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POTENTIALS OF NUTRITIONAL FOLLOW-UP IN A DIABETIC PATIENT HOSPITALIZED WITH ULCERATION TABLE IN PLANT REGION

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ABSTRACT

Introduction: Approximately 15% of diabetic individuals are affected with foot ulceration, one of the main causes of lower limb amputation. The percentage of diabetic survival after amputation of a lower limb (MI) is 50% three years after the surgical procedure and the mortality rate varies between 39% to 68% after five years. The impact on the quality of life of diabetic people is high, not only economically, the feelings involved contribute to a negative prognosis. Therefore, adequate metabolic and nutritional control, as well as periodic assessment of immunity and comorbidities, should be part of the therapeutic routine of diabetic patients. Experience report: The work in question refers to the nutritional approach performed on a 71-year-old female patient admitted to the hospital with an ulcer in the right plantar region. In anthropometry, the nutritional status indicators indicated eutrophy with nutritional risk. The biochemical evaluation identified anemic condition and sepsis. Physical evaluation showed the presence of edema in the right and left MI. Glycemic and blood pressure levels were monitored daily. A hypercaloric and hyperprotein diet was prescribed, plus protein supplementation with specific immunomodulators for special metabolic situations that prevent energy-protein malnutrition, in addition to the adequacy of vitamins and minerals, in order to avoid nutritional deficiencies arising from the drug-nutrient interaction. Nutritional monitoring lasted 13 days. Ulceration regressed from the entire plantar region, only to the right hallux, which was amputated. Final considerations: There was an improvement in nutritional and biochemical parameters until hospital discharge.

Keywords: Diabetic foot. Diabetes Mellitus. Diet therapy. Nutritional deficiencies.

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