Spring semester 2016

NMIH107: Preparing for the case study.

Dr Jeannette Stirling,
Senior lecturer,
Learning Development
<table>
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<tr>
<th>Subject</th>
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<td>NMIH105</td>
<td>Week 6 Essay</td>
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<td>2000 wds 40%</td>
<td>20 mins 20%</td>
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<td>60 mins 20%</td>
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<td>NMIH108</td>
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Mr James is an 82 year-old male admitted to the Medical ward with *Clostridium Difficile* (C-Diff). He currently has symptoms of watery diarrhoea, a temperature of 38\(^2\) degrees Celsius, abdominal pain, sudden weight loss & loss of appetite. Mr James is also complaining of lethargy.
Define your terms...

- *Clostridium Difficile* is …?
- Symptoms include …?
- Transmission involves … ?

*What do these mean in relation to Mr James?*
Introduction ~ 200-250 wds

**Patient**

- *Introduce* Mr James (age, gender, symptomatology)

**Context**

- *Briefly describe* his illness

**Nursing focus**

- *With focus* on Mr James’ acute symptoms & age, briefly outline how you will prioritise his Nursing care.
### OVERVIEW:

**How have these AoLs been altered for Mr James?**

- *Can* you provide an overview of *how* these 4 AoLs have been affected by his illness?
- *That is*, how do Mr James’ AoLs differ from normal function?

### ASSESSMENT:

**How will you assess Mr James in relation to these AoLs?**

- *How will* you assess, for example, the impact of Mr James’ diarrhoea on his personal cleansing & dressing & on elimination?
- *Are there any implications* of his abdominal pain & reduced appetite for his eating & drinking? If so, how will you assess the impact?

### PRIORITISATION:

**How initially prioritise Mr James’ care needs & then treat his symptoms?**

- *Which* of Mr James’ acute symptoms do you need to address first?
- *How* will you then proceed to treat his symptoms?
Nursing care plan ~ 1000 wds

Care plan goals
(1 issue per AoL = 4 issues in all)
• *What* are they?
• *Why* (rationales)?

How will these goals be achieved?
• *Proposed* interventions / strategies?
• *How* will these be put into action?
• Evidence?

How will this care plan improve on outcomes for Mr James?
• *Why* is this an effective nursing care plan for this patient?
<table>
<thead>
<tr>
<th>Mr James’ needs / problem</th>
<th>Goals</th>
<th>Implementation</th>
<th>Evaluation</th>
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<td>Maintaining a safe environment</td>
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<td>Issue:</td>
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<td>Eating &amp; drinking</td>
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<td>Personal cleansing &amp; dressing</td>
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**Conclusion ~ 200-250 wds**

**Summing up**

- **Conclusion** you reached about the key issues relevant to Mr James’ AoLs & your proposed Nursing care plan

**Brief recap of your new reflection based strategies**

- **Value** of developing evidence-based care plans specific to individual patient requirements.

**Implications**

- **Efficacy** for Mr James & management of his symptoms of a relevant, evidence-based, evaluated Nursing Care plan
“Alcoholic liver disease accounted for 751 deaths in Australian in 2008, and the majority of the deaths were of people from the 25-34 and 85-94 age groups” (Hillman 2014, p. 805).

OR

Hillman points out that “Alcoholic liver disease accounted for 751 deaths in Australian in 2008, and the majority of the deaths were of people from the 25-34 and 85-94 age groups” (2014, p. 805).

WHY?
Mims Online (2014) advise the B vitamins are essential for the effective metabolism of carbohydrates, amino acids and fats, as well for the production of energy in cells.

OR

B vitamins are essential for the effective metabolism of carbohydrates, amino acids and fats, as well for the production of energy in cells (Mims Online 2014).

WHY?
Lab Tests Online AU 2014 (a) suggests that Prothrombin time (PT) is used to check how long it takes for a person’s blood to clot.

**OR**

Prothrombin time (PT) is used to check how long it takes for a person’s blood to clot (Lab Tests Online AU 2014a).
The first step of a breathing assessment is to simply watch the patient breath. The nurse should be observing chest movement rhythm and depth of breathing. The patients respiratory rate and heart rate should also be measured and documented along with lung sounds. It is important to note if there has been any changes in breathing habits. Look at the patient and how they are positioned. The patient may be trying to position themselves to make it easier to breath; for example: sitting upright and leaning forward (Kozer and Erb chp 52 p. 1525). The patient's facial expressions are also important to monitor. A patient that dyspeonea could have pursed lips and be scrunching up their face. Assess the colour of their skin and nail beds. Are they cyanosed due to hypoxia. Has the patient developed a cough and is there any sputum associated with the cough. Age also needs to be considered in the respiratory assessment. Different factors affect breathing across the lifespan and observations will vary significantly (RLT 2008).
The first step of a breathing assessment is to simply watch the patient breathe. For example, consider how the patient is positioned. Patients experiencing respiratory difficulty or distress will often try to position themselves to make it easier to breathe by sitting upright and leaning forward (Kozer & Erb 2012, p.1525). It is also important to monitor the patient's facial expressions. A patient with dyspnoea may purse their lips or tighten their facial muscles as they try to improve respiration. The colour of skin and nailbeds should be assessed for cyanosis caused by hypoxia. The nurse should also observe chest movement, rhythm and depth of breathing. The patient’s respiratory rate and heart rate should also be measured and documented along with lung sounds. It is important to note if there have been any changes in breathing habits. It is worthwhile asking if the patient has recently developed a cough and if there is any sputum associated with the cough. Age also needs to be considered in respiratory assessment; as Holland et al. (2008) argue, factors affecting breathing can vary significantly across different age groups.
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I think we’re nearly there!

Would an exam preparation session be useful a bit closer to the end of session?

If so, email me at: jstirl@uow.edu.au