

NURSING CARE IN IMMOBILIZED PATIENT

Utiel Bermejo Isaías; Serradell Muñoz Silvia; Aceña Hernández Irene.
Health Center General Ricardos. Madrid, Spain.

INTRODUCTION

A 72 years old patient with hypertension, Diabetes Mellitus 2, cerebral infarction, insomnia and urinary incontinence was hospitalized due to surgical intervention for grade 4 Ductal carcinoma with chemo-radiotherapy treatment. After the intervention she started experiencing difficulty standing up and presenting grade 4 vascular ulcers in both legs. At this point I became in charge of her follow-up which lasted seventeen months and took place at her home. As she was in a socially vulnerable situation, each home visit lasted at least 60 min, including several demands and needs, such as curing ulcers, nutritional education, regular control of vital signs, emotional help and support in self care.

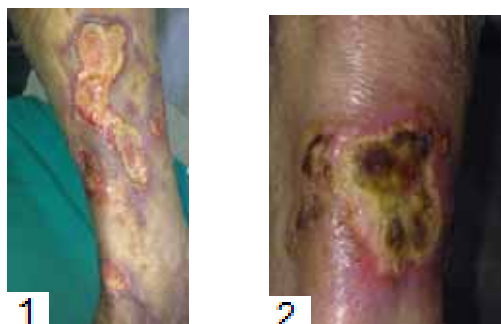
OBJETIVE

Help the patient to achieve physical and emotional autonomy. Integral healing .Specific diagnoses: Acute pain in both legs, Damage of both legs cutaneous integrity,

Risk of falling, Social isolation, Urinary and faecal incontinence, insomnia.

METHOD

Clinical case including home visits 3 times per week with continuous follow-up of the patient. In total there were 98 visits over 60 minutes during 17 months.



COMPLICATIONS

- Dehydration owing to diarrhea.
- Hypotension requiring admission in ICU by Hg 6g/dl.
- Hiperthermia by ulcers infection in MMII
- Malnutrition that requires protein resources
- Domestic traumas



RESULTS

All kind of analgesia was ceased. Vascular ulcers were cured. An improvement of leg damages linked with traumatism was observed. The patient return to her normal life after seventeen months of home isolation due to physical handicap leading to emotional unbalance.

CONCLUSIONS

Patient gained back her autonomy and independency, as previously to her medical situation. After losing 15 kg, she improved rates of blood pressure and reached a better diabetic control.