

Lifestyle Modifications to Maintain Health with Diabetes

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Patient Education

B.G. is a 44-year-old homeless retired navy veteran admitted to the hospital by ambulance complaining of toe pain on his right foot. The patient is diabetic and was diagnosed with gangrene in his right toe which resulted in amputation. After amputation, B.G. was admitted to the orthopedic medical-surgical floor. B.G. has had two previous toe amputations with one amputation up to the knee on his left leg along with a prosthetic attachment. There was a discussion with Instructor Benson on the most effective teaching topics for lifestyle modifications that could assist in the management of diabetes with the limitations of homelessness.

The two purposes of education that best fit the patient was promoting his health and coping with impaired functions. It was immediately clear that the purpose of education vital for B.G. was finding ways to maintain his health with diabetes and cope with his already permanent alterations. According to Potter et al. (2021), “New knowledge and skills are often necessary for patients to continue activities of daily living” (pg. 341). The patient had his left leg amputated two years before this incident and has now lost two toes in his right foot. The result of these amputations, accompanied by retinopathy, motivated B.G. to maintain health and cope with ailments. These purposes are crucial to finding the most motivating ways to educate the patient.

To provide appropriate education, there was an assessment of B.G.’s knowledge of the possible complications, risk factors, and the treatments for diabetes. The conversation began by assessing how long he has been dealing with diabetes and what has worked. He believed there were instances where his diabetes was under control when he was eating healthier foods and walking frequently. Recently, he has been having trouble getting proper nutrition and exercising sufficiently. He understood that his Native American heritage and family history made him

predisposed to diabetes. Then he was asked if he understands the importance of controlling blood sugar levels. In a morbid tone, he said he understood the seriousness of the complications while discussing different complications that have stemmed from his diabetic diagnoses such as amputations, renal injury, retinopathy, and peripheral neuropathy. Lastly, there was a discussion on what he believes has made his diabetes worse lately. B.G. listed fast food as the main reason for his uncontrolled diabetes. Due to his amputation, he explained that walking with his amputated leg has strained his ability to exercise.

There was an understanding that his current situation was difficult to cope with. Due to his deteriorating health, it was crucial, to start with an afferent learning approach. The assessment and education were done on a one-on-one basis to allow for the expression of feelings and emotions and the development of values, attitudes, and beliefs (Potter et al. 2020, p. 346). The patient was instructed to speak his mind about his situation, ask frequent questions, and discuss his ideas that would allow for better management of care. The education led to cognitive learning that allowed for a discussion promoting active participation and topics that interest the patient (Potter et al. 2020, p. 346). He became very interested in strength training and began to envision himself in a healthier state. The exercise component became a focal point for B.G. which led to psychomotor learning. There was a discussion and demonstration on exercises done with affordable resistant bands that are available at local stores. As the student RN was doing the demonstrations, B.G. performed the skills repeatedly. Potter et al. (2020) stated demonstrations are the most effective when learners observe first and then practice a return demonstration (p. 359). Community-based services that are nurse-led and supported by various multidisciplinary teams are found to be effective in addressing the socioeconomic barriers

vulnerable populations encounter when accessing appropriate care ((Savage et al. 2008) Janice et al. 2020).

Nursing Process

B.G. was resting in an orthopedic medical surgical private room free from distractions and willing to learn about the possible ways to better manage his diabetes. As discussed in Potter et al. (2020), B.G. was in an ideal environment with a well-lit room and comfortable temperature (p. 351). B.G. was in a calm state and the student RN ensured his physiological state such as pain was brought to a tolerable level of 1/10. Motivational interviewing techniques were performed to guide the patient with information to meet his personal goals.

Some factors could potentially hinder B.G's adherence to an appropriate diet model and exercise regimen. "Obstacles in diabetes self-management are more prominent in homeless population due to... lack of family and social support, unemployment, mental illness, food and shelter instabilities. Some of the other problems reported by homeless people with diabetes include difficulties in exercising, scheduling and prioritizing diabetes over other problems" (Janice et al., 2020). These resonated with B.G. as he has put his health on the back burner. B.G. was then asked if he believes that he could manage his diabetes effectively. He responded that with the correct lifestyle changes he could control his diabetes very well. However, he had a morbid belief that due to his situation there was nothing he could do to better help his health. When he first became diabetic, the patient had the motivation to turn his life around and put health as a main focus. He believed that he was able to manage his diabetes in a very positive way with his diet and extensive exercise routine. The student RN built upon those positive experiences and began discussing the possible ways B.G. could continue with a similar regimen. In this way, the motivation was kept high and there was a recognition of his progress with

positive reinforcement (Potter et al. 2020, p. 360). "Self-efficacy is a model based on self-confidence and is a good indicator for motivation to make behavioral changes." (Potter et al. 2020,p. 348) Due to these statements, the self-efficacy of the patient needed improvement. His past has provided a good reason to believe that he has been informed but lacks the motivation to make behavioral changes.

To better control glycemic levels, the patient was informed that it is best to exercise within half an hour after consuming food (Andrew et al., 2018). The discussion leaned towards exercising as it became apparent that his balance and walking for long periods could be difficult. The student RN developed new techniques that integrated psychomotor learning while demonstrating resistance bands. The resistance bands allowed him to find solutions that required a minimal budget. He became intrigued learning about the different ways to use the bands and that it was a portable solution.

During the assessment, B.G. listed fast food as the main culprit for diabetes. (Potter et al. 2020, p. 346). "Homeless people living in shelters are less likely to adhere to meal times or even have access to healthy food items" (Janice et al. 2020). The patient was provided resources to help him find free local food pantries. He was provided with teachings on a Mediterranean-style diet; it included the foods in that diet and how to properly adhere to it. The main purpose was to guide him away from processed foods, eat more fruits and vegetables, and focus on white meat. "Mediterranean-style diet rich in monounsaturated and polyunsaturated fats may be considered to improve glucose metabolism and lower CVD risk and can be an effective alternative to a diet low in total fat but relatively high in carbohydrates" (Gray et al., 2019).

The most appropriate nursing diagnosis for B.G. was readiness for enhanced self-care relating to lifestyle changes as evidenced by an eagerness to practice physical conditioning and as he stated,

“I need to do this for myself” (Ackley et al., 2020). There was a brief discussion on what goals the patient might want out of the education. The patient explained that he is looking for knowledge that may help him given his current situation. The goal became for the patient to know where to receive resources from, know what nutritious food to prioritize, and develop a workout regimen that is attainable for an amputated homeless person. From this goal, the specific measurable expected outcome was to have B.G. explain what nutritious foods to eat, have a list of local soup kitchens, and teach-back the different workout exercises that he could deploy by the end of the teaching session.

The interventions first began by assessing the patient of self-care and screening for the progression of diabetes. The assessments were done to effectively create mutual goals with B.G. (Ackley et al. 2020, p. 754). The assessments were critical to understanding B.G.'s knowledge and the ability for self-care. On a similar note, “Todhunter (2017) explored self-administered compression therapy for patients with chronic edema from venous and lymphatic impairment and found that by including patients in their treatment decisions they were empowered and more likely to be accountable.” (Ackley et al. 2020, p.754). For B.G. to effectively care for diabetes, he must be empowered to care for his health decisions.

Homelessness was a clear barrier to self-care so the student RN discussed ways in which those barriers could be reduced. As Ackley et al. (2020) state, "Help the person identify and reduce barriers for self-care." (p. 755). During the teaching session, the patient was provided with resources to help with food instabilities and adapted exercises. “Hwang and Bugeja (2000), found that one of the major difficulties reported by homeless people were difficulties in prioritizing their diabetes conditions over other problems they may be experiencing, accessing

and securing insulin needles and syringes, obtaining medications, and exercising.” (Janice et al., 2020).

B.G. was encouraged to maintain hope with his diabetes (Ackley et al. 2020, p. 755). The patient was informed about the corrective measures with a hopeful attitude. Research indicates that diabetic patients believed that reassuring messages should be retrained to provide honest complications but with positive messages so diabetic patients can remain informed and maintain hope (Ackley et al. 2020, 755).

At the end of the teaching session, B.G. was feeling hopeful for his future prospects. He was excited to buy the resistance bands and get back in shape. The student RN provided resources such as locations that may assist with his instabilities. The alternative exercises and resources helped with B.G.'s homelessness barrier which effectively reduced the burdens and allowed for prioritization of his health. With all of the barriers of a homeless man, he seemed ecstatic and likely to continue with a good regimen. The interventions were adequate and the teaching session was an overall success.

References

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