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A case of post-operative nursing care experience for necrotizing fasciitis patient with poorly controlled diabetes mellitus

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Introduction: Necrotizing fasciitis is a gruesome soft tissue infection that commonly seen in poorly controlled diabetic patients. This case study has demonstrated the nursing care experience for a critically ill patient suffered from necrotizing fasciitis of right lower extremity as a result of poorly controlled diabetes mellitus. Accurate diagnosis, surgical treatment, prompt critical nursing care and assessment, effective wound care could lead to a successful outcome.

Method: This case study examined the experience of a middle-aged woman with necrotizing fasciitis collected the information on the patient by actual nursing care, physical assessment, face to face communication, direct interview and observation during nursing care of the patient with necrotizing fasciitis. The Gordon's eleven functional health patterns assessments was used to address patient's condition. The main nursing diagnosis and related factors were: (1) Acute pain: Related to status of post-operative debridement for necrotizing fasciitis, (2) Impaired tissue integrity: Related to post-surgical debridement wound, (3) Psychological status: Anxiety related to the uncertain wound recovery status and prolonged hospitalization, (4) Impaired physical mobility: Related to acute pain during recovery period and (5) Deficient knowledge: Lack of information regarding to diabetes mellitus and lack of self-care knowledge and skills.

Results: It is important to assist and educate patient to achieve the optimal nursing care, the author utilized the empathy and supportive skills by building a good nurse-patient relationship to offer better physiological and psychological support to prevent further wound infection, pain relief and subsequently optimum wound healing. By collaborating, the wound care protocol and a comprehensive discharge plan with both patient and families to achieve a better patient-care. As well as educating the patient regarding diabetes, its complications, self-care awareness and certain red-flag signs of the wound. All these would decrease patient stress, increase knowledge and help patient to feel more comfortable about leaving hospital and providing a better self-care at home.

Conclusion: A diagnosis and care of necrotizing fasciitis patient has been a great challenge to all healthcare professionals as it is not only debilitating to the patient, as well as associated with high mortality rate. The key to overcome this disease, the clinical nurse needs to form an individualized treatment plan to meet the needs of this patient. Multidisciplinary care is required to achieve a successful result; to focus on appropriated antibiotic therapy, early surgical intervention, daily wound care and nursing intervention in meeting of patient's comfort and psychological needs which can be an essential part of the patient's successful treatment.

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