

Elderly client project



Elderly Client Project Winston Salem State University Nursing 3303 October 17, 2012 Elderly Client Project Mrs. F. Nowell is a ninety-four year old mother, grandmother and great grandmother living in a skilled nursing facility. She has several co-morbidities which are managed medically and chemically within a detailed nursing care plan. She is diagnosed with type II diabetes, hypertension, coronary artery disease, pedal neuropathy, and arthritis.

Within this paper we will explore her age related changes, concept of health and wellness, one chronic disease, diabetes, along with the care and health maintenance associated with this chronic illness, compare and contrast medical/nursing care with current research, health promotion, safety and any special concerns, current resources used and community resources not used, and the clients perspective of her own quality of life. Age Related Changes

We begin with age related changes which everyone can see externally, however it's in part, the individual's concept of these changes that occur over the life span that help define the person's health. Americans are living longer and Mrs. Nowell is a prime example of this fact at age ninety-four along with her sister-in-law in the same nursing facility at age one hundred and four. Americans over the age of 65 now comprise almost 13 percent of the United States' population. Mrs. Nowell notes a definite change in her physical body and abilities.

However, though now faced with physical mobility limitations, she admits a life satisfaction and is living a happy and productive life. Common age-related changes she's experiencing are visual acuity or presbyopia for which

she wears glasses to assist in reading, very slight hearing impairment or presbycusis, along with hypertension, coronary artery disease and arthritis. Though Mrs. Nowell does have diabetes, she doesn't associate this chronic disease with normal aging. She stated " I've been a diabetic as long as I can remember. Obvious integumentary changes are seen, yet no deep, well defined wrinkles, having not been a smoker, and wore hats to protect her face from sun exposure. Mrs. Nowell does appear to have a slight bit of memory loss because when asked how old her husband was when he died she was unable to recall. However, when asked about her childhood and where she grew up, she recounted very vivid memories. This is typical of the aging adult. The speed with which information is processed, stored, and received is decreased; older memories tend to be intact with new memories being recalled less frequently.

What is important to remember about the aging population is while they are experiencing moderate physical limitations, they learn to live with them and lead happy and productive lives, as is Mrs. Nowell. Concept of Health and Wellness Mrs. Nowell's concept of health and wellness is definitely one of her own perspective. She equates herself to being healthy for a ninety-four year old lady. At ninety-four Mrs. Nowell is mentally healthy with little to no signs of dementia. And because she " has her mind," she does not see her physical limitations as making her unhealthy.

She envisions wellness and her state of well-being as optimal because with the use of her motorized wheelchair she can come and go as she pleases within the confines of the skilled nursing facility in which she lives, as well as, out in the community. She feels she's definitely one of the healthiest ninety-

four year olds she knows because each day she dresses well, though with assistance, puts on her lipstick and matching jewelry. She states when she looks good, she feels good. Chronic Disease and Care to Improve/Maintain Health Though Mrs. Nowell has several co-morbidities, this paper will focus on her type II diabetes.

Diabetes Mellitus is associated with many related health factors of which Mrs. Nowell currently precipitates. She does have some visual impairment which is linked with aging, as well as diabetes. She also manifests pedal neuropathy of which she admits to taking Neurontin to alleviate the nerve discomfort and tingling. She lives in a skilled nursing facility where her blood sugar is checked before meals and at bedtime. She is treated with Novalog Insulin in the morning and evening which keeps her blood sugars at a normal range between 80 and 100, and below 150. They encourage healthy meals and eating, though Mrs. Nowell admits to having family bring in snacks to her liking which are not always on the American Diabetic Association (ADA) food options. The nursing facility also goes to great lengths to ensure meticulous foot care is provided to all diabetics. They inspect their feet when assisting in dressing and showering, as well as, have podiatry perform toenail clipping. Mrs. Nowell does not see her diabetes as a disease, but rather a lifestyle and way of living. Compare and Contrast Medical/Nursing Care and Current Research As previously mentioned Mrs.

Nowell's diabetes is treated with insulin and given a diet per recommendations of the ADA. The nurses perform regular blood sugar checks before each meal and at bedtime, following a regimented nursing care plan to keep her blood sugar below 150. However recent guideline

updates recommend that primary care physicians do not push the patients to obtain a standard targeted blood sugar level. The facility nurses also provide education on healthy snacks and exercise programs available to their residents. Because obesity is a major concern and noted problem among the diabetic community daily exercise is recommended for the diabetic patient.

However given Mrs. Nowell's physical limitations daily exercise is minimal at best. Researchers are now giving acceptance to bariatric surgery among diabetics faced with morbid obesity, which has shown rapid blood sugar levels and decreased pharmacological intervention needs. However given Mrs. Nowell's advanced age, she is not a bariatric candidate. Current medical care of Mrs. Nowell includes keeping her hemoglobin A1c below 7% per her primary care doctor and nursing supervision. Yet it is evidenced that the aging adult is more vulnerable to hypoglycemia, and combined with Mrs.

Nowell's cardiovascular disease, recommendations are pointing to an A1c below 8%. The Mayo Clinic also has an online tool developed for diabetics which includes low blood-sugar risks, weight changes, blood sugar testing requirements and costs which help the physician and patient weigh the risks and benefits of diabetic medication therapies. Health Promotion, Safety and Special Concerns Mrs. Nowell's promotional health needs are met through nursing care provided and maintaining an optimal sense of wellness. Mrs. Nowell's immunizations are up to date including her flu and pneumonia vaccinations.

She receives assistance with activities of daily living (ADL's) to maintain meticulous skin care and foot inspection to reduce risks of diabetic ulcers. Her diet remains well balanced per the ADA guidelines for optimal nutrition,

to further reduce risks of pressure ulcers, which would be of concern with her mobility limitations. She also suffers from incontinence, yet admits to receiving quick response to toileting needs and perineal care. The floors are kept clutter free with no rugs or sliding floormats. The bathrooms are equipped with handrails and emergency call bell pull cords.

Showers are large and can be accessed with a wheelchair and have showering chairs for those with mobility limitations such as Mrs. Nowell. Daily use items such as her toothbrush, hairbrush and makeup are kept within easy reach to decrease risk for falls. Mrs. Nowell voiced no special concerns or needs that weren't being met to her expectations. Current Resources Used and Community Resources Not Used Mrs. Nowells uses the assistance of the occupational therapist that works with the clients of her nursing facility to maintain optimal health and wellness.

She has been trained to use a reaching device or “reacher” which clasps items out of safe reaching range or items she may have dropped and desires to retrieve reducing her risk of falls. Mrs. Nowell takes great pleasure in participating in the community offerings that come to the nursing facility for senior involvement opportunities, such as church groups, entertainment companies, and many local businesses, including restaurants that offer samplings of new menu items. She has participated in numerous provided educational classes and socialization activities for the residents.

She also uses the facilities transportation system for group outings and community access. Mrs. Nowell stated they do have a hair dresser that provides services twice a week, however she prefers her daughter, who visits daily, to assist her with her hair care needs. She further does not use their

common dining area choosing to have her meals in her room or with family when they visit. Yet does frequent the common area for bingo and karaoke for socialization and enjoyed participation. Quality of Life, the Client Perspective Mrs. Nowell considers her quality of life optimal. She finds herself healthy.

As with Maslow's Hierarchy, having her basic needs met, Mrs. Nowell presents with a high self-esteem and self-actualization. She is living a healthy and productive life, exhibiting an exuberant personality. She is still a good mother, grandmother and great grandmother able to enjoy family and friends, while appreciating her life and memories. Conclusion In summary Mrs. Nowell is a wonderful example of an aging population that is well adjusted and reached the highest plateau of hierarchy. As a nurse caring for the elderly, we must be better prepared to assist the aging population to this optimal level of health and wellness.

We can achieve this through continued research and provision of age appropriate care. Living happy and productive lives within the elderly population, and given their limitations, be it physical or mental, should be the goal of all nursing. References Anderson, B. , de Chesnay, M. (2012). Caring for the vulnerable: perspectives in nursing theory, practice, and research. (3rd ed.). Burlington, MA: Jones & Bartlett Learning. Jett, K. , Touhy, T. (2010). Gerontological nursing & healthy aging. (3rd ed.). Saint Louis, MS: Mosby Elsevier. Khardori, R. (2012, October 8). Medscape references.

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