

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. would be management of her T2DM. I would want to make sure she has the resources she needs to maintain her BG levels, as well as educating her on how to treat her T2DM, and proper maintenance of it. I would also make her hypertension a priority of mine, as I would make sure she is educated on that as well, and make sure she knows how to manage it. I would also make the sore on her ankle a main priority, as it is most likely caused and worsened due to her T2DM.

2. What discharge teaching will you provide her?

I will teach N.J. to perform daily foot checks, for ulcers and wounds that may form due to her T2DM. I will also educate her on when and how to monitor her blood glucose levels and take insulin as needed, as well as proper foot hygiene with T2DM, such as proper washing with gentle soap and warm water, moisturizing sparingly between the toes, always wearing socks, not wearing tight shoes, always checking in her shoes before putting them on and not performing nail care without a professional. I will also teach her how to maintain her hypertension and give her information about the risks involved with smoking, and how it affects both of her diseases. I would also encourage N.J. to not take medical advice from anyone but a medical professional, to avoid further damage or harm to herself. I would also encourage N.J. to keep a diary or journal of her BG levels throughout the time between now and when she sees a healthcare provider next, as well as her daily BP reading. I also would have N.J. schedule a follow-up appointment to reassess her wound, and make sure she has her T2DM and hypertension managed.

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 helping her find resources for people in need, and getting her in touch with community resources that can help her gain the medical equipment, supplies,

and medications she needs while she is on a limited budget. I can make references to community services and get her in touch with social workers who will be able to help her situation, and get her the medications and supplies needed to manage her diabetes and hypertension, as well as helping her foot ulcer to heal properly.

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

My expectation for N.J. at her follow-up appointment would be to see an improvement in her BG levels, as well as her BP due to the education and resources i provided her with the last time I visited with her. I would also expect to see her ankle wound improved greatly, and no signs of any further wounds or ulcers developing. I would also expect to see N.J. improving her health by cutting down on the amount of cigarettes she smokes a day, to improve her conditions, if not quitting smoking altogether.