Preventing Infection in Diabetic Skin and Foot Care
Micro-Learn Discussion Guide

Use the talking points below and the accompanying job aid to engage your team in a short, focused discussion. Adapt to meet your facility's needs and context.

1 . Introduce the Topic
Share key information and connect to local context:
- People with diabetes are at higher risk for skin breakdown, ulcers, and infections—especially in the feet—due to nerve damage and poor circulation.
- Small issues (like a crack or blister) can turn into serious wounds quickly and may lead to hospitalization or amputation if infection sets in.
- Diabetic foot wounds are often slow to heal and more vulnerable to infection because:
  - Patients may not feel pain due to neuropathy.
  - Germs can enter through even minor breaks in the skin.
  - Many patients face challenges accessing regular foot care or supplies.
- Local Example: "In our Blackfeet community, over 1,200 people live with diabetes. We see patients delay care because of transportation issues or caregiving responsibilities—making prevention even more important."

2 . Expand on the Topic
Share what your team can do to reduce infection risk:
- Inspect carefully. When helping patients remove socks or shoes, take a moment to check for:
  - Redness, blisters, cracks, drainage, foul smell, or skin thinning.
- Don't assume a wound is "minor." Any open area can allow germs in. If you notice something concerning:
  - Clean your hands, wear gloves, and notify the clinical team.
- Use PPE. Always wear gloves when examining diabetic feet or touching dressings.
  - Use additional PPE like gowns or eye protection if there is visible drainage or risk of splashing.
- Protect the patient. Avoid placing clean feet on contaminated surfaces, and keep equipment like BP cuffs or towels off areas with broken skin.
- Teach patients. Encourage daily foot checks using mirrors and monofilaments. These tools help identify early issues before they become infected wounds.

3 . Discuss with your team
Explore staff experiences and promote shared learning:
Sample questions:
- "Have you seen a diabetic foot wound that started small but got worse quickly? What could have helped prevent that?"
- "Do you feel confident spotting early signs of diabetic skin breakdown?"
- "Do you know where to find PPE and wound care supplies when you need them?"
- "What tools (like mirrors or monofilaments) do we give patients to help them monitor their own feet?"

Encourage staff to share challenges and tips they've used with patients.

4 . Wrap up and reinforce
Key takeaways:
- Don't ignore small skin changes in diabetic patients.
- Always clean your hands and wear gloves when touching feet or wounds.
- Early action and good communication help prevent serious infections.

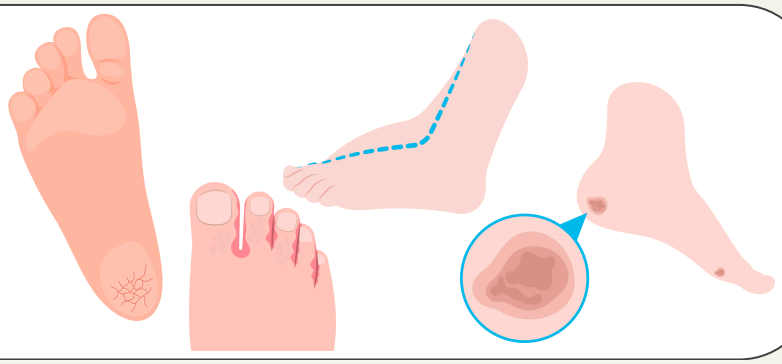
Facility-specific follow-up:
- Know where to find wound supplies, PPE, and the infection control handbook.
- Encourage use of the new diabetic skin care toolkit: brochures, self-check tools, and microfilament kits.
- Share contacts for questions: foot care nurse, podiatrist, CHR team.

INFECTION PREVENTION FOR DIABETIC SKIN CARE

QUICK REFERENCE GUIDE FOR STAFF AND PATIENTS

01. What to Look For: Early Signs of Skin Breakdown

- Redness or swelling
- Warmth or tenderness
- Cracks, blisters, or peeling skin
- Drainage or pus
- Persistent itching or pain



02. Daily Foot Care Steps

Inspect feet daily

- Use a mirror or ask for help if you can't see the bottoms.

Wash feet gently

- Use mild soap and running warm water; Do not soak feet. dry thoroughly, especially between toes.

Moisturize Skin

- Apply lotion but avoid areas between toes.

Trim Nails with Care

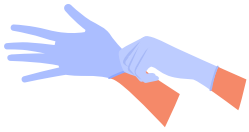
- If possible, **have your toenails trimmed by a healthcare professional.**
- If you trim them yourself, cut straight across and gently file the edges — **never cut down the sides of the nail.**

Wear clean, well-fitting shoes and socks

- Check shoes for anything inside before wearing them.

03. Infection Prevention Practices

Always wash your hands before and after touching your feet or wounds



Use gloves when caring for wounds or any broken skin

Keep wounds clean and covered: Use sterile dressings and change them regularly

Avoid walking barefoot

Avoid tight footwear or anything causing pressure points.

05. When to Seek Help

Remember: Communication is Key!

Report any concerns or new findings to your healthcare team immediately.

- Signs of infection (redness, swelling, warmth, pus)
- Any new wound or ulcer that doesn't heal within a few days
- Increased pain, foul odor, or fever
- Loss of sensation or changes in skin color

BLACKFEET TRIBAL HEALTH
Developed by Hailie Henderson
Adapted from CDC Project Frontline