



Foot Care Matters: A Cautionary Tale

By Wound Care Canada Staff

How to cite: Wound Care Canada Staff. Foot care matters: a cautionary tale. *Wound Care Canada*. 2024;22(2):126-128. DOI: [10.56885/SQAR2802](https://doi.org/10.56885/SQAR2802)

The following is a story shared via interview with a daughter, in the presence of her mother, regarding the loss of their father/husband. It illustrates the importance of, and diligence required to, consistently assess and reassess skin and the risks of skin associated issues, specifically as they relate to foot care, across all health-care settings.

The interview was conducted by *Wound Care Canada* staff (WCC) with KT and MT, the daughter and wife, respectively, of the late CT. Contributions were also made by CT's other daughter; MGT. Full names and locations are not being used in order to protect the confidentiality of the individuals and institutions involved.

CT's Story

WCC: Can you tell us about your father?

KT: My dad had soft, small and delicate feet. He was diagnosed with Peripheral Vascular Disease

(PVD) in 1993 and after a number of surgeries he had to leave his job to go on disability. All was good until 2011 when blockages returned. In 2014 he had an auxiliary bi-femoral bypass repair (we like to say he was "re-plumbed"). Then in 2017, one of his old grafts became infected. He was transferred by ambulance to a larger hospital and had surgery to remove the graft and infection – it was a scary few days, but he recovered. The health-care staff taking care of him may have thought my mother (MT), my sister and I were slightly odd – we were completely amazed by the fact that dad had warm, pink feet after the surgery. It had been decades since Dad's circulation had been good enough to warm up his feet and we showed them off to anyone who came in the room!

Then, just before his transfer back to our local hospital he complained about his vision. It was assumed he was having issues with the long hospitalization, and he completed the transfer. Within

the first day of being back in the original hospital it became clear that something had happened, and it was revealed that he experienced an occipital lobe stroke and had lost some vision. Despite this setback, he recovered from this, went home and was adapting to his vision changes. We set him up with audio books from the library, he had his beloved television and life settled down. Then the seizures started, setting off multiple trips to hospital, inpatient stays, ebbs and flow with recovery and home care. Eventually, his neurologist determined that it was likely he had amyloid angiopathy, due, in part, to his use of Warfarin over the past 30 years since his PVD diagnosis.

We made friends with the ambulance care team, got to see the demanding work done by health-care professionals behind the scenes in ERs and other units and it became our new way of life. As a family we adapted to the new normal (and the new dad we had) then in the spring of 2021, I got a phone call at 2:00 am from my mother, panicked because my father had fallen out of bed and was on the floor. I broke several speed limits to get to the house and determined that this was definitely another ambulance call. All this happened during the COVID hospital restrictions, so I went with him to the hospital while my mother and sister stayed home. Unfortunately, our worst fear came true, although he never got out of bed without help before, he had this night and had fallen and broken a bone in his hip. I swapped places with my mother and Dad went off to surgery. Mum got to see him after surgery and then we had a COVID surge, and the hospital was locked down to any visitors. On her final visit to see him two days after surgery she noticed a red spot on his foot and reported it to the nurse who put a pillow under his foot and noted the issue.

Foot Care Failures

During previous hospitalizations we visited Dad daily, we did some of his regular care and we were obsessive about keeping an eye on his feet, specifically his heels. Those delicate feet I mentioned, could get red and irritated overnight just from the fabric of the sheets as he moved around. We made sure to keep an eye on this and let the

nursing staff know when we started to see irritated skin. They would then get him in heel protectors and make sure he was getting solid foot care and regular checks of the skin. Unfortunately, during this surgical recovery period this time we could not be with him and were not able to keep an eye on his feet. My mother checked in on him daily (often between 9-10pm), calling the nursing desk to get an update and asking about his feet and whether they were okay. This went on for a full month (April-May - during the pandemic). We checked in every day and asked about his feet. We were told everything was great. Then Dad was transferred to a transition unit in preparation for going into long-term care. When he arrived there, my mother received a phone call from the charge nurse who wanted to know what was going on with his foot – we had no idea what they were talking about. It turns out that my father had a pressure sore on one of his heels that was slightly larger than a Loonie but was not documented anywhere on his chart.

We were stunned, this was exactly what we had questioned hospital staff about for over a month. We mentioned how tender his feet were and that the sheets often irritated the skin; we talked about small wounds he had developed during previous admissions and my mother noted a red spot appearing two days post-surgery. Dad ended up having to be seen by the wound care team multiple times, this required an ambulance trip to the clinic every time. He was upset at the pain in his foot and found it difficult to keep his boot on. He eventually was transferred to a long-term care facility and the staff there did all they could to care for his wound. Then in November he received a CAT scan which showed that the infection had moved up into the bone and nothing could be done to treat it other than amputation. At his point he was admitted to the community hospital for treatment of his wound, as well as complications from his seizures. His last day there was terrible; he was in pain from the foot infection moving up his leg and was very confused. That evening his condition had deteriorated to the point that he was transferred to palliative care, the last time we saw him conscious was just

before he was put in the ambulance.

His week in palliative care was difficult for us. While we always knew his issues could result in death, his passing was still unexpected. Particularly because his main issue was the massive infection moving through his body from his infected pressure ulcer. During this last week of his life the nurses had to keep his leg wrapped because it was becoming necrotic. My family still has a tough time with his death, it feels like it did not have to happen, that the infection that killed him could have been avoided if health-care staff had listened to our concerns and checked his feet. His hospital records clearly showed that he had issues with the skin on his heels at every admission in the last four years. We had asked repeatedly for updates when we were not able to check his feet ourselves – for over a month we were told that the skin on his feet was fine. We really felt let down. Why didn't they listen to us? Didn't anyone check his foot? How did it get so bad without anyone noticing?

He was on an orthopedic post-surgical unit and was immobile in a bed for over a month; how was skin and wound care not something the staff would check on? While we knew Dad would not live for decades, we believe he certainly would have had the chance to live a few more years if he had not developed the wound and subsequent infection.

My mother was not comfortable reporting this issue to the hospital, she was still coming to terms with my father's death and big life changes in the year or so following. This article is our chance, not to assign blame, but to share our story and ask health-care professionals to listen to family concerns. We know your workload is high, but we expressed legitimate concerns that were documented in his patient chart. We would also like to encourage inter-disciplinary training in wound care. My dad was treated by surgeons, hospitalists, nurses, LPN's, CCA's and physiotherapists, and no one caught this large wound on his heel. It is not just the job of a 'wound nurse' to care for patient skin, it should be the responsibility of the entire health-care team. Training on pressure sores and skin care should be standard for health-

care professionals and everyone who has a role in keeping patients safe.

My father certainly had a variety of long-term health conditions that were going to shorten his life; however, he died because of the infection from his pressure sore, which started as irritated skin. We cannot underestimate the danger and health issues that arise from skin issues. My mother sums it up like this, "that foot was his nemesis his last few months, it was painful and draining and made his life miserable."

KT, MT and MGT live in Atlantic Canada.