

Managing Diabetic Foot Wounds in Home Health Patients

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The goal of home care is to return clients to independence within their maximum health status; therefore, the home health nurse focuses on teaching the patient or caregivers how to manage the medical condition, perform dressing changes, and monitor healing.

A diabetic neuropathic ulcer on a Charcot foot poses many challenges. When patients have neuropathy, they often cannot feel injury or foot pain when a trauma has occurred, resulting in many incidences of unrecognized injury and unattended wounds. It is essential for home health nurses to educate patients on daily foot inspection and routine care, including use of a mirror, if necessary, to inspect the bottoms and backs of feet.

Typically, Charcot foot occurs from a traumatic injury to the foot. Over a period of time, the bones collapse, deforming the foot and causing the arch to collapse. Reducing pressure on the plantar aspect of the Charcot foot is recommended to prevent further injury; doing so is difficult due to the foot deformity. Frequently, ulcers are found in the areas of bone collapse and occur as a result of ill-fitting shoes or from the prolonged pressure of hard surfaces against these areas when patients stand and/or walk for long periods. A thorough knowledge and understanding of this disease process is crucial in preventing amputation and/or osteomyelitis.

Several techniques may be utilized to treat diabetic neuropathic ulcerations and Charcot's arthropathy. Diabetic neuropathic ulcer patients with Charcot foot often are placed in total contact casting with windows for wound care. When managing the associated wounds, it is important to keep the wound clean and manage drainage. It is also crucial to select dressings that promote healing, reduce wound bed disruption during dressing changes, and allow less frequent dressing changes over the course of healing. Dressing changes must be simple for patients and caregivers to perform.

The nurse must educate the patient and caregivers on diet and blood sugar monitoring and remind them that ulcer treatment to minimize the risk of infection or amputation requires time and patience. ■

Commentary from Ferris Mfg. Corp.

PolyMem® dressing components work synergistically to help provide the appropriate wound care conditions essential for healing the diabetic foot wound.

In a representative case study,¹ a 50-year-old woman with type 1 diabetes, severe lower limb peripheral arterial disease, and polyneuropathy lost three toes on her right foot over 4 years. This patient wore poorly fitting custom orthopedic shoes that contributed to her fissures, callouses, and wounds. Subsequently, the fourth and fifth digits on her left foot were amputated. The post-amputation wound was treated with silver hydrofiber dressings for 5 months but continued to deteriorate; the patient developed osteomyelitis accompanied by increasing levels of pain and erythema. Five days after starting IV antibiotics, PolyMem cavity dressings were initiated. The dressings were selected because of their multifunctional actions, which continuously cleanse, fill, absorb, and moisturize wounds and help relieve procedural and persistent wound pain and edema. The wound site was initially cleansed with saline but after PolyMem dressings were applied, manual cleansing was no longer necessary because the dressings have built-in cleansing actions that help establish and maintain a clean wound bed and help reduce the risk of infection. The patient was fitted correctly with new orthopedic shoes and was instructed how to offload. After 1 week, she no longer complained of pain. The wound healed in 8 weeks.



June 18: A wound on the patient's left foot was debrided and PolyMem Wic® cavity dressing was applied daily for the first week because of increased exudate. Dressing changes decreased to 3 times a week as exudate amount decreased.



August 28: After 8 weeks, the wound was closed.

References

1. Vanwallegem G. Rapid closure of infected diabetic foot through the use of Polymeric Membrane Cavity Filler. Poster presented at the 19th Conference of the European Wound Management Association. Helsinki, Finland. May 20–22, 2009.

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