

Diabetic foot care



**ASSIGN
BUSTER**

My client is a 48 year old male who came in with a right lower extremist limb threatening ischemia.

He had his 2-5 digits on his foot amputated due to a toe ulcer. He has small vessel disease and uncontrolled diabetes. Small vessel disease is a condition in which the small arteries in the heart become narrowed. This narrowing would not allow appropriate profusion to surrounding tissues and is usually common with those who have diabetes. Small vessel disease is hard to detect and symptoms often correlate with that of heart disease.

With this you might experience shortness of breath, sweating, fatigue, dizziness, and chest pain. My client also has type 2 diabetes that is uncontrolled. Type 2 diabetes is a condition that affects the way your body metabolizes sugar. When you have type 2 diabetes, your body is resistant to the effects of insulin.

There is no cure for Type diabetes but it can be managed through proper diet, exercise and insulin management. The usual signs of diabetes include, polyuria, polyphagia, fatigue, slow healing of wounds or sores, and excessive hunger. His recent episode included stepping on a sharp object that he didn't feel, poor wound management and diabetes management led to the amputation of his digits on his foot. He does not eat a proper diet and does not have a routine insulin schedule leading to the uncontrolled aspect of his diabetes.

He currently has a heel ulcer on his right foot that if not managed may be amputated. The goal of his treatment is to help control what he eats, prevent future sores that may lead to future amputations, and have the diabetes

clinician consult him with his management. My client lives in the Ozark area with his wife. They currently have a horse farm that has about 20 quarter horses.

He enjoys going to church and attends every Sunday for Mass and every Wednesday for bible study. He has his left leg amputated just below the knee with a prosthesis. He has limited mobility but will try and help out as much as possible on the farm. His brother often comes to help out if he is not able to. My client often eats unhealthy snacks when hungry or at church. His support network included his wife, brother, mother and father and members from his church.

His usual routine is to get up early feed the horses do chores around the farm and then sit and watch TV until something else needs to be done. He has had passive suicidal ideation and a family history of depression. He has had no suicidal attempts however. When amputating the digits on his foot, he did state “ I just want the whole leg off, just cut it off. ” After consultation they explained to him why only the digits need to be amputated and the effects of having the leg amputated.

When I assessed the client he had a lot of questions for the doctor and was very knowledgeable about what was going on. I asked if I could do some teaching for an assignment and he was very accepting of that. After talking to my client I realize that he does not understand the importance of maintaining a proper blood glucose level. He was aware of the condition on the basic pathophysiology of the disease. I decided to get several brochures

that the hospital had as well as a booklet. I also utilized a mirror and testing string that my professor had on site.

These references would help to explain the diet management, checking for possible sores and understanding why sometimes you get sores without feeling anything. He does have a high school education but no further education from college. He does read and do research on the internet. He often reads from the bible about 2 hours a day.

When asked what the most important thing to teach him was, he responded with food he can eat, and how to know if he has a sore. When doing this I asked to shut off the television to provide an environment with limited distractions. He said that was fine and that the silence will help him to focus. My client did state “ it would be way easier if someone was always around to tell him or help him.

I asked about his wife helping him and he said between her job as a secretary and helping on the farm she doesn't have time. The wife was not going to visit today but teaching could help her as well. My teaching plan would consist of reviewing what to eat, giving him examples and letting him identify examples of proper nutrition. I was also going to demonstrate the use of a mirror to identify sores and check his extremities for sores. The materials provided by the hospital would help with teaching and provide something the client could take home to refer back to. I printed off a packet from the care notes on MicroMedix, gave a pamphlet from the diabetes clinician and provided him with a book about self-care.

I used a mirror for examples and demonstration. After my teaching I would like the client to explain how checking for and managing sores is important, identify a proper diet and the importance of maintaining a proper blood glucose level. To enhance the teaching I removed possible distraction such as turning off the tv and shutting the blinds on the window. This would allow him to focus and be attentive to the information provided.

The first thing I showed him was meal planning. Having him eat on a certain schedule would help to manage his diabetes. We went over his schedule to see if it was possible to maintain that everyday. We also went over instead of the chips he has for snacks to eat a variety of snacks such as fruit, vegetables, or whole grains. For meals he should not skip meals and limit intake of fried foods and instead choose lean sources such as chicken, turkey or ground beef. With the diet also choose a low or non fat foods or beverages.

Teaching was also provided on how to eat or consume salt or sugar in a sparingly way. I also showed him how when he is sitting in a chair or in the bathroom that he could prop up a mirror that he could get for a dollar at wal-mart or a store. This would allow him to check his heel or see if there are sores on his feet. I also demonstrated the sting test going around points in his foot and demonstrating how in some places he can feel the string but in other places there was no feeling.

This was a result of neuropathy, which results in the loss of feeling or sensation in the feet. We also emphasized need for exercise, instead of him just doing chores he could do home exercises such as leg lifts, or more walking

around the farm. With exercise this would help with weight loss, decrease stress, lowers cholesterol and helps to lower the blood glucose and helps insulin to work better. After teaching my client for about 30 minutes I did an assessment of what we learned. We reviewed proper foods to eat at snacks and during meals.

He still wanted chips because he really likes them. I reinforced that a small amount of chips is ok, but larger portions are not good. We then assessed what fruits and vegetables he likes that could replace the consumption of the chips. We identified that carrots, apples, pineapple, peaches, and celery with peanut butter could be substituted and he would like them. I thought the teaching went very well and reinforced what the diabetes clinician said the previous day.

We also reviewed where he could get a mirror and set it up at home to check his feet. We also did a hypothetical situation since he was hungry. I gave him some choices of snacks we had in the lounge to eat. The choices were jell-o, ice cream or orange Schubert. He did choose the orange sherbet. I asked him why he did this, and he said to cut back on dairy and sugar.

I told him he was correct but sherbet can have just as much sugar as ice cream but less fat and no dairy. After the teaching I continually assess him periodically throughout the shift. He was very understanding and would often have questions. By the time I was about to leave he showed me a plan or temporary schedule that he could fit in small meals or snacks and keep it regular. He also called his wife to pick up a mirror at the dollar store on her way home.

He was going to set this by his chair in the living room. I felt he had an understanding of the teaching session. If I had to change one thing it would have to be that he would have a menu of food that he could choose from to reinforce dietary decisions. A regular schedule that he could have at the hospital would also help him start with maintaining that of his daily schedule. We already have set insulin injections and meal plans, but exercise and snacks routine would be very appropriate.

This could work but collaboration with other team members would need to be asserted. I thought this was a very successful teaching session and he was very thankful. He had some teaching that provided him opportunities to control his diabetes in a successful manor.