Analysis of Care Needs

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Abstract

Elderly patients require individualized care plans to assess their various health conditions. This paper is a plan to address the three greatest needs for one elderly patient. This plan is tailored to her specific medical diagnoses and uses evidence based practices to assist her in achieve her optimum level of functioning.

Analysis of Care Needs

Care of elderly people requires specialized focus on their unique problems. A nurse is in a position to promote the overall health of elderly patients. Through thoughtful and well planned care planning an elderly patient can maintain their independence for much longer.

Assessment

Harriet is an 83 year old female that resides in a long term care home. Up until four months ago, she was living in her home of 30 year years with her oldest son and his family. She was removed when it was discovered she was being neglected and forced to live in a makeshift apartment consisting of her bedroom and bathroom. She was found unkempt with soiled clothes. She was unable to walk but a few steps due to a flare up of her gout that left her leg swollen and painful with every step. She has five children and has been widowed for 39 years. She has several medical conditions. She suffers from Alzheimer's, high blood pressure, osteoarthritis, and gout. To fully assess her needs I used several assessment tools.

Harriet was diagnosed with Alzheimer's approximately five years ago. Since this diagnose, her medication compliance decreased to a point where she was no longer taking her medications. When Harriet was admitted to the long term care facility she was restarted on her medications. To assess her current mental ability I performed a Mini Mental Status Exam (MMSE) on Harriet (appendix A). The MMSE is an accurate tool for measuring five key cognitive functions: orientation, registration, attention and calculation, recall, and language (Kurlowicz & Wallace, 1999). Harriet was able to obtain a score of 19 which indicates moderate dementia (Voisin & Vellas, 2009). This is an accurate measurement because Harriet is able to perform most of her activities of daily living with minimal assistance. She does have incidents

of urine and bowel incontinence. She is alert and oriented to person and family. She is able to tell time of day and season but not year. She often forgets the location of her room and needs assistance to find it.

Before Harriet was placed in the long term care facility, her blood pressures were over 160 systolic and 100 diastolic. This has improved since she is now taking her blood pressure medications as prescribed. She is currently on two medications to control her blood pressure.

Harriet suffers from both chronic and acute pain associated with her arthritis and gout. She does not understand the use of a numeric pain scale. Flaherty (2008) reinforces this point. He found that the use of numeric pain scales to be ineffective with cogitatively impaired patients. He recommends the use of a verbal scale that uses words such as: no pain, mild, moderate, or as bad as it can be. This was the scale I used with Harriet. She was able to state that she had moderate pain at the time of the assessment. She was able to state the pain was in her knees. This is consistent with her history of bilateral knee replacements approximately 20 years ago.

Diagnoses

Harriet's most life altering medical problems are her Alzheimer's, osteoarthritis, and gout. With the information from my assessment of Harriet, I find the following three diagnoses to be of top concern.

- Chronic pain: due to gout and osteoarthritis
- Risk for injury
- Bathing or hygiene self-care deficit

Planning

The goals for Harriet need to be both short term and long term. With her recent transition from her home into a long term care facility, setting goals is important. These goals need to incorporate the three diagnoses I established. Her goals also need to be created with the aid of herself, doctors, nurses on her unit, and her family. Involving Harriet in this process is important. Specht & Bossen (2009) found that participation in their care planning aids patients in maintaining their self-awareness.

Her first goal should be control of her pain at a comfortable level that does not impede her ability to participate in activities. This will be assessed by using a numeric pain scale with a pain goal of 2 out of 10 within one week. This is a long term goal as her pain is a chronic condition that will need constant evaluation. Harriet will also be able to remain continent of bowel and bladder during daytime hours within one month. Harriet will remain free from falls for one year. Harriet will be able to dress and bath herself with only setup within one month.

Implementation

The chronic pain that Harriet experiences can be controlled and evaluated in several ways. The uses of a verbal pain scale as described by Flaherty (2008) would be an effective way to assess Harriet's pain. This should be done at least every shift and when she shows signs of pain such as: facial grimace, aggression, refusing food, crying, or increased confusion (Ebersole et al., 2008). Cunningham & Kelly (2010) recommend a multi-step approach to pain control in elders with a cognitive impairment. When Harriet expresses pain, the first step is to attempt non-pharmacological methods such as change in position, massage, ice pack, or heating pad. If these

are unsuccessful then the nurse should advance to a non-opioid analgesic such as Tylenol or ibuprofen. For Harriet I would want her to receive Tylenol around the clock to assist in the relieving of her chronic pain (Ebersole et al., 2008). If this is not enough to maintain control of her pain, an opioid analgesic would be used for break through pain. The physician would need to be consulted to prescribe an appropriate medication. After the administration of each intervention, Harriet's pain will be reassessed to determine its effectiveness and to determine if further intervention is needed.

Harriet's risk for injury is closely related to her Alzheimer's. Her Alzheimer's alters her ability to perceive danger and make appropriate decisions about her safety. She is not able to fully process her surroundings to identify danger or to appreciate consequences of her actions (Bossen, Specht, & Mckenzie, 2009). It then falls to the care gives to keep her safe. The first way we can do this is to maintain her cognitive abilities for as long as possible. The first way to do this is through uses of environmental aids such as: signs on each door indicating what the room is, reminders to call for help in the bathroom, and signs to remind her to use her walker. Along with these primary methods, the use of medications should be considered. The class of drugs approved for use to treat Alzheimer's are: Cholinesterase inhibitors, memantine, and vitamin E supplements (Zec & Burkett, 2008). Smith (2009) looked at Alzheimer's in long term care patients. He found that use of medications especially galantamine, can prevent patients from requiring higher levels of care. These medications do not cure Alzheimer's they just slow its progression. There are also other non- pharmacological ways to help Harriet maintain her cognitive ability. Voisin & Vellas (2009) found that use of light therapy, exercise, and nutritional support can help decrease the behavior symptoms associated with Alzheimer's. The increased activity and diet control will also help Harriet to maintain her independence. Harriet

will also be placed in a locked unit that specializes in dementia care. The placement of a wonder guard type device on either her wrist or ankle would also improve her safety.

It is important to assist Harriet in maintaining her current level of functioning for as long as possible. This is accomplished by allowing her to perform as many of her activities of daily living as she can. The fact that she has episodes of incontinence is a concern that needs to be addressed. Harriet suffers from functional incontinence (Stewart, 2010). To assist Harriet in being continent she should be encouraged to use the toilet every two hours when she is awake. When getting dressed, she should wear loose fitting clothing so that she will have an easier time removing her pants to void. Harriet should also wear an incontinence barrier that is easy to pull on and off for self-toileting (Stewart, 2010).

Hagglund (2010) found that placing a patient with dementia on a toileting schedule to be the most effective treatment for urinary incontinence. The nurse aides will be instructed to ask Harriet every two hours if she has to use the bathroom. If she says no then the aide should verify that her Depends is not soiled. During the night, Harriet needs to be on toileting rounds every four hours to verify that she did not have an episode of incontinence.

All of these interventions would be carried out by the long term care facility. Harriet has social security, a pension, Medicare, and Medicaid that pays for her stay at the nursing home. At this time there is not a need for outside programs to assist with care of Harriet.

Evaluation

There are several ways the above interventions will be evaluated. The main evaluator will be the nurse manager at the long term care facility. She is the person in charge of care planning and will maintain a record of Harriet's progression towards her goals. The manager

will hold a care conference every six months to apprise the care team of Harriet's progress. The day to day nurses, will also be key in the evaluation process. They will perform the pain assessments and make recommendations if Harriet's pain is not being controlled. The nurse manager will review pain ratings weekly until Harriet has at least two weeks with only rating pain at mild. She will then evaluate monthly to verify Harriet's pain is being controlled.

The nurse manager will also perform a MMSE every 6 months to evaluate Harriet's cognitive status. This will be done before the care conference, so that changes can be discussed if need be. The shift nurse and nurse aides will also need to monitor for changes in Harriet's cognitive abilities and report changes to the nurse manager.

The nurse aides will chart on a bowel and bladder tracking sheet to evaluate the effectiveness of the toileting schedule. This will be reviewed weekly to determine if there is a pattern to Harriet's incontinence and if improvements can be made.

Conclusion

The care of a patient with any form of dementia is difficult. Harriet has a devastating disease that will only get worse. The maintenance of her independence and functioning for as long as possible is important to providing her with the best quality of life. The plan I have laid out is supported by evidence and one that I have seen used for many patients with dementia. Harriet would benefit from this plan because it helps to promote her independence while addressing the deficits she has. This plan also will recognize changes in her abilities and allow the care team to make changes to her care to compensate for them. Alzheimer's is becoming better understood every day and improvements in care are always coming.

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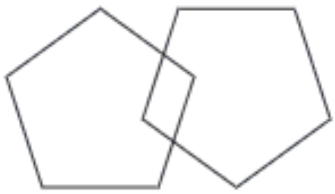
Appendix A

The Mini-Mental State Exam

Patient_____ Examiner _____ Date_____

Maximum	Score	
		Orientation
5	( )	What is the (year) (season) (date) (day) (month)?
5	( )	Where are we (state) (country) (town) (hospital) (floor)?
		Registration
3	( )	Name 3 objects: 1 second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he/she learns all 3. Count trials and record. Trials _____
		Attention and Calculation
5	( )	Serial 7's. 1 point for each correct answer. Stop after 5 answers. Alternatively spell "world" backward.
		Recall
3	( )	Ask for the 3 objects repeated above. Give 1 point for each correct answer.
		Language
2	( )	Name a pencil and watch.
1	( )	Repeat the following "No ifs, ands, or buts"
3	( )	Follow a 3-stage command: "Take a paper in your hand, fold it in half, and put it on the floor."
1	( )	Read and obey the following: CLOSE YOUR EYES
1	( )	Write a sentence.
1	( )	Copy the design shown.



____ Total Score

ASSESS level of consciousness along a continuum _____

Alert Drowsy Stupor Coma