

Wound Care Essentials: Quick Reference Nursing Guides

What is a Diabetic Ulcer?

Uncontrolled high blood sugar eventually causes damage to the nerves causing neuropathy, where one cannot feel pain from injury—leading to a wound or ulceration to progress substantially before it is detected and treated.



How do you identify it?

Diabetic ulcers are mainly found at likely places of repetitive injury—plantar aspect of the foot, over metatarsal heads, under heels, toes, bony prominences, and any pressure-bearing areas. The wound margins are even and round with a “punched out” quality. The wound base is usually deep and the periwound is often callused and dry. They can often be mistaken for arterial or pressure ulcers, so a good medical history as well as a history of the wound itself will help you determine the correct etiology.

How do you treat it?

Routine foot care and regular inspection of the feet goes a long way in the prevention of diabetic ulcers. Proper fitting footwear will help to decrease the incidence of repetitive injury to the feet. Educate the patient on the importance of following a low carbohydrate, low sugar diet. Strict management of blood sugars with medication and insulin are also important in treatment and prevention. As for the wound itself, an enzymatic debridement agent can be very effective in removing slough in the wound bed in addition to regular surgical debridement as needed. If the ulcer is on the plantar surface, consult with physical therapy to get a better idea of a proper and safe weightbearing status until the wound completely heals.



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