

## **Knowledge, Attitude, and Practices among Nurses in Pakistan towards Diabetic Foot**

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### **1.INTRODUCTION**

Diabetes mellitus (DM) is a disturbance in the metabolism of carbohydrate, fat, and protein that is caused by due to lose of insulin producing cells in the pancreas or decreased tissues sensitivity to insulin that results in increased level of glucose in the blood. It is characterized by chronic hyperglycemia it is a common and potentially disabling chronic disease (Kassahun & Mekonen, 2017).

Diabetes mellitus (DM) is an alarming public health issue affecting one in every 11 adults (425 million cases worldwide). This rise in prevalence of DM is likely to bring a concomitant increase in its complications among diabetic patients. One important complication of Diabetes mellitus are the foot problems. There is a 15 % chance of diabetics

developing a DFU during their lifetime. (Bilal et al., 2018). This complication constitute an increasing public health problem and are a leading cause of admission, amputation and mortality in diabetic patients (Desalu et al., 2017).

According to International Diabetes Federation, (IDF) in Pakistan about 6.2 million people with age between 20 to 79 years had diabetes in year 2003 and till 2025 diabetes will probably be increased to 11.5 million. Around 6 million persons additional to DM at present are suffering from glucose tolerance impairment and all this above data makes Pakistan 7th largest in world having diabetes in ages between 20 to 79 years and if estimation gets accurate, so it will make Pakistan 5th largest by 2025 and deaths only from diabetes expected to increase by fifty one percent (51%) in coming 10 year (Haq, Durrani, Nasim, & Riaz, 2017).

Diabetic foot can be defined as full thickness foot ulcer below the ankle in a patient with diabetes, irrespective of the duration of ulcer. Foot ulcers are susceptible to infection and polymicrobial infection may spread rapidly causing overwhelming tissue destruction. The most common site for development of foot ulcers is planter surface of fore foot. (Kumar, khan & Mobin, 2016).

Diabetic foot is one of the most incapacitating chronic complications resulting from poor disease management. It has a social and economic impact on families, health system, and society as a whole in both developing and developed countries. It is estimated that at least 15% of diabetic patients will develop a foot lesion in their lifetime (Rocha, Zanetti, & Santos, 2009).

Triad of neuropathy, angiopathy, and trauma will make the patients of Diabetes Mellitus vulnerable to diabetic foot ulcer.

The prevalence of diabetic foot ulcer (DFU) ranged between 1.0% and 4.1% in the United States (US), 4.6% in Kenya, and 20.4% in Netherlands. Good knowledge and

practice regarding diabetic foot care will reduce the risk of diabetic foot complications and ultimately amputation (Haq, Durrani, Nasim, & Riaz, 2017).

## **2. LITERATURE REVIEW**

An extensive literature on diabetic foot revealed that there is a paucity of local and global data focusing on knowledge of nurses and their attitudes toward diabetic foot. In a study conducted in Bahawalpur, Pakistan showed living in the urban, higher socioeconomic status, female gender had 76.3% awareness of diabetic foot care but lack of awareness were observed among illiterate and poor and rural populations which were 12.5% (Kassahun & Mekonen, 2017).

A study in Ethiopia revealed that 91.1% of participants lacked any wound care training. This is a worrisome finding because a lack of training can serve as a potential barrier for nurses to translate their preexisting knowledge on diabetic care into practice. In accordance with the Macdonald's standard of learning outcomes only 54% of the participants were adequately knowledgeable (range 80-100) (Haseeb, 2018).

Additionally, a survey in Bangladesh revealed that the mean knowledge of nurses concerning the prevention of diabetic foot ulcers was only 52.60%. The current level of knowledge revealed by our study is unsatisfactory because the nurses are employed in tertiary care hospitals and are expected to possess comprehensive knowledge (Andrew, 2015).

A study conducted in a Sri Lankan clinical setting describe that approximately 53% of the nurses were older than 30 years of age. An aging workforce, while more experienced, is also more prone to develop various disorders due to intense workload. Although 46.8% of the nurses possessed wound care experience of more than 5 years, not even 1% of the sample population had received formal wound care training (Haseeb, 2018).

According to International Diabetes Federation, (IDF) in Pakistan about 6.2 million people with age between 20 to 79 years had diabetes in year 2003 and till 2025 diabetes will probably be increased to 11.5 million. Around 6 million persons additional to DM at present are suffering from glucose tolerance impairment and all this above data makes Pakistan 7th largest in world having diabetes in ages between 20 to 79 years and if estimation gets accurate, so it will make Pakistan 5th largest by 2025 and deaths only from diabetes expected to increase by fifty one percent (51%) in coming 10 year (Haq, Durrani, Nasim, & Riaz, 2017).

A low level of knowledge can be attributed to the participants' basic knowledge and their professional expertise. Only 14.0% of the nurses had a basic degree whereas 53.2% of the participants had wound care experience of less than or equal to five years. It can also be argued that basic nursing degrees and diplomas are not centered on updated information pertaining to diabetic care. An individual analysis of the four knowledge domains revealed that the highest percentage of nurses possessed a good knowledge of diabetic care. (Andrew, 2015).

### **3. PROBLEM STATEMENT**

Diabetes mellitus (DM) is an alarming public health issue affecting one in every 11 adults (425 million cases worldwide). This rise in prevalence of DM is likely to bring a concomitant increase in its complications among diabetic patients. One important complication of Diabetes mellitus are the foot problems. There is a 15 % chance of diabetics developing a DFU during their lifetime. (Bilal et al., 2018). This complication constitute an increasing public health problem and are a leading cause of admission, amputation and mortality in diabetic patients (Desalu et al., 2017).

The nurses had a very low level of knowledge regarding prevention and management of diabetic foot ulcer. This redundancy in clinical practice can be attributed to the general lack of knowledge in the practicing nurses' attitudes are influenced by their wound care experiences.

#### **4. OBJECTIVE**

1. To assess the knowledge of nurses regarding diabetic foot care.
2. To assess the attitude and practice of nurses regarding diabetic foot care.

#### **4. OPERATIONAL DEFINITION**

##### **Knowledge:**

It is the awareness of the nurses about diabetes mellitus. It was measured by 10 questions with five point Likert's scale.

##### **Attitude:**

The way a nurses thinks and behaves toward Diabetic foot. It was measured by 15 questions with three point Likert's scale.

##### **Practice:**

The habitual nurse's involvement to prevent Diabetes mellitus. It was measured by 12 questions with two point Likert's scale.

#### **5. HYPOTHESIS**

##### **1. Null hypothesis:**

Nurse have no knowledge, attitude and practice of diabetic foot care.

##### **2. Alternate hypothesis:**

Nurse have knowledge, attitude and practice of diabetic foot care.

## **6. MATERIAL AND METHODS**

### **Study Design:**

This is a quantitative descriptive cross sectional study design.

### **Settings:**

This study was conducted in private sector of Faisalabad, Pakistan.

### **Duration of Study:**

This study is started from January of 2019 to April of 2019.

### **Target population:**

The target population of this study are the student of post RN and all nurses of hospital of a private sector of Faisalabad, Pakistan.

### **Sample Size:**

The data was collected from 250 nurses including post RN students and nurses of the private sector of Faisalabad, Pakistan.

### **Sampling Technique:**

A simple Random sample technique was be used in this research study.

### **Sample Selection:**

#### **Inclusion Criteria:**

All the students of post RN and all those who want to participate.

#### **Exclusion Criteria:**

All the student of BSN and all unwilling.

## **7. DATA COLLECTION PROCEDURE**

Questionnaire adopted from (Bilal et *al.*, 2018) and (Haq, Durrani, Nasim, & Riaz, 2017) was used to collect data from the students. Questionnaires consist of three section. The first section of the questionnaire include items such as age, gender, professional experience, and qualifications. The purpose of the second section of the study tool is to gauge the level of knowledge possessed by nurses about diabetic foot ulcers and

their management. The attitudes of nurses in relation to diabetic foot care is explored in the third section of the study 37 questions, the participants can answer these questions by providing five options (Strongly Agree, Agree, I do not know, Disagree and Strongly Disagree).

After floating Questionnaire among the participants the data was analyzed through SPSS version 21 for Descriptive statistics and finding mean, frequencies, validity and reliability. Consent was taken from all the participants and free hand will be given to the participants to take part in the study or refused to participate.

## **8. DATA ANALYSIS PROCEDURE**

The questionnaire consists of two parts of analysis No 1 Demographic data of analysis and No 2 Knowledge, Attitudes and Practices among Nurses towards diabetic Foot. The data will be collected through questionnaire, distributed in 250 nursing students and nurses. The collected data was analyze and computed using frequency, table and charts through SPSS version 21.

## **RESULTS**

The questionnaire consists of two parts of analysis No 1 Demographic data of analysis and No 2 Knowledge, Attitudes and Practices among Nurses towards diabetic Foot. The data is collected through questionnaire, distributed in 250 nursing students and nurses. The collected data is analyze and computed using frequency, table and charts through SPSS version 21.

## RESULT:

Variable	Number	Percentage
<b>Sex:</b>	228	91.2 %
Female		
Male	22	8.8 %
<b>Age:</b>	118	47.2%
≤30		
31–40	73	29.2%
41–50	43	17.2%
51–60	16	6.4%
<b>Professional qualification:</b>		
Diploma	205	82.0%
Post-basic diploma	10	4.0%
Degree	35	14.0%
<b>Nursing experience (in years)</b>		
≤5	100	40.0%
6–10	58	23.2%
11–15	28	11.2%
16–20	21	8.4%
>20	43	17.2%
<b>Wound care experience (in years)</b>		
≤5	133	53.2%
6–10	50	20.0%
11–15	35	14.0%
16–20	18	7.2%
>20	14	5.6%
<b>Formal training in wound care:</b>	18	7.2%
Yes		
No	232	92.8%
<b>Current professional development activities:</b>		
No	168	67.2%
In-service education	28	11.2%
In a degree program	35	14.0%
Other	19	7.6%

Both male and female take part in this study but the number and percentage of female is high as compared to male. The female ratio is (91.2 %). The demographic characteristic are given in the above table. Most of the nurses participants were less than or equal to age 30. The demographic table consist of another part which are the professional qualification of nurses most of the nurses were diploma nurse the ratio of diploma nurses were 82.0% and degree based (14.0%) nurses ratio were low as compared to diploma. Professional experience of most of

the nurses were less or equal than 5 years (53.3%). Most of the nurses do not receive formal wound care training the number of nurses who received formal wound care training were low (7.2%) while the ratio of untrained nurses were (92.8%).

SR#	Statement	Correct	Incorrect	Don't Know
1	Neuropathy is the predominant factor responsible for diabetic ulcers.	58.0%	29.0%	13.0%
2	Sensory neuropathy results in unnoticed skin damages, which lead to the formation of ulcers.	96.0%	2.5%	1.5%
3	Autonomic neuropathy is associated with dry skin, which predisposes to ulcer formation.	87.0%	11.0%	2.0%
4	Diabetic neuropathic ulcers are typically found on weight bearing areas of the foot	68.0%	24.0%	8.0%
5	Diabetic ischemic ulcers are less painful than diabetic neuropathic ulcers	70.0%	23.0%	7.0%
6	Neuropathy can be excluded if the foot skin is cool and pulses are absent	79.0%	11.0%	10.0%
7	The risk of amputation is higher when diabetic foot ulcer is associated with limb ischemia	45.0%	50.0%	5.0%
8	Presence of slough is not an indication of infection in diabetic ulcers	94.0%	2.0%	4.0%
9	Presence of osteomyelitis impairs the healing of diabetic ulcers.	86.0%	6.5%	7.5.0%
10	Wound healing progress is unsatisfactory if the wound bed appears pink.	89.0%	9.5%	1.5.0%
11	Mechanical offloading should be advised to facilitate ulcer healing	42.0%	48.0%	10.0%
12	Hyperbaric oxygen therapy is recommended for ulcer healing even in a well perfused foot.	96.0%	3.5%	0.5%
13	Infected, highly exuding wounds should be cleansed daily.	97.0%	0.0%	3.0%
14	Iodine dressings are effective for wounds with clinical signs of infection.	68.0%	24.0%	8.0%
15	Hydrogel dressings are useful to rehydrate the wound bed and control the moisture in wounds.	86.0%	9.5%	4.5%

The above table shows us the participating nurse's knowledge about diabetic foot ulcer care. The nurse's knowledge level about every question on individual bases is given in the above table. The mean score of knowledge of nurses were 74.9 ( $\pm 9.5$ ). 13% of nurses had very low level of knowledge regarding diabetic ulcer foot care. 19% of the nurses had moderate level of knowledge while 40% of the nurses had high level of knowledge regarding diabetic ulcer foot care. 14% of the nurses had a very high knowledge level of diabetic ulcer foot care.

A specific criteria were set for assessing knowledge so the mean score is predisposing factor 75 ( $\pm 21.0$ ), characteristics of ulcers = 76.0 ( $\pm 24.3$ ), complications of ulcers = 78.5 ( $\pm 22.6$ ), and ulcer care = 80.7 ( $\pm 17.3$ ). In the given criteria nurses had good knowledge about predisposing factor and foot care (55% and 65.3%, respectively). Most of the participating nurses had a low knowledge (40%) about characteristic and complication of diabetic foot ulcer care.

SR#	Statement	Strongly Agree	Agree	I don't know	Disagree	Strongly Disagree
1	I think diabetic ulcer treatment is more important than ulcer prevention	13 (5.2)%	8 (3.2) %	15 (6.0) %	125 (50.0) %	89 (35.6) %
2	I do not think it is necessary to assess diabetic ulcers regularly	5 (2.0) %	5 (2.0) %	8 (3.2) %	138 (55.2) %	94 (37.6) %
3	Diabetic ulcer care is too time-consuming for me to carry out	3 (1.2) %	25(10.0) %	40 (16.0) %	125 (50.0) %	57 (22.8) %
4	In comparison with other areas of nursing care, diabetic ulcer care is a low priority task for me	3 (1.2) %	8 (3.2) %	25 (10.0) %	120 (48.0) %	94 (37.6) %
5	If I have the opportunity, I would like to avoid caring for diabetic ulcers	5 (2.0) %	3 (1.2) %	10 (4.0) %	58 (23.2) %	174 (69.6) %
6	I do not have time to advise each patient individually on how to look after their ulcers	5 (2.0) %	18 (7.2) %	30 (12.0) %	118 (47.2) %	79 (31.6) %
7	It is not my responsibility to educate patients with diabetic ulcers on how to reduce re-ulceration	0 (0.0) %	13(5.2) %	18 (7.2) %	130 (52.0) %	89 (35.6) %
8	I cannot think about pain when cleaning diabetic ulcers	5(2.0) %	88(35.2) %	30 (12.0) %	103 (41.2) %	24 (9.6) %
9	I do not like to care for diabetic ulcers in my practice	0 (0.0) %	25 (0.0) %	30 (12.0) %	150 (50.0) %	45 (18.0) %
10	I do not get satisfaction by caring for diabetic ulcers	0 (0.0) %	0 (0.0) %	15 (6.0) %	137 (54.8) %	98 (39.2) %

The highest and lowest possible scores on the attitude scale were 10 and 50 respectively. However, our study showed a range of attitude scores from 12 to 48. An analysis of the average score (38, range 21-48) for the study revealed that the general attitude of nurses towards ulcer patients diabetic was positive. The above table shows a detailed assessment of individual attitudes and stresses that most nurses gave priority to the prevention of ulcer instead of treatment (85.6%), paid attention to diabetic ulcers with high clinical priority (92.8%) and they considered their responsibility to advise patients on how to avoid ulceration. (87.6%).

There was a significant difference between the attitudes of nurses and their age ( $p = 0.022$ ). Nurses under the age of 40 had more positive attitudes (median = 44.00) than older nurses

(median = 39.00). However, no statistical significance was found between nurses' attitudes and their experience in gender and wound care.

Furthermore, the Spearman coefficient between knowledge and nurses' attitude was calculated as  $r = 0.121$ . Therefore, no statistical correlation has been established. Ninety-eight percent of the nurses showed interest in the treatment of diabetic ulcers, while 70% of the study cohort expressed the desire to follow an ulcer training course. However, only a small part of the study sample (5%) wanted to conduct an investigation into ulcer care. Furthermore, there was a statistically significant association between the interest of nurses in ulcer care and their knowledge ( $p = .031$ ) and attitudes ( $p = .0003$ ). In general, it was observed that nurses with good knowledge and positive attitudes were more inclined to participate in training courses and research projects on ulcer care.

SR#	Statement	Yes	No
1	Do you Inspect your feet daily?	201(55.2%)	163(44.7%)
2	Do you wash your feet two times in a day?	289(79.4%)	75(20.6%)
3	Do you wash your feet with warm water?	109(29.9%)	255(70%)
4	Do you trim toe nails straight across?	310(85.2%)	54(14.8%)
5	Do you measure your feet size when last you bought footwear?	163(44.8%)	201(55.4%)
6	Do you use talcum powder for keeping interdigital space dry?	113(31.0%)	251(69%)
7	Did you ever inspect inside of footwear?	162(44.5%)	202(55.4%)
8	Do you regularly walk barefoot?	58(15.9%)	306(84%)
9	Do you clean nails with sharp instrument?	289(79.4%)	75(20.0%)
10	Do you add antiseptic to water before feet cleaning?	170(46.7%)	194(53.3%)
11	Do you wear elasticated hosiery (to prevent edema and thrombosis)?	62(17.0%)	302(82.3%)
12	Do you feel heal ache?	240(65.9%)	124(34.1%)

The limit level was  $\leq 6$  and the total of the practical questions was 12 and the (practical) score of 6 or less is considered a bad practice and a higher score (6) is considered an appropriate practice. The score of the practice was analyzed and the result is shown in the above Table. It is described that 227

nurses (62.4%) have a bad practice, while 152 (41.8%) nurses have little knowledge about diabetes mellitus.

## **DISCUSSION**

Evaluation of the knowledge of individual articles helps to evaluate the main characteristics of routine nursing practices. 94% of nurses were aware of the fact that the presence of slough is indicative of infection in diabetic ulcers. However, it has been found that routine practices influence nurses' clinical vision and are not updated frequently. This redundancy in clinical practice can be attributed to the general lack of knowledge in the nursing workforce. 50% of nurses responded incorrectly to a question aimed at assessing the risk assessment for amputations in EDU. It is eminent that nurses specialize in evidence-based practice to prevent and exhaustively treat diabetic foot ulcers. 48% of nurses were not aware of the importance of mechanical discharge for the treatment of DFUs. This reflects that the evidence-based practice has been ignored in the nursing curriculum.

This study found a significant association between nurses' knowledge and their wound care and nursing experiences, wound care training, and work units (surgical intensive care units (ICUs) and outpatient departments (OPDs)). Surprisingly, our study found that nurses' knowledge was significantly correlated with a professional and wound care experience of five years or less.

## **CONCLUSION**

This study reveals that nurses usually keep an insufficient level of knowledge relating to ulcer care regardless of a positive attitude. Proper wound care training and work capabilities established an important association with knowledge. A complete educational program concentrating on evidence-based

practice is essential to confirm positive attitudes and improved clinical practices. Evidence-based clinical practice trusts deeply on research. Nurses should be made conscious of the significance of research in their clinical practice and be delivered with chances to participate in research events.

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## PROFORMA/QUESTIONNAIRE

### Demographic Data:

- 1) Age: 18–25 years  26–30years   
 2) Gender: F  M   
 3) Professional Experience: 1-2 years  2-3 years   
 4) Professional qualification: Diploma  Degree   
**Knowledge attitudes and practices among nurses towards diabetic foot.**

### Knowledge

SR#	Statement	Strongly Agree	Agree	I don't know	Disagree	Strongly Disagree
1	I think diabetic ulcer treatment is more important than ulcer prevention					
2	I do not think it is necessary to assess diabetic ulcers regularly					
3	Diabetic ulcer care is too time-consuming for me to carry out					
4	In comparison with other areas of nursing care, diabetic ulcer care is a low priority task for me					
5	If I have the opportunity, I would like to avoid caring for diabetic ulcers					
6	I do not have time to advise each patient individually on how to look after their ulcers					
7	It is not my responsibility to educate patients with diabetic ulcers on how to reduce re-ulceration					
8	I cannot think about pain when cleaning diabetic ulcers					
9	I do not like to care for diabetic ulcers in my practice					
10	I do not get satisfaction by caring for diabetic ulcers					

### Attitudes

SR#	Statement	Correct	Incorrect	Don't Know
11	Neuropathy is the predominant factor responsible for diabetic ulcers.			
12	Sensory neuropathy results in unnoticed skin damages, which lead to the formation of ulcers.			
13	Autonomic neuropathy is associated with dry skin, which predisposes to ulcer formation.			
14	Diabetic neuropathic ulcers are typically found on weight bearing areas of the foot			
15	Diabetic ischemic ulcers are less painful than diabetic neuropathic ulcers			
16	Neuropathy can be excluded if the foot skin is cool and pulses are absent			
17	The risk of amputation is higher when diabetic foot ulcer is associated with limb ischemia			
18	Presence of slough is not an indication of infection in			

Zaib Un Nisa, Shafqat Inayat, Muhammad Hussain, Muhammad Afzal-**Knowledge, Attitude, and Practices among Nurses in Pakistan towards Diabetic Foot**

	diabetic ulcers			
19	Presence of osteomyelitis impairs the healing of diabetic ulcers.			
20	Wound healing progress is unsatisfactory if the wound bed appears pink.			
21	Mechanical offloading should be advised to facilitate ulcer healing			
22	Hyperbaric oxygen therapy is recommended for ulcer healing even in a well perfused foot.			
23	Infected, highly exuding wounds should be cleansed daily.			
24	Iodine dressings are effective for wounds with clinical signs of infection.			
25	Hydrogel dressings are useful to rehydrate the wound bed and control the moisture in wounds.			

**Practice**

SR#	Statement	Yes	No
26	Do you inspect your feet daily?		
27	Do you wash your feet two times in a day?		
28	Do you wash your feet with warm water?		
29	Do you trim toe nails straight across?		
30	Do you measure your feet size when last you bought footwear?		
31	Do you use talcum powder for keeping interdigital space dry?		
32	Did you ever inspect inside of footwear?		
33	Do you regularly walk barefoot?		
34	Do you clean nails with sharp instrument?		
35	Do you add antiseptic to water before feet cleaning?		
36	Do you wear elasticated hosiery (to prevent edema and thrombosis)?		
37	Do you feel heal ache?		