

## 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.?  
**The priority nursing diagnosis for N.J. is decreased mobility. N.J. is also at a great risk for the infection spreading up her foot. The sore on her foot is causing her pain when she walks, and since she is a diabetic a foot ulcer can quickly turn into a bigger problem possibly requiring amputation.**
2. What discharge teaching will you provide her?  
**The discharge teaching I will provide N.J. is to keep the wound dry and wrapped in a dressing. Avoid any shoe or clothing that will cause the sore to get more irritated. N.J. should not begin the butter treatment, and only use what the doctor provides her. I would also tell N.J. to come back immediately if the wound looks worse or her foot begins to show signs of the infection spreading. N.J. also needs to be checking her feet daily and making sure that there are no rocks or other items in her shoes that will cause another ulcer.**
3. How can you advocate for N.J. regarding required medical equipment, supplies, and medications and their cost on a limited budget?  
**I can advocate for N.J. by providing her with extra items to help her start her treatment. I can give her extra dressings and teach her how to use them effectively without wasting any. I can also direct her to a social worker or hospital billing for her to set up a way to pay for the hospital bills without causing her to go into debt.**
3. What expectation would you anticipate for N.J. regarding follow-up care?  
**I would expect N.J. to know that she needs to seek medical attention immediately if her condition worsens, or if any new sores appear on her body. I would also expect N.J. to know how to properly care for her foot ulcer and when she needs to come**

**back to the hospital for a follow-up appointment. I would also want N.J. to know the signs of a worsening infection, drainage, redness, tenderness, and warmth at the site.**