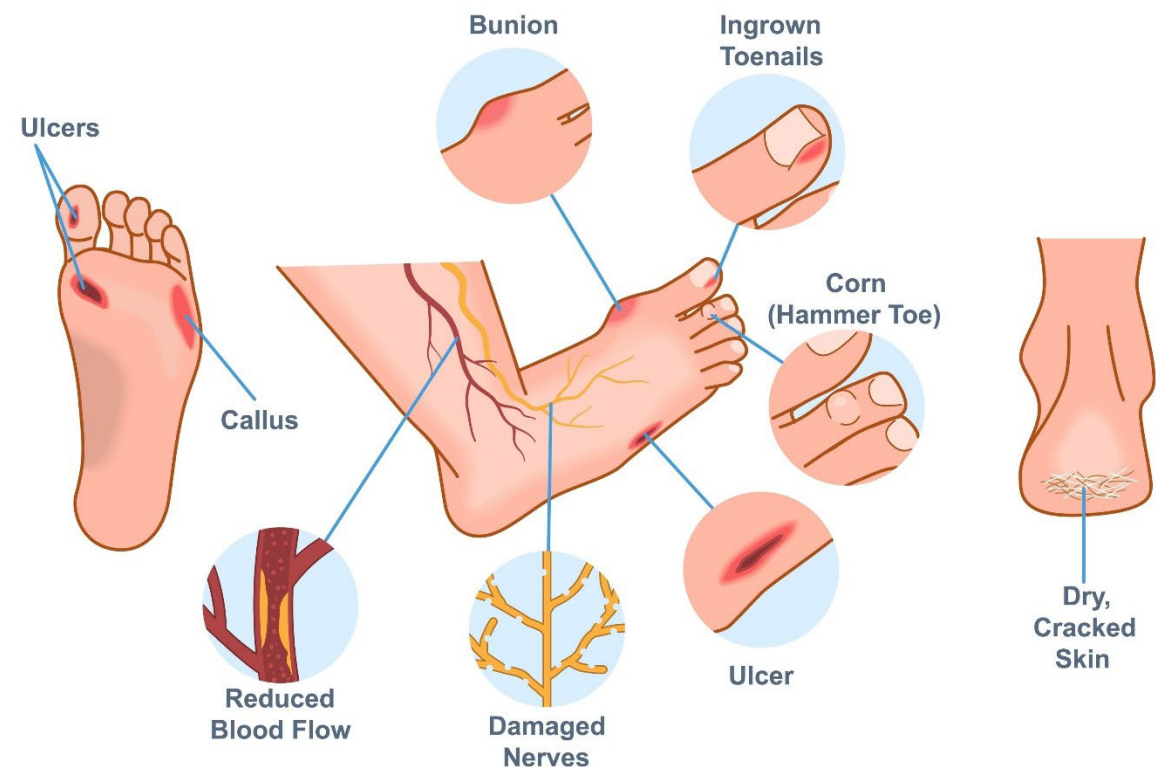


NURSING QUICK REFERENCE: WOUND CARE BASICS


Provided by Singh Wound Care | Dr. Singh, MD Mobile Physician Services • (833) WOUNDOC

- **GUIDE 4: Diabetic Wounds (The "Neuropathic" Ulcer)**
- **Primary Cause: Neuropathy (loss of feeling) + Trauma/Deformity. Most Common Sites: Bottom of foot (Plantars), Metatarsal heads, Tops of toes (from shoe rubbing).**
- 🔍 **Identification**

DIABETIC FOOT



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- **Shutterstock**
- **Explore**
- **Appearance: Often has a callus (thick rim of skin) surrounding the wound. Deep.**
- **Sensation: Patient often feels *no pain* despite a deep wound.**
- **Structure: Look for "Charcot Foot" (collapsed arch/rocker bottom foot).**
- **The Singh Standard (Management)**

- **Offloading:** The wound cannot heal if the patient walks on it. Use offloading boots/shoes as ordered.
- **Callus Management:** Dr. Singh will debride the callus. Do not try to cut it yourself.
- **Foot Checks:** Check *between the toes* for maceration or new cracks.
-  **Red Flags**
- **Bone exposure:** Probe-to-bone is a high risk for Osteomyelitis.
- **Blood sugar consistently >200** (delays healing).
- **Hot, swollen foot** (could be Charcot fracture or deep infection).