

A diabetic patient – science explanation



**ASSIGN
BUSTER**

It is important to know what medications the patient is on and has been taking, what risk factors she has, and what other medical conditions she may be battling. The labs show an elevated white blood cell count with a high interruption level both of which are indicators of a serious infection. The wound culture shows a presence of Staphylococcus aureus which could be the culprit of the infection to the wound. She is also a diabetic who is overweight and of a short stature. I would immediately place Ms.

G on a broad spectrum IV antibiotic for the cellulite and the open wound. I would call to order a Doppler study to be done to rule out a DVT because she has been immobile for as many as three days and there is a significant difference between the sizes of her calves. I would order pain medication, antipruritic, and cold packs to provide comfort for the patient. I would immediately have a wound care nurse assist in the care and documentation of the wound and to help provide education to the patient on how to care for the patient.

Blood sugars should be checked and a Hemoglobin A1C should be drawn to see how compliant of a diabetic Ms. G is. A diabetic educator should be consulted to help educate the patient on a proper diet, how to test her blood sugars, and how to properly use insulin if it is determined that is needed. I would also contact the case manager to help the patient set up home health visits because depending on the wound she could go home with drains, special dressings or possibly a wound vac. I would also assess the patient's living conditions. I would also take the time to educate the patient on the importance of exercise, a healthier diet, weight loss techniques, and the importance of a healthier lifestyle. . Identify the muscle groups likely to be

affected by Ms. G's condition. The muscles that are affected include the Fibular longus, the extensor digitorum longus, the tibialis anterior, and the gastrocnemius. 3. What is the significance of the subjective and objective data provided with regard to follow up diagnostic/laboratory testing, education, and future preventative care?

Provide rationale for your answer. Subjective data is the information that the patient reports concerning symptoms, previous treatments, medications used, and any other information the patient can provide you while objective data is collected from the physical exam, lab results, diagnostic test, and other measurable data (Altered, Cornell, and Ernst, 2012). In our patient's case follow up labs should be drawn to make sure that our interventions are working appropriately.

A CBC with differential should be drawn to make sure the infection is subsiding and her WBC and hemoglobin are returning back to normal. Continued blood sugars should be monitored. Fasting and one hour postprandial should be completed and be maintained within normal limits. Our patient should be educated on her Diabetes. She should understand that this disease process increases her susceptibility to infection and can cause any wound she receives to have some delayed healing.

She should be educated on the importance of a healthy diabetic diet and keeping her blood sugars within normal limits. If she has never learned how to test herself, she should provide a return demonstration to either the nurse or the diabetic educator so she knows she is doing it properly. The patient should be provided with education regarding weight loss. She is obese and of

short stature. This increases the risks for decreased physical activity, commodities like diabetes, and can delay wound healing.

She needs to be provided with not only information on a healthy diet but also programs that can provide her with meals if she is unable to cook for herself. Physical therapy might also be an excellent idea for her to participate in. She could do nice light stretching, swimming, or low impact work to help her become more active and involved in her care. 4. What factors are present in this situation that could delay wound healing, ND what precautions are required to prevent delayed would healing?

A diabetic patient can have impaired vascular flow and poor perfusion which causes poor tissue oxygenation and this can delay healing. Hypoxia can amplify the early inflammatory response, prolonging injury by increasing the levels of oxygen radicals (Guy & Dippiest, 2010). Diabetics are prone to hypoxia, enumerator, and decreased host immune resistance. The patient is obese which means she has decreased vascular in adipose tissue, skin folds that harbor micro-organisms, skin to skin friction, increased tissue reassure and venous hypertension.