GUIDELINES FOR ASSESSING IN-PATIENT FOOTWEAR

Patients should provide their own footwear on admission and if not available, staff should ask a relative or carer to supply suitable footwear. Correct fitting shoes or slippers that are supportive can prevent a patient from having a fall on the ward.

FOOTWEAR SHOULD BE:

- The correct size and have a firm heel cup to provide support.
- Have laces, buckles or Velcro fastenings that hold the foot more firmly.
- Gripped sole to prevent slipping.
- Not have a worn down or uneven sole.
- Wide and deep toe box allows plenty of room for toe movement and comfort.

STAFF SHOULD ENSURE:

- Patients are wearing appropriate footwear and/or splints as required prior to mobilising.
- Patient should not walk in bare-feet, or wear socks, surgical stockings without non-slip soles.
- Patients with corns, callouses or toe nail problems should be referred to a Podiatrist. Long term medical foot problems refer to an Orthotist.
- If they have dressings and problems with lower limb oedema, extra wide fitting slippers or shoes are more appropriate.

IF NO SUITABLE FOOTWEAR IS AVAILABLE, PATIENTS SHOULD BE GIVEN ANTI-SLIP SLIPPER SOCKS TO WEAR ON THE WARD.
RECOMMENDATIONS FOR SLIPPER SOCKS.

Slipper socks should not be used as an alternative to well-fitting footwear, but should be used only in the following circumstances:

- If a patient is non-compliant with keeping footwear in place at all recommended times (e.g. due to confusion/agitation) and the patient being barefoot/or wearing conventional socks puts them at a greater falls risk.
- The patient refuses to take off their socks when getting into bed and unlikely to apply footwear if they mobilise during the night.
- Footwear cannot be applied e.g. over dressings or oedematous feet.
- Patient has anti-embolism stockings in-situ and high risk of slipping.

CAUTION SHOULD BE TAKEN WHEN APPLYING SLIPPER SOCKS TO PATIENTS THAT HAVE:

- Lower limb vascular disease
- Diabetic peripheral neuropathy
- Unstable gait/shuffle when mobilising
- Patient with lower limb oedema

FOOT HYGIENE AND HEEL CHECKS

- Remove slipper socks at regular times to review foot health and foot hygiene and perform pressure area checks.
- Slipper socks are single item use and should be changed at regular intervals in accordance with patient’s foot health/hygiene i.e. daily
- Slipper socks should be changed more frequently if patients have excessive foot perspiration or fungal infections.
- Washing slipper socks is not recommended.
- Slipper socks should be changed and disposed of once soiled or wet.
SLIPPER SOCKS SIZING AND FIT

Please see Medline sizing chart for double tread slippers UK size 3-13 which also includes a Bariatric size for extra stretch in the cuff. Please ensure the following when fitting slipper socks:

- The tread on the foot bed should cover the entire sole of the foot and sit as closely as possible to the back of the heel.
- The socks should fit securely to limit movement of the socks on the foot and to prevent friction occurring.
- The sock should cover the ankle or above the ankle to prevent the sock from slipping off.
- The band should hold the sock in position and should not be too tight or too slack.