative to registered nurses performing foot care interventions: The literature documents that assessment findings direct the type of intervention according to three (3) levels of care: basic, intermediate or advanced.

Intermediate and advanced foot care interventions require a physician prescription.

Although educational programs exist that prepare registered nurses to perform "additional acts" relative to foot care interventions, these programs are no longer available in Louisiana.

The Lower Extremity Amputation Prevention (LEAP) Program, developed at Gillis W. Long Hansen's Disease Center, Diabetic Foot Program, Carville, Louisiana in 1991 and the Jackson-Hinds Comprehensive Health Center in Jackson, Mississippi were among the nation's first programs to teach preventive foot care interventions; however, because of the lack of financial support, these programs are no longer in existence.

There is a need to have a national certifying body provide certification for registered nurses that provide Level II and specific components of Level III foot care.

Certified enterostomal therapists (CET) and certified wound care nurses (CWCN) are prepared to provide intermediate and some of the functions of advanced foot care interventions.

Credentialing procedures vary in accord with agency policy.

The Task Force members identified the following areas of agreement:

Basic foot care, Level I, provides for a nursing assessment and physical examination, hygienic and comfort measures and preventive patient teaching.

Intermediate foot care, Level II, provides for all the components of Level I care, plus: educating the patient in self foot care maintenance; diabetic foot screening; wound care; fungal culture, nail trim, debridement (manual, mechanical, and chemical), and buffing and/or paring of non-painful corns and calluses that may require the use of a curet, nail nippers, grinder with a sanding disc or drum, and a paring device; applying an emollient; evaluating appropriateness of footwear and preventive footwear modification such as the application of an unna boot; and referring the patient for treatment of a disease or complication and for corrective footwear devices.

Advanced foot care, Level III, includes the components of basic and intermediate care, plus: wound care management; paring of painful corns and calluses; prescribing antifungal agents and/or antibiotics to treat infections; packing or partial excision of nail plate to treat an ingrown toenail; and referring the patient for assessment studies and specialty care.

Educational requirements should be commensurate with the level of foot care.

Credentialing criteria is the responsibility of the employing agency.

Board's Response

After due deliberation and in accordance with R.S. 37:911 et seq. as re-enacted and amended, 1996 the Board took the following actions on September 4, 1997 in order to safeguard the life and health of patients.

The Board believes that every patient requiring foot care has the right to professional nursing care. The registered nurse is responsible for the nature and quality of all nursing care a patient receives in accord with LAC 46:XLVII. 3701-3703 and 3901-3913 regardless of the setting. The scope of nursing practice includes

"Implementing nursing care through such services as case finding, health instruction, health counseling, providing care supportive to or restorative of life and well-being, and executing health care regimens as prescribed by licensed physicians, dentists, or other authorized prescribes" (R.S. 37:913(14)(e)).

The nursing care components of basic foot care are within the scope of practice of a registered nurse since assessment, hygiene and comfort, and patient teaching are in accord with the statute and the Board's rules and regulations, and these nursing interventions are generic to the nursing curriculum. The registered nurse is responsible for performing a nursing assessment and physical examination and for providing preventive patient teaching. The Board recognizes that upon assessment and in accord with the Board's rules on delegations, a registered nurse may delegate to unlicensed assistive personnel and licensed practical nurses basic foot care interventions.

Intermediate foot care interventions require a prescription by an authorized prescriber. The nursing care of patients requiring intermediate foot care interventions may be performed by a registered nurse who has specialized knowledge, training, experience, and documented current competence to provide:

- patient education in self foot care maintenance;
- diabetic foot screening; wound care;
- fungal culture, nail trim, debridement (manual, mechanical, and chemical), and buffing and/or parring of non-painful corns and calluses that may require the use of a curet, nail nippers, grinder with a sanding disc or drum, and a parring device;
- application of an emollient;
- evaluation of the appropriateness of footwear and preventive footwear modification such as the application of an unna boot; and
- patient referral for treatment of a disease or complication and for corrective footwear devices.

The registered nurse who is currently certified by a national certifying body such as a CNT or CWCN may perform the following components of advanced foot care:

- wound care management; and
- parring of painful corns and calluses.

Prescribing medications, excising an ingrown toenail, except those excisions that require digital blocks; and patient referral for assessment studies and specialty care is within the scope of practice of an advanced practice registered nurse with prescriptive authority and the physician.

Definition of Terms for the Purpose of this Document

Level I --- means hygiene, comfort, and patient education interventions provided to patients that have intact skin, toenails of normal length and thickness, normal sensation, and palpable or audible (with Doppler) dorsalis pedis pulses.

Level II --- means nursing interventions directed to educate the patient in self foot care maintenance, maintain toenails of normal length and thickness, smooth hyperkeratotic lesions (corns and calluses), promote skin integrity and prevent ulcerations or injuries for patients that have long and thick toenails and/or corns and calluses, palpable or audible (with Doppler) pedal pulses, or impairments in sensation or circulation such as dryness with peeling and flaking, fissures, maceration and edema. These patients may have other impairments such as diabetes, peripheral vascular disease, musculoskeletal disorders, venous insufficiency, obesity, cognitive impairment, neurologic disorders, arthritis, cerebrovascular accident that put them at risk for foot problems.

Level III --- means prompt nursing interventions of specific foot complications for patients who have foot complications and impairments in function, circulation, and sensation. such as: paring of painful corns and/or calluses; wound management; and referral. The following foot care interventions of this level are reserved for the advanced practice registered nurse or physician: treatment of infections and partial excision of nail plate for an ingrown toenail.

Concluding Statement

The Board believes that foot care is an integral part of providing care supportive to or restorative of life and well-being, and that intermediate foot care is a part of executing health care regimens as prescribed by licensed physicians, or other authorized prescribes. Therefore, the provision of basic and intermediate foot care is clearly within the scope of practice of professional nursing. Intermediate foot care requires additional education due to the knowledge needed to assess Level II patients and the nature of skills whereas advanced foot care denotes an even higher level of competence as demonstrated by national certification that encompasses foot care.

Sources:

Kelechi, T. J. (1997). Foot and nail care. Presentation @ 1997 WOCN 29th Annual Conference.

Kelechi, T. J. and Lukacs, K. S. (1996). Foot care in the home: nursing and agency responsibilities. Home Health Nursing. 14(9):721-731.

Kozier, B., Erb, G., Blais, K., & Wilkinson, J. M. (1995). Fundamentals of Nursing. (5th Ed.) Redwood City, CA: Addison-Wesley.

Adopted: 9-4-97

npop 97.20

revised: 98.22