
Chronic Kidney Disease Foot Care Toolkit

Initiative Type

Service Improvement

Status

Plan

Added

05 April 2019

Last updated

21 November 2024

URL

<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/chronic-kidney-disease-foot-care-toolkit>

Summary

In response to the recognised risk advancing chronic kidney disease (CKD) has in the development of foot disease (ulcers, infection, ischaemia or acute Charcot) and variation in care, the Statewide Renal Clinical Network formed a Kidney Foot Disease Working Group. The group's objective is to develop a clinical consensus on best practice foot care recommendations for people with CKD and

provide the tools to facilitate the implementation of these recommendations.

Key dates

Apr 2018

Jun 2019

Key Contacts

Rachel Olorenshaw

8627

[Anonymous](#)

Statewide Renal Clinical Network Coordinator

Healthcare Improvement Unit

33289124

Statewide_Renal_Network@health.qld.gov.au

Aim

To standardise foot care for persons with chronic kidney disease accessing Hospital and Health Services (HHSs) Kidney Health Services.

Benefits

Reduces preventable foot disease related hospitalisations and amputations in persons with chronic

kidney disease. Provides the tools for Kidney Health Services to implement best practice foot care recommendation enabling:

- early recognition of foot risk factors
- timely access to specialist Foot Care Teams
- consumer education and empowerment
- preventative management

Improve consumers and clinician's awareness about foot complications in persons with chronic kidney disease.

Background

Persons with CKD have demonstrated an increased risk for foot ulceration and lower-extremity amputation, with this risk found to be highest in individuals with diabetes mellitus receiving dialysis.¹⁻⁴ However, concluding this as a predominately diabetes issue, would be an oversight considering that persons with CKD without diabetes have demonstrated prevalence rates of foot disease risk factors comparable to those of persons with diabetes without CKD.¹⁻³ The role declining kidney function has on foot complications is further highlighted by findings in which CKD 4-5 and dialysis treatment have demonstrated to be independent risk factors for foot ulceration and major amputation compared with CKD 3-5. The burden of foot complications underpins recommendations to healthcare providers caring for persons with CKD to implement strategies to prevent foot ulcers and their life-limiting consequences in all persons with CKD, with or without diabetes.

Solutions Implemented

The resources currently being developed for the toolkit include:

- Best practice foot care recommendations for persons with CKD.
- CKD Foot screen form.
- CKD Foot screen form user guide.
- CKD Foot Care Toolkit.
- Consumer brochure – foot care for persons with CKD.

References

1. Freeman A, May K, Frescos N, Wraight PR. Frequency of risk factors for foot ulceration in individuals with chronic kidney disease. *Intern Med J* 2008; 38:314-20. 2. Kaminski M, Frescos N, Tucker S. Prevalence of risk factors for foot ulceration in patients with end-stage renal disease on

haemodialysis. Intern Med J 2012; 42:e120-8. 3. Jones NJ, Chess J, Cawley S, Phillips AO, Riley SG. Prevalence of risk factors for foot ulceration in a general haemodialysis population. Int Wound J 2014; 10.1111/j.1742-481X.2012.01044.x. 4. Ndip A, Rutter MK, Vileikyte L, Vardhan A, Asari A, Jameel M, et al. Dialysis treatment is an independent risk factor for foot ulceration in patients with diabetes and stage 4 or 5 chronic kidney disease. Diabetes Care 2010;33:1811-6. 5. Otte J, van Netten JJ, Woittiez AJJ. The association of chronic kidney disease and dialysis treatment with foot ulceration and major amputation. Journal of Vascular Surgery 2015; 62(2):406–411. 6. Kaminski M, et al. Risk factors for foot ulceration and lower extremity amputation in adults with end-stage renal disease on dialysis: a systematic review and met-analysis. Nephrol Dial Transplant 2015; 30(10):1747-66. 7. Eggers PW, Gohdes D, Pugh J. Nontraumatic lower extremity amputations in the medicare end-stage renal disease population. Kidney Int 1999; 56:1524–33.

PDF saved 02/04/2025