Treatment Protocols
Hemostasis & Infection Control
4-12-2012

1.0 Hemostasis for Iatrogenic Lesions During Foot Care

- Very minor bleeding: Apply gentle pressure with sterile gauze pad.
- Minor bleeding: Check for allergies to astringent preparations. If none, apply Aluminum Chloride (eg Lumicaine) to sterile gauze and use to apply gentle pressure over wound.
- Minor bleeding which does not respond to measures above: Apply Silver Nitrate Sticks to area per product use directions.
- Bleeding which is not controlled by any of above should be dressed with sterile gauze secured by 1 inch Coban (to provide pressure) and the patient should be transported to ED or Physician for care. The foot should be elevated above heart level.

2.0 Infection Control for Iatrogenic Lesions During Foot Care

- After hemostasis has been achieved (bleeding is stopped by one of the methods above) ask the patient about allergies to antibacterials such as alcohol and Betadine. Use either alcohol, Chlorhexidine Gluconate (eg Chlorosept) or Betadine to cleanse the area unless there is an allergy reported. Alternatively, can use antibacterial cleansers such as chlorhexidine topical (eg Hibiclens, CalgonVesta) or benzalkonium chloride at 0.12% (eg Remedy® Olivamine Antimicrobial Cleanser). Use each according to product directions.
- Dress the lesion with a dressing appropriate to its size and location. (must fit in shoes without pressure). Cloth Band aids (Coverlets) of appropriate size are preferred due to ease of use and shoe fit considerations. In the event of larger size of wound or bleeding that was difficult to control, consider gauze and Coban if shoe fit issues are addressed.
3.0 **Patient Education for Iatrogenic Lesions During Foot Care**

- Advise the patient that a laceration or abrasion has occurred during treatment.
- Advise the patient of the methods used to stop the bleeding, clean the wound, and the dressing applied.
- Advise the patient that even though bleeding has stopped at this time, it may restart when the shoes are replaced and the patient is ambulating away from today’s visit. They should remove their shoes and socks upon return home and check their feet for signs of rebleeding. In that even they should apply pressure to stop the bleeding. Then they should cleanse the area by washing with soap and water and replace the band-aid.
- Instruct the patient to remove the band-aid in one to two days and observe for signs of infection or other complications including: redness, swelling, creamy discharge, pain, increased warmth or tenderness in the area. Instruct them to contact you, their physician or the urgent care department with any findings or concerns.