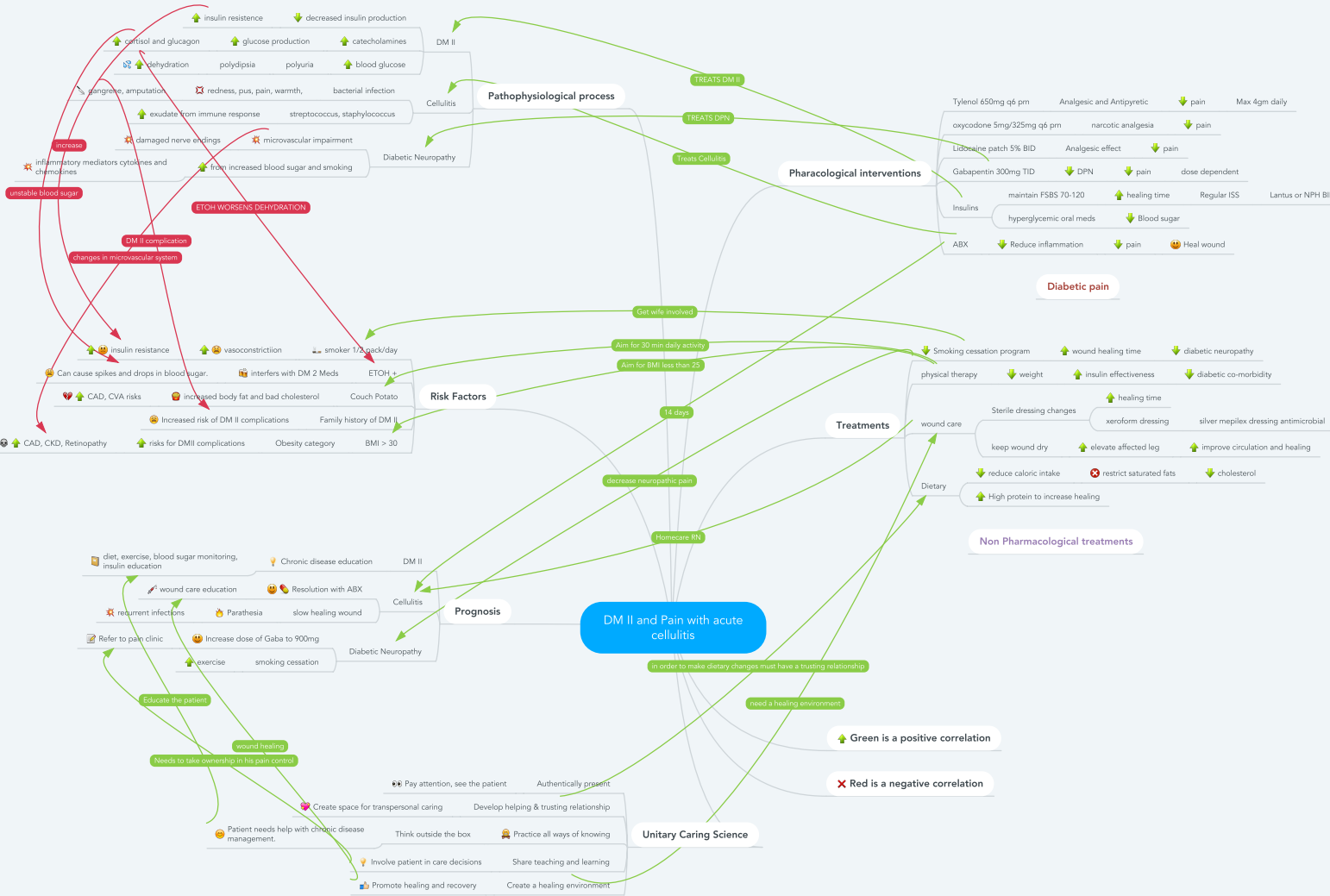


DM II and Pain with acute cellulitis



DM II and Pain with acute cellulitis

1. Pharmacological interventions

1.1. Tylenol 650mg q6 prn

1.1.1. Analgesic and Antipyretic

1.1.1.1. pain

1.1.1.1.1. Max 4gm daily

1.2. oxycodone 5mg/325mg q6 prn

1.2.1. narcotic analgesia

1.2.1.1. pain

1.3. Lidocaine patch 5% BID

1.3.1. Analgesic effect

1.3.1.1. pain

1.4. Gabapentin 300mg TID

1.4.1. DPN

1.4.1.1. pain

1.4.1.1.1. dose dependent

1.5. Insulins

1.5.1. maintain FSBS 70-120

1.5.1.1. healing time

1.5.1.1.1. Regular ISS

1.5.1.1.1.1. Lantus or NPH BID

1.5.2. hyperglycemic oral meds

1.5.2.1. Blood sugar

1.6. ABX

1.6.1. Reduce inflammation

1.6.1.1. pain

1.6.1.1.1. Heal wound

2. Treatments

2.1. Smoking cessation program

2.1.1. wound healing time

2.1.1.1. diabetic neuropathy

2.2. physical therapy

2.2.1. weight

2.2.1.1. insulin effectiveness

2.2.1.1.1. diabetic co-morbidity

2.3. wound care

2.3.1. Sterile dressing changes

2.3.1.1. healing time

2.3.1.2. xeroform dressing

2.3.1.2.1. silver mepilex dressing antimicrobial

2.3.2. keep wound dry

2.3.2.1. elevate affected leg

2.3.2.1.1. improve circulation and healing

2.4. Dietary

2.4.1. reduce caloric intake

2.4.1.1. restrict saturated fats

2.4.1.1.1. cholesterol

2.4.2. High protein to increase healing

3. Diabetic pain

4. Non Pharmacological treatments

5. Green is a positive correlation

6. Red is a negative correlation

7. Unitary Caring Science

7.1. Authentically present

7.1.1. Pay attention, see the patient

7.2. Develop helping & trusting relationship

7.2.1. Create space for transpersonal caring

7.3. Practice all ways of knowing

7.3.1. Think outside the box

7.3.1.1. Patient needs help with chronic disease management.

7.4. Share teaching and learning

7.4.1. Involve patient in care decisions

7.5. Create a healing environment

7.5.1. Promote healing and recovery

8. Prognosis

8.1. DM II

8.1.1. Chronic disease education

8.1.1.1. diet, exercise, blood sugar monitoring, insulin education

8.2. Cellulitis

8.2.1. Resolution with ABX

8.2.1.1. wound care education

8.2.2. slow healing wound

8.2.2.1. Parathesia

8.2.2.1.1. recurrent infections

8.3. Diabetic Neuropathy

8.3.1. Increase dose of Gaba to 900mg

8.3.1.1. Refer to pain clinic

8.3.2. smoking cessation

8.3.2.1. exercise

9. Risk Factors

9.1. smoker 1/2 pack/day

9.1.1. vasoconstriction

9.1.1.1. insulin resistance

9.2. ETOH +

9.2.1. interferes with DM 2 Meds

9.2.1.1. Can cause spikes and drops in blood sugar.

9.3. Couch Potato

9.3.1. increased body fat and bad cholesterol

9.3.1.1. CAD, CVA risks

9.4. Family history of DM II

9.4.1. Increased risk of DM II complications

9.5. BMI > 30

9.5.1. Obesity category

9.5.1.1. risks for DMII complications

9.5.1.1.1. CAD, CKD, Retinopathy

10. Pathophysiological process

10.1. DM II

10.1.1. decreased insulin production

10.1.1.1. insulin resistance

10.1.2. catecholamines

10.1.2.1. glucose production

10.1.2.1.1. cortisol and glucagon

10.1.3. blood glucose

10.1.3.1. polyuria

10.1.3.1.1. polydipsia

10.1.3.1.1.1. dehydration

10.2. Cellulitis

10.2.1. bacterial infection

10.2.1.1. redness, pus, pain, warmth,

10.2.1.1.1. gangrene, amputation

10.2.2. streptococcus, staphylococcus

10.2.2.1. exudate from immune response

10.3. Diabetic Neuropathy

10.3.1. microvascular impairment

10.3.1.1. damaged nerve endings

10.3.2. from increased blood sugar and smoking

10.3.2.1. inflammatory mediators cytokines and chemokines