

## PART-II

# Case Scenario #2: Chronic Diabetic Neuropathic Foot Ulcer

Your patient is 85 years-old, lives alone and has no family. He has poor vision and limited mobility due to arthritis. He was diagnosed with type 2 diabetes two years ago. He is compliant with monthly diabetic checkups with his physician, and it was discovered that he had an ulcer at the plantar aspect of the right foot. Your patient has been treating the wound himself for three months by soaking his foot in Dreft laundry detergent. The patient has now been referred to the wound care center, where he will be seen weekly.

**Wound etiology:** Neuropathic ulcer, diabetic type 2

**Wound location:** Right foot, plantar

**Thickness:** Full

**Size:** 4.2×2.3×0.2cm

**Wound tissue:** Pink/red granulation 100%

**Periwound:** Hyperkeratotic

**Exudate:** Minimal to moderate

**Bioburden:** Yes

As the wound physician/nurse, what dressing order would you choose to benefit your patient most with his situation?

- Cleanse foot wound with normal saline. Apply collagen particles to wound bed. Cover with bordered foam three times a week.
- Use silver hydrogel gauze dressing, foam, and a total contact cast once a week.
- Cleanse foot wound with normal saline. Apply silver foam dressing. Secure with gauze roll, tape, and one layer of retention dressing (above toes to 1 inch below knee). Change once a week.

**Conclusion:** *The patient has arthritis and has no help at home. Selecting an advanced wound care dressing that has longer wear time is most beneficial for the patient and the wound healing process. Following up with the wound physician once a week will help with monitoring.*