



Sepsis in the Elderly with Diabetic Foot Ulcers: Letter to the Editor

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What is sepsis?

It is a dangerous disease that is caused by an overreaction of the body's immune system to infection and gradually covers the whole body. This disease occurs due to a strong reaction to the infection; to deal with the threat, the body sends a large volume of chemicals into the bloodstream. This causes severe inflammation that over time slows blood supply and damages organs.

Diabetes in old age

One of the common chronic diseases of old age is diabetes, which has many effects on the quality of life of the elderly and sometimes causes death in the elderly due to its many complications.

Diabetic foot ulcer

One of the serious complications of diabetes is the diabetic foot ulcer, which increases the possibility of amputation if not treated and controlled. And it has irreparable effects on the life of the elderly and their families. Elderly people who do not have enough self-care or are neglected by their family are more likely to suffer from diabetic foot ulcers [1].

Sepsis and diabetic foot ulcer

Failure to properly treat small leg wounds in the early stages and negligence provides the basis for the wound to spread to higher parts of the body. And on the other hand, the contamination of the hospital environment, non-observance of sterile technique in wound treatment and weakness of the immune system provide the basis for local wound infections and finally in an acute form of sepsis, which increases the risk of death due to the special physiological conditions of the elderly [2]. The question is, how can we prevent sepsis caused by diabetic foot ulcers in the elderly? Below are some strategies that can help

- Accurate control of blood sugar at the appointed time and adherence to the insulin protocol.
- Sterile dressing by the wound nurse and use of new dressings instead of traditional ones.
- Adhering to a high-protein and vitamin-rich diet, according to the patient's body conditions.
- Regular use of antibiotics and other medicines for the patient at the right time.
- Cultivation from the wound site in case of suspicion of infectious symptoms.
- Periodically and regularly check the condition of the nerves and blood vessels of the body.
- Encouraging the patient to move and move to establish organ perfusion.
- Prevention of secondary infections (urinary, respiratory, digestive catheters, non-sterile procedures, etc.)
- Antibiotics should be prescribed based on the results of the anti-bio-gram culture.
- According to the kidney condition of the patient, adequate hydration should be done
- Reporting symptoms such as fever and chills, tachycardia, shortness of breath, decreased urination, dizziness, weakness, sweating, and low blood pressure.
- In case of distal limb necrosis, the patient's consent for amputation should be obtained as soon as possible, in order to prevent further limb necrosis.
- Conducting psychiatric consultations for patients who do not consent to amputation.
- Correction of secondary problems of patients (kidney failure, electrolyte disorders, cardiovascular problems Arterial and venous insufficiency)

- Extensive cooperation of the treatment team with patients to improve the treatment process.

Conclusion

If any hospital follows the above simple platform at the beginning of admitting diabetic elderly, it will greatly help the process of treatment and timely discharge of patients.

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