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Case Report

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"Process nursing care in a person with alteration the need to avoid danger."

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Keywords

Diabetic foot,
Amputation,
Nursing Care Process
Model Virginia Henderson.

Abstract

This manuscript is a case study which is a male patient who enters the surgical unit due to deterioration of skin integrity presented in the right pelvic secondary to metabolic disturbances (diabetes mellitus) and non attachment to medical treatment, why undergoes surgery "amputation right radical supracondylar", this study was conducted in order to identify actual and potential patient needs through Process implementation Nursing Care allowing you make a care plan and resolve to the extent possible altered needs according to the model of Virginia Henderson, the systematic implementation of assistance in meeting the needs affected their execution and evaluation of the actions taken, supported in NANDA, NIC and NOC taxonomies.

Conclusion: Any patient who will undergo surgery generates a high degree of stress and anxiety influenced by various situations, but especially by the lack of contact with health personnel, which gives insecurity and fear in the patient causes.

Introduction

Diabetic foot

According to the World Health Organization (WHO) criteria that define a diabetic person is a blood glucose levels less than 126 mg / dl, the glycated hemoglobin exceeds 6.5% or the glucose a test of oral glucose is less than 200 mg / dL. diabetic foot, is the result of the combined effect of angiopathy, neuropathy and increased risk of infections, along with the effect of intrinsic and extrinsic pressures secondary to bone deformities in the feet. By age, gender and place of origin prevalence figures diabetic foot range between 2.4 and 5.6%. The incidence of foot ulcers in these patients can reach 15% of patients suffering from diabetic foot. Up to 85% of those suffering from diabetic foot amputations secondary have suffered before the onset of a diabetic ulcer.

Risk factor's

In summary, the factors most frequently found in the diabetic foot risk are: Peripheral Vascular Disease established, peripheral neuropathy, foot deformities, pressure elevated plantar callosities, history of previous ulcers, previous amputation, smoking, advanced age or time of disease progression than 10 years, decreased joint mobility, poor metabolic control, inadequate footwear, foot poor hygiene, low socioeconomic status, alcoholism and social isolation. People who have one or more risk factors should be monitored every six months.

Clinical manifestations

Ulcers, artropático foot or Charcot arthropathy, digital necrosis, cellulitis and lymphangitis, necrotizing infection of soft tissue and osteomyelitis.

Amputation is the separation of part or all of a member from the body and is a highly aggressive process for the person, who suffers physical and psychological level, since the body image of the individual is changed, generating a situation stress.

Process of nursing

Process Nursing care is a systematic and organized to manage comprehensive and progressive care nursing method; It focuses on the identification and treatment of responses to health needs. (H. Salazar 2015)

The nursing process is constituted by a series of subsequent steps, intermeshing, interrelated, which are five: assessment, diagnosis, planning, implementation and evaluation.

Model virginia henderson

Virginia was born in 1897 in Kansas (Missouri). He graduated in 1921 and majored as a teacher nurse. This theoretical nursing incorporated the physiological and psychopathological his concept of nursing principles.

Henderson defines nursing in functional terms such as: "The only function of a nurse is to help the healthy and sick individual, in carrying out those activities that contribute to their health, recovery or peaceful death, that he would perform unaided if had the strength, the will and the necessary knowledge. and do this in a way that will help you be independent as soon as possible".

Basic human needs according to Henderson, are:

1. The need to breathe
2. Need to drink and eat
3. Need to remove
4. The need to move and maintain good posture
5. The need for sleep and rest
6. Need for dressing and undressing
7. The need to maintain body temperature within normal limits:
8. Need to be clean, neat and protect their integument
9. Need to avoid dangers
10. Need to communicate
11. The need to act on their beliefs and values:
12. Need to address to perform:
13. Need for recreation
14. Need to learn.

Methodology

Research Strategy: A case study is done to a patient with impaired prior skin integrity surgery (knee amputation), performing a process of inquiry in depth in real time the patient's situation, integrating theory and practice, giving a theoretical and methodological approach, supporting information with studies related to the subject and nursing theory of Virginia Henderson.

Case selection and information sources: this case is selected by the emotional impact that reflects the patient preoperatively at the time of direct examination, presenting a state of severe depression and worrying.

The data underlying this case were obtained from direct questioning the patient, the medical record, nursing sheet and the testimony of the treating physician.

Ethical considerations: Patient authorization is requested to use the information regarding your condition as an object of study, not informed in writing because of time and feasibility at the time of interrogation consent is performed, performing the assessment with patient consent in the presence of nurses , anesthesiology and attached to the room at the time surgeons serving as witnesses to the patient's approval.

Presentation of the case

Case description: patient QGJM male 57-year-old diabetic, hypertensive, who begins his condition three months before admission to surgical ward, presents lesions with ulceration in the right pelvic limb, leaving serous fluid fetid, increased volume, erythema, local desquamation and pain on movement. The patient is anxious, hopeless, trembling at the time of interrogation to tears voice, prior to surgery, refers anxiety and sadness future amputation.

General background of the person:

Background heredofamilial:

Hypertensive mother.

Background nonpathologic

Inhabits borrowed house, built of concrete, has electricity, water, undrained, has rooms for two, lives with her partner and a dog.

Higiénicos- dietary habits: every3 bath days, with change of underwear and outerwear every two days, poor dental hygiene, performs three meals a day, intake of 500 ml of water a day, complete vaccination.

Pathological personal history:

Chronic: Type two diabetes 14 years without treatment evolucipon mellitus.

Alcoholism: positive for 17 years until a few months ago based on fermented until drunkenness.

Smoking: positive for 17 years consuming a pack a day.

Denied allergies, toxicological denied, any previous surgical treatments.

Studies and laboratory analysis cabinet

Hb: 7.0, Ht: 23, TP 14, TPT: 26.05, LEU: 17.8, GLUC; 314, UREA: 120, CREA: 1.3.NA: 122, K: 3.1, CL: 87 MG: 1.6.

Application Process Nurses

Assessment

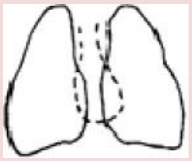
A PATIENT ASSESSMENT SHEET PERIOPERATIVE

I. IDENTIFICATION DATA.
Name: _____QJJM_____ Gender: Male. Age: 57 years. Service: No. 410 Bed: _____1_____
Schooling: __preparatoria_____ Edo. Civil: union libre Occupation: _____
Hospital Stay: _2 days. _____
a) **ENVIRONMENT**
Property type: ___prestada_____ services available to: electricity, water and undrained.
Number of rooms: ___3_____ type fauna:
_____

HEALTH HISTORY II.
Current medical diagnoses: _pie diabetic, type 2 diabetes mellitus as uncontrolled soft tissue infection.
_____
_____
_____
Health history of the person (allergies, surgeries):
_____
_____
_____
Family health history: hypertensive __madre
_____
prescribed treatments:
__cefalexina_____
_____
_____
_____
Elective surgery: supracondylar __amputacion
._____

1. Oxygenation need

FR: __ 14____x min Sat. O2: 94% ____ __ Shortness of breath: Yes□Do not □ dyspnea Apnea
FC: ____ 74__x min T / A: _____ __ 117/71 mm / Hg capillary refill: __ 2seg_____
cardiac Noise: Rhythmic□ Blew it □
hypertension Yes□Do not □
Treatment:_____
Bronchial Secretions: Yes□Do not □Features: _____ Edo. Consciousness: __ adecuado_____
Expectoration difficulty: Yes□Do not □ epistaxis □ Color of skin and mucous membranes: paleness □ Cyanosis □
O2 supplement: nasal catheter□ nebulizer □_____lts x min
breath sounds: Normal Abnormal: Rales □ wheezing □ pleural friction □



Mechanical ventilation: Yes□Do not□ invasively □ Noninvasive □ No.
cannula: _____ Features: _____
ABG Time: _____ PO2: _____ PCO2: pH _____: _____ HCO3: _____
venous blood gases Time: _____ Parameters: _____
Laboratory Hb_7____ HTO__23____ TP___14___ TPT__26.5 INR_____ ____ Other: _____ 17.8 leucos glucose 314_____
Do you smoke: Yes□Do not □ How long have you been smoking? _____ How many cigarettes a day? _____
Cooking with wood or charcoal: Yes□Do not □
thromboprophylaxis: Yes□Do not □compression stockings □ antithrombotic drug □
Observations:_____

2. NEED nutrition and hydration

Weight: _No valorable_____ Size: 1.72 ___ cm_____ Fasting: Yes□Do not □Hours:_____
Skin color: Pale □ rubicunda □ marmoreal □ Jaundice □ ecchymosis □ Hematoma □
oral mucosa: Hydrated □ dehydrated □Use of dental prostheses: Yes□Do not □
diabetic Si□Do not □Dxtx: __ 124_____ How long time: 14 years _____ _ Treatment: _____
Laboratory Glu__314___ Urea_120_____ Crea_1.3 Na___122____ K ___ _____ ____ 3.1 Cl___87___ Other: _____
venous access: Yes□Do not □Type: Periferica. arterial access: Yes□Do not □ Kind: _____
Total Revenue: 1000cc partial Balance: _____ Transfusions: Yes□Do not □Kind:_____
Observations: _Rh O + has a concentrated red cell blood bank.

3. NEED FOR ELIMINATION

Urinary pattern Dependent □ Independent □ Partial support □Diaper □ Urinary catheter □ Dialysis □ Hemodialysis □ Other: _____ Features: a referral. anury □ oliguria □ polyuria □ polyaquiuria □ dysuria □ nocturia □ tenesmus □ Incontinence □
Color: Normal □ Hematúrica □ Coliúrica □Use of diuretics: Yes□Do not □
Dependent bowel pattern □ Independent □ Partial support □Diaper □
Stoma: Yes□Do not □Type: _____ Features:
_____
Drainage: Yes□Do not □Type: _____ Features:
_____
Menstruation: Yes□Do not
□Features:_____
Bleeding: _____ ml Features: _____ insensible losses: _____ ml Total Expenses: _____
Observations: __ 100 ml before intraoperatively.

4. NEED thermoregulation

Temperature: ___ 36__ ° C normothermia□ Hypothermia □ hyperthermia □
Diaphoresis: Yes□Do not □
Observations:_____
_____

5. NEED FOR HYGIENE AND SKIN CARE

Type of injury: Ulcer □ Abrasion □ Surgical wound □ Wound □Features:_____
_____
_____
Surgical wound: Clean□ Sucia □ infected □ polluted □ clean- contaminated □


Observations:_____
_____
_____
_____
_____
_____
_____
_____

6. NEED FOR MOBILITY AND maintain a foothold

Ambulation: Dependent □ Independent □ Partial support □Position:_____
Mobility bed: Moves only □ Still □ With help □Observations:_____
_____

7. SAFETY AND NEED TO AVOID HAZARD

Life stage: _____ the 6th decade d ela vida_____ Blood Type: ___ O + _____
Allergies: _____ Negadas_____
cognitive status: Perceptive ☒ Alert ☐ oriented ☐ Disorientated ☐ Agitated ☐ Restless ☒
Laboratory Leu_____ Pla_____
Attitude income: Collaborator ☐ Trusted ☐ Reticent ☐ Aggressive ☐ Negative ☒ Anxious ☐
Fall Hazards: Norton_____ Alto ☒Medium ☐Low ☐fastenings:Yes☐Do not ☐
Senso-perceptual deficiencies: Visual ☐ Auditivas ☐ Other: _____ Using lenses: Yes☐Do not ☐
hearing aids: Yes☐Do not ☒ Using prostheses: Yes☐Do not ☐
Drink alcohol:Yes☐Do not ☐Frequency: ___ diario_____Use some kind of drug: Yes☐Do not ☒Which one? And Frequency:
_____
Observations:_____
_____

8. NEED FOR REST AND SLEEP

Pain: Yes☒Do not ☐ Location: Member right pelvico Intensity: 1 2 3 4 5 6 7 8 Sept. 10
Sleep well: Yes☐Do not ☒Cause: depression ____ / ____ pain No. of hours: 4 hrs.
Take medication to sleep: Yes☐Do not ☒Does the hospital stay produces anxiety? Yes☒Do not ☐
Observations: _It is anxious about the future loss of right pelvic
._____
_____

9. Communication need

Communication: Clara ☒ confusing ☐ aphasic ☐ Be unable ☐ Another language or language ☐
Physical limitations for communication: What? Any.
_____
States: Emotions and feelings ☒ fears ☒ Costs for help ☐ He struggles to accept help ☐
How do you conceive? (selfconcept):_____
Do you express your feelings easily? Yes☐Do not ☐If not, why? _____
_____
How has your illness relationship with your partner and family? __You feel depressed and guilt his family from its current sirtuacion.
What are your core values? _____
Type of Relationship (E: Excellent B: Good A: Regular M: Mala)

Family	AND	B	R	M	Neighbors	AND	B	R	M	Coworkers	AND	B	R	M

Remarks: No one wants to live with.

10. NEED TO LIVE BY beliefs and values
Religion:Sí□Do not □ Which one? Catolica. **Observations:** **_____** **_____**
11. NEED FOR LEARNING
Do you know why your income? Yes□Do not □ Do you know your condition? Yes□Do not □ **Do you know your treatment? Yes□Do not □ Do you know the warning signs of their condition? Yes□Do not □** **Do you have concerns about your health? Yes□Do not □ Which one? If your surgery is really necessary.** **Observations:_____** **_____**
12. need to work and fulfill themselves
Does your current health situation has changed their work activities ?: Yes□Do not □ **Remarks: Not allowed to work.**
13. PROPER CLOTHES need to choose
Do you need support to get dressed ?: Yes□Do not □ **Observations:_____** **_____** **_____**
14. NEED FOR RECREATION, sexuality and reproduction
What activity do in your spare time? Any. **What is your favorite fun?** **_____Any_____** **Does your health status changed its form of fun? Yes□Do not □** **No. pregnancy: _____ eutocic: Cesarean _____: _____ Abortions: _____** **Observations:_____** **_____** **_____** **_____**

III. Physical exploration.

1. Head (Facies tone, position, color, moisture, alopecia area, temporary pulses, fundus, ear canal, pain, teeth ...)

Normocefalo with anodontia.

2. Neck (carotid pulse, jugular inspection <plethora>, symmetry and mobility trachea, lymph nodes, pain)

Neck without lymphadenopathy present.

3. Thorax

a) Inspection (symmetry movements amplexión and amplexación, apical pulse, coloring, hydration)

Thorax normolineo suitable breath sounds, without the presence of stridor or wheezing.

b) Probing (boundary vertex and base to identify possible chest pain, apical pulse, accumulation of secretions in the lung fields)

rhythmic heart sounds.

c) Percussion (percutir lung fields in the anterior, posterior and lateral)

well ventilated lung fields.

d) Auscultation (foci Valvular <aortic, pulmonary, tricuspid, mitral and accessory>, lung fields, heart rate and respiratory rate)

well ventilated lung fields and heart sounds rhythmic presents.

4. Abdomen

a) abdominal pulse, collateral venous network, delimitation of abdominal organs (liver-spleen), abdominal fluid (ascites), peristalsis, turgor, hydration and pain.

Abdomen soft and palpable, painless and peristalsis present.

5. Genitourinary

a) Identification of distended bladder, genital inspection, renal percussion pain (identification of possible infections)

Without modifications.

6. Tips

a) brachial pulse, radial, femoral, popítleo, dorsal pedis and tibial, capillary filling, coloring, fingers "drumstick" koilonychia, edema, tenderness, turgor, temperature, hydration, pain, blood pressure measurements in both arms)

right extremity with vascular damage and necrosis of soft tissue.

Focused valuation based on the 14 requirements:

1. Oxygenation need:

Airway with a frequency of 14 breaths per minute with No. endotracheal tube. 7.5, heart rate of 74 per minute, blood pressure of 117/71 and 36 ° C, well ventilated without presence of rales or wheezing, bronchial secretions without obstructing the airway lung fields.
Hb: 7.0, Ht: 23, TP 14, TPT: 26.05

2. Need for nutrition and hydration:

Refers to eat three times a day, eats everything (meat, fish, fruits, vegetables, etc.), has restricted sugary foods and pork; in their hospital stay eat three times a day; consume 500 ml of water daily, it has front anodontia.

3. Need for elimination:

He is currently No. bladder catheterization. 16 to derivatization with an expenditure of 200 ml at one hour, compared to defecation 1 time a day without constipated or difficulties.

4. Need to move and maintain good posture:

It has impaired skin integrity right pelvic area, which limits their mobilization.

5. Need for rest and sleep:

Concerns have difficulty sleeping due to pain and concern for the kinematics of the procedure and the denial of the right wing lost pelvic limb.

6. Need for dressing and undressing:

It requires help getting dressed because he cannot do everything.

7. Need thermoregulation:

Temperature of 36 ° C, diaforético is presented.

8. Need hygiene and skin protection:

It bathes 1 every third day, change underwear and outerwear qod, poor oral hygiene.

9. Need to avoid dangers:

It has impaired skin integrity right pelvic area, erythema, ulceration and fetid presence of serous fluid, which produces depression and loss of desire to move forward.

10. Need to communicate:

No obvious alteration

11. Need to live according to their beliefs and values:

No obvious alteration

12. Need work and done:

The patient requires family support to carry out activities, his condition prevents him from labor and perform their daily activities.

13. Need for recreation:

It maintains limitations in walking unable to walk 100%

14. Need to learn:

He does not understand or comprehend the seriousness of his condition, and the consequences that can cause you not to undergo surgery.

Nesting needs

- Oxygenation need (circulation).
- Need to avoid dangers.
- Need to move and maintain good posture.

Planning

one.- Impaired skin integrity R / C impaired circulation and sensitivity and bony prominences m / p destruction of the skin layers.

Interdependent interventions.

- Wound protection.

surgical wound is covered to prevent exposure to environmental factors that contribute to bacterial growth in the wound, in the case of an infected wound, protection d ela wound is to prevent traumatic visibility for staff around the patient, as well as slow the spread of foul odor of the wound.

- Preparation for surgery.

Psychologically prepare the patient talking to her gentle mind and explaining why and benefits of surgical intervention, this reduces stress, and perform a physical preparation, placing devices that help blood circulation and hardware protection of bony prominences and ensure peripheral vascular access permeable.

2. Anxiety related to Threat of change in health status and social role (right pelvic limb loss), manifested by concern, confusion, fear, apprehension and trembling voice close to tears.

Interdependent interventions.

- Patient answer questions about the procedure.

Patient information is part of the integrated management of generalized anxiety disorder, panic disorder and / or panic attacks, at the level of primary care. If the patient, and when appropriate, the family, evidence-based information on the nature and origin of their symptoms, treatment options and possibilities for managing your anxiety disorder, the shared decision-making is facilitated . Shared decision making begins in the diagnostic process, and maintained at all stages of the care process. To facilitate a common language is used and, if appropriate, written material, equally understandable by the patient.

- Oxygen therapy.

The abdominal breathing exercises -breathing with the diaphragm of a slow and leisurely manner; It is so simple it can relieve symptoms of anxiety effectively, besides being a technical super self-control.

Abdominal breathing is to teach the patient to breathe in slowly and form deep, leading the air to the abdomen of a way to increase lung capacity and thus the amount of oxygen; then the air is held for 5 seconds and let it out in a smooth manner. This technique is a powerful tool for treating anxiety disorder.

3.- Situational risk of low self-esteem, related to altered body image.

Interdependent interventions.

- Relaxation therapy.

Set of procedures specifically directed to monitor and rebalance the system alterado.12

Relaxation therapy allows the patient to control stress and reduce tension before undergoing surgery.

- Emotional Support.

Build trust, empathy and publicize what is going to make the patient, ie; Caregiving focused on feelings (M. Martinez 2009).

4. Risk of falls related to patient transfer.

Interdependent interventions.

- Use of guardrails.

Use guardrail during patient transport reassures the patient during travel and prevents accidents and injuries secondary to falls.

5. Impaired physical mobility related to impaired skin integrity in right pelvic limb.

Interdependent interventions

- Assisted mobilization.

The risk of falls is according to the health conditions of the patient, as well as their physical impossibilities, all patients hospitalized has a fall hazard in the surgical area all patients are handled with high risk of falling, for this reason performs assisted mobilization camillero, doctors and nurses, as well as the use of rails and straps to the surgical table to avoid any eventuality.

Execution

1.- Impaired skin integrity R / C impaired circulation and sensitivity and bony prominences m / p destruction of the skin layers.

- infected with nylon bag and bandage support member is covered.

2.- Threat anxiety related change in health status and social role (right pelvic limb loss), manifested by concern, confusion, fear, apprehension and trembling voice close to tears.

- visual contact with the patient and effective communication was maintained doubts clearly and concisely were resolved, creating an atmosphere of trust and empathy, decreasing anxiety data, an atmosphere of comfort was provided without external stressor agents.

3.-Situational risk of low self-esteem, related to altered body image.

- the patient the benefits of surgical procedure making him understand that the priority at that time was to save his life, and was advised to attend consultation psychological support to deal with grief explained, and before entering the operating room therapy was performed slow relaxation diaphragmatic breathing.

4.- Risk of falls related to patient transfer.

- Shuttle wing stretcher rails are placed, the patient is accompanied at all times, before starting surgery restraint belts are placed on the surgical table and warns of the risk of falling.

5.-Physical mobility impairment related to impaired skin integrity in right pelvic limb.

- Wing rails Camila Shuttle placed the patient on the operating table was held and at all times was accompanied by a health personnel aware of their mobilization in the operating room, just as he was warned of the tiny dimensions of the bed which he was advising him to avoid sudden movements.

Evaluation

1.- Impaired skin integrity R / C impaired circulation and sensitivity and bony prominences m / p destruction of the skin layers.

- the spread of fetid odor of the affected pelvic limb is controlled.

2.- Threat anxiety related change in health status and social role (right pelvic limb loss), manifested by concern, confusion, fear, apprehension and trembling voice close to tears.

- Data decreased patient anxiety and accept the surgical procedure, remaining calm before induction of anesthesia.

3.- Situational risk of low self-esteem, related to altered body image.

- Preoperative lowers the level of stress and the patient gets an acceptable state of relaxation.

4.- Risk of falls related to patient transfer.

- No falls on him properatorio presented.

5.- Physical mobility impairment related to impaired skin integrity in right pelvic limb.

- patient mobility is achieved satisfactorily without eventualities during transfer or exchange stretcher surgical table.

Discussion

University of the Basque country held a job EOG (TFG) 2013/2014 course called Standardized Care Plan amputees Traumatic Lower Limb, by the author: Tania Martin Sandonis Sofia; in which they standardized such patients resulting in a profit for the nurse because it allows you to help the patient to manage his new lifestyle and favors their life condiiones (TS Sandonis 2013) care are established.
Moreover, in an article published in 2013 by Beatriz López Martín and María Jesús Pancorbo Hernández-Rico, they described the destructive nature of amputation which often leads to a defeatist attitude, which in many cases the surgeon views the operation as something to want to avoid. However, consider the amputation with irreparable injury or disease as the first step of a treatment process which aims to return the patient to a normal and productive place in society. Sometimes it is advisable to carry out an amputation and a prosthesis to regain functionality of the limb to preserve the member itself, but it is useless (B. LOPEZ 2013).

In the article the plight of amputees, an ethnographic approach to psychotherapeutic applications described by Diaz Agea, José Luis and colbs in the Journal of Health Psychology (New Age) Volume 1, No. 1, 2013, suffering very Defined various ways and in most cases is experienced as negative sense, for annulment of rawness, sadness. It is described in terms of loss and division. On the other hand, relatives, parents especially, claim to suffer much. The main psychological problem found among amputees is depression, however, the fear of society and feel in a position of inferiority, with dependence are, for healthcare professionals, the major sources of suffering for amputees (D. AGEA And colbs 2013).

Likewise Briñez Ariza K, J, describes an article called cultural care Amputee diabetico in the cultural magazine care in 2013, where we exposed the importance of the nursing staff provide emocinal and physical care to the patient amputee himself that serve for sobrevievencia at home (REV. CULTURAL CARE vol.10, 2013).

In 2009 E. Blight Bouzy collaborators published an article entitled Nursing care in the prevention and care of diabetic foot, where they establish nursing care depending on the level and degree depending on the scale of Warner (ELSEVIER 2009).

AM FRANCISCO, at work final degree at the University of Zaragoza School of Health Sciences performed an intervention plan of nursing care in patient with leg amputation during the academic year 2011/2012, deepening the educational and psychosocial aspects, involving the patient and caregiver in the relevant aspects and making visible the importance of continuity of post-discharge care (FRANCISCO AM 2011/2012).

Rosalinda Garza Hernandez and colbs (2012), establish a standardized care plan in the care of patients with diabetic foot, interrelating taxonomies Nursing Diagnosis (NANDA) performance targets (NOC) and nursing interventions (NIC), took in account domains: health promotion, activity and rest, safety and protection, self-perception, coping and stress tolerance. (Development scientif Enferm 2012).
Refuge Marisol Santiago and Mtro. Juan Gabriel Rivas-Espinos in 2009 conducted a study called NANDA diagnostic labels identified in hospitalized patients with diabetic foot in a health unit 2o. Level resulting in that the diagnostic labels more association according to the degree of injury was impaired tissue integrity, fear and perfusion tissue peripheral ineffective and impaired skin integrity is considered constant for showing in all cases (MR SANTIAGO 2009).

On the other hand I published the article "DIABETIC FOOT: A CASE REPORT AND CRITERIA Amputation" in the Med Int Mex 2009;by José Luis Padierna Moon concluded that, Diabetic foot represents a major medical, economic and social problem worldwide. Before a diabetic foot is essential to assess peripheral arterial disease for better results and diagnosis of exclusion of peripheral arterial disease it is within reach of the clinic.

The amputee patient: complications in the rehabilitation process in Colombia Bogota article published in 2009, in which Jackeline Ospina describes the multiple complications that can enfremetar a person suffering the loss of a member (SCIELO 2009).

In 2009 Lizbeth Garcia Henriquez conducted a study called "QUALITY OF LIFE OF PATIENTS AMPUTEES lower extremity" which resulting in that; the most affected sex is male (60%), with (irrespective of sex) an increased incidence of amputations between 61 and 80 years (49%) of the total and the major cause of amputation it is vascular disease (90 %); primarily associated with diabetes mellitus (63%). Diabetic patients were in 50% of cases as a complication of causes specifically "plantar Mal" diabetic foot.

Nursing Basic Guide for People With Diabetes in Primary Care developed in 2009 in the country Spain; by a group of expert nurses, it offers people who suffer from this chronic condition improved continuity of care to provide satisfactory knowledge with practice healthy habits, develop self-care and effective management of therapeutic regimen; that results in good control of the disease and improve the quality of life of individuals and families avoiding late complications of this disease (AF EGEA FERNANDEZ AND colbs. 2009).

In 2009 José Luis Padierna Luna carry out a study on criteria amputation on a diabetic foot, in which it was concluded that in our country the patient comes to health care in advanced stages so it is necessary to involve them in prevention and education, when you have risk factors. Before a diabetic foot is essential to assess peripheral arterial disease for better results (MED INT 2009 MAGAZINE MEX).

Conclusions

During the development of this process it is determined that any patient who will undergo surgery generates a high degree of stress and anxiety influenced by various situations, but especially by the lack of contact with health personnel, which gives insecurity and causes fear in the patient.

While it is difficult for the surgical team remain beside the patient preoperatively because of the preparation of the operating room where he will be involved, it is vitally important to perform the preoperative visit for the patient to know the staff, solvent doubts and

decrease the degree stress that causes the surgical procedure.

Therefore the following is recommended:

Relaxation exercises in hospital before going down to the operating room.
The patient is escorted to preoperatively by the family to convey most trusted security.
Educate the patient about the new lifestyle that awaits after surgery.

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