Nurses Content
Downloaded from nursescontent.com

Skin damage or vulnerability to pressure-related injury Home diabetes foot care

Community Health Nursing | Focused diagnosis-based template

For educational purposes only.

Fictional educational example. Individualize using verified patient findings, authorized treatment and current local protocols. No real patient record or observed outcome is claimed.

Clinical assessment

Subjective: Cannot easily inspect the soles and reports poorly fitting footwear.

Objective findings and required checks: Reduced protective sensation; skin and circulation need structured assessment.

Physical examination and investigations: Review skin, footwear, sensation, pulses, glucose management and referral needs.

Supply actual values, units, timing and trends during supervised application. Do not invent missing clinical data.

Clinical focus and pathophysiology

Home diabetes foot care: Neuropathy and impaired circulation can allow unnoticed injury and delayed healing.

Medical / surgical management

Support daily inspection, suitable footwear and timely professional review of any lesion.

Illustrative drug and treatment study

Nurses Content For educational purposes only. 1 / 6

Nurses Content
Downloaded from nursescontent.com

Medicine / treatment	Purpose	Nursing checks
Prescribed diabetes medicine	Support the individualized glucose plan	Monitor glucose and adverse effects
no self-treatment of infected ulcers	Foot infection needs clinical assessment	Avoid unapproved caustic products or cutting calluses.

Treatment examples are not a prescription. Verify the authorized product, dose, route, timing, contraindications and current local product information.

Nurses Content For educational purposes only. 2 / 6

Nurses Content
Downloaded from nursescontent.com

Focused nursing-problem template

Nursing diagnoses use original clinical problem wording. They are not the licensed NANDA-I classification. Verify any formal label or code against your institution's licensed current edition; select actual or risk diagnoses only when supported by assessment.

Context task: Establish the immediate clinical priorities and verify the baseline before assuming a diagnosis.

Set individualized measurable targets and an exact review time. Select actual or risk statements only when supported by assessment.

Assessment: subjective / objective	Nursing diagnosis: original problem wording	Short- and longer-term goals	Nursing interventions with rationale	Evaluation
Ask: Ask about discomfort, usual mobility and ability to reposition. Assess: Inspect skin, pressure points, wound characteristics and moisture exposure.	Skin damage or vulnerability to pressure-related injury. Possible factors: pressure, moisture, impaired sensation or tissue injury. Validate against the patient's assessment.	Short-term: At the next patient-specific reassessment: Skin is protected and existing damage shows no avoidable deterioration. Longer-term: Before the clinically approved transition or agreed follow-up: Patient or caregiver demonstrates the individualized skin-protection plan.	1. Assess skin and pressure risk using the local tool and clinical judgment. Rationale: Risk identification guides targeted prevention. 2. Individualize repositioning, heel offloading and pressure redistribution. Rationale: Reducing sustained pressure and shear protects tissue perfusion. 3. Use appropriate wound care and moisture management; refer for nutrition or specialist advice when needed. Rationale: Healing requires local protection and support for underlying contributors. 4. Support daily inspection, suitable footwear and timely professional review of any lesion. Rationale: Neuropathy and impaired circulation can allow unnoticed injury and delayed healing. The condition-specific plan addresses the underlying problem while response is monitored.	Record the baseline and reassessed finding, the time and whether this goal is met, partly met or not met. If not met, reassess causes and revise or escalate. Do not record an unobserved improvement.

Nurses Content For educational purposes only. 3 / 6

Nurses Content
Downloaded from nursescontent.com

Apply this template

Complete with verified data: assessment cues; supported actual problem or risk; measurable outcome and review time; selected authorized interventions and rationale; observed response and next action.

Subjective / objective cues: _____

Patient-specific target and review time: _____

Evaluation evidence and next action: _____

Nurses Content For educational purposes only. 4 / 6

Nurses Content
Downloaded from nursescontent.com

Health education and continuing care

Teach inspection with a mirror or helper, safe washing/drying and immediate reporting of breaks in the skin.

Transition only after clinical readiness is confirmed. Reconcile medicines, check access and caregiver support, and document who will review the patient and when.

Urgent warning signs

A red hot swollen foot, new ulcer, spreading infection, black tissue or systemic illness needs prompt urgent assessment.

Evaluation and conclusion

For each goal, document met, partly met or not met using observed evidence and the review time. Reassess and revise if progress is inadequate. Individual assessment, prioritized care and coordinated review guide this topic.

Quick Revision

- Neuropathy and impaired circulation can allow unnoticed injury and delayed healing.

- Priority concerns: Skin damage or vulnerability to pressure-related injury.

- A red hot swollen foot, new ulcer, spreading infection, black tissue or systemic illness needs prompt urgent assessment.

- Teach inspection with a mirror or helper, safe washing/drying and immediate reporting of breaks in the skin.

Exam / viva: What assessment evidence supports this problem, and what measurable result would demonstrate improvement?

References

Nursing Fundamentals, 2e - Ernstmeyer & Christman (editors), Open RN / WisTech Open, 2024
https://wtcs.pressbooks.pub/nursingfundamentals/

Nursing Mental Health and Community Concepts, 2e - Open RN / WisTech Open, 2025
https://wtcs.pressbooks.pub/nursingmhcc/

Nurses Content For educational purposes only. 5 / 6

Nurses Content
Downloaded from nursescontent.com

Nursing Pharmacology, 2e - Ernstmeyer & Christman (editors), Open RN / WisTech Open, 2023
https://wtcs.pressbooks.pub/pharmacology2e/

B.Sc. Nursing curriculum and regulatory notifications - Indian Nursing Council
https://www.indiannursingcouncil.org/gazette-notification

Original cases and care-plan wording by Nurses Content. Linked sources support further study; source terms and local clinical requirements apply. Prepared 23 November 2026. Not independently clinically peer reviewed.

Rights and reuse

Delivered by Nurses Content. Copyright claims apply only to original material owned by its authors. Medical facts, statutory exceptions and third-party/open licence rights remain unaffected. See the website's /policies/reuse/ page for terms.

Nurses Content For educational purposes only. 6 / 6