

Case Study 4: N.J.

Scenario

N.J. is a 65-year-old widow who lives alone. She has a long history of type 2 diabetes and hypertension. N.J. is not employed. She has very limited savings and relies on Social Security benefits for income. She smokes about half a pack of cigarettes a day and has been a smoker since she was in her 20s. She drinks alcohol “a couple of times a year, usually a glass of wine at a special dinner.”

N.J. has a sore on her ankle that she has noticed for the last several months. The sore does not hurt much, but she has been unable to get it to heal. The cashier at the convenience store tells her that she should use butter to help heal wounds because the butter keeps the wound moist and helps to enhance healing.

N.J. decides to follow the cashier’s advice and applies butter to her wound for a week. The wound does not seem to be getting any better; in fact, it looks worse. It now has yellowish drainage, and the skin around the wound has become red. Her foot also hurts when she walks on it. N.J. stops the butter treatment and goes to the emergency department.

Discussion Questions

1. What are the priority nursing diagnoses for N.J.?

Impaired skin integrity is my priority nursing diagnosis for N.J. This is related to the diagnoses of chronic disease process, impaired sensation, poor circulation, and infection exacerbated by knowledge deficit.

2. What discharge teaching will you provide her?

Smoking cessation education would be a priority teaching due to the increased risk of infection in the extremities as a result of impaired blood flow. In addition, the butter exacerbated the infection. I would educate the patient on the use of a topical antibacterial agent, such as metronidazole gel or sisomicin to prevent infection and the colonization of pathogenic agents. I would also advise N.J. to stay off of the affected extremity as much as possible. Finally, I would teach her about diabetic neuropathy and that it may be hard for her to detect early signs of ulcers and injury. For this reason, it is key that she does self examinations, and makes sure her socks are not bunched and no foreign objects find their way in her tennis shoes day after day as this is a common cause of diabetic ulcers. I would also warn her of the serious danger of having to undergo an amputation from extreme cases of diabetic foot ulcers.

3. How can you advocate for N.J. regarding required medical equipment, supplies, and medications and their cost on a limited budget?

I would advocate for N.J. regarding her medical equipment, supplies, and medications on a limit budget by getting her set up with home health visits to follow up and prevent future complications of T2DM such as ulcers and subsequent infections. Additionally, because N.J. is 65 and on social security benefits, she qualifies for medicare coverage. Medicare coverage plans that cover the expense of nearly all insulin and supplies. This would be extremely beneficial in keeping her on a steady regimen on a limited budget.

4. What expectation would you anticipate for N.J. regarding follow-up care?

My anticipated expectation for N.J. regarding her follow-up care is frequent visits from home health. These frequent visitations and home care could save her from recurrent infection and trips to the emergency department as the impaired skin integrity can be more easily prevented, caught early if developing, and prevented from further infection. I would also anticipate prescription for nicotine cessation, such as a patches or nicotine replacement therapy. Finally, I would anticipate a prescription for topical antibiotic treatment for her current ulcer and infection.