

Patient with
decreased mobility
and collapsing
episodes nursing
essay



**ASSIGN
BUSTER**

This report will analyse and discuss the care plan of an elderly patient.

Furthermore, it will assess the patient's physiological, psychological and sociological needs. The report will look at the patient as an individual and will provide a holistic view of the patient. Relevant legislation will be linked and discussed as well as teamwork and the role of a student nurse.

Due to confidentiality in compliance with NMC and Data Protection Act 1998, the patient's name will be changed (<http://www.opsi.gov.uk>).

HISTORY OF ADMISSION

Mr. Brown is an 81 year old Asian gentleman, who was admitted to accident and emergency (A&E) with decreased mobility and collapsing episodes. The A&E department did the full blood screen, ECG and chest X-ray. The staff nurses ESTABLISHED his notes and recorded all patient's data including past medical history and current medical problems. The medical staff decided to accommodate him to one of the wards in the hospital. Mr. Brown was transferred to the ward where he was assessed by using Roper, Logan and Tierny nursing model which will be discussed in the next chapters.

ROPER, LOGAN AND TIERNY NURSING MODELS

Roper, Logan and Tierny is a model of nursing which combine a life span approach considering patients' needs with respect to prior development, current level of development, and likely future development (Safarino 1990).

This model consists in twelve activities of daily living which are applied on a person whether he is in illness or not. The activities are following:

Maintaining a safe environment

Breathing

Communicating

Mobilizing

Eating and drinking

Eliminating

Personal cleansing and dressing

Maintaining body temperature

Working and playing

Sleeping

Expressing sexuality

Dying

PHYSIOLOGICAL NEEDS

Mr. Brown was admitted to A&E with collapsing episodes, pain and decreased mobility. Mr. Brown had been admitted with similar symptoms before. Apart from the above mentioned problems, Mr. Brown had had a history of Parkinsonism, degenerative spinal disease due to osteoporosis and depression. Mr. Brown said he had been suffering from a strong pain in his

back, decreased mobility and movement disorders. Mr. Brown was also complaining about dizziness when he stood up.

Recorded measurements of Mr. Brown's postural and lying blood pressures were carried out to find out if his blood pressure drops when he was standing up. In healthy people there is hardly any difference between blood pressure in the lying and standing position. However, in elderly people or those with diabetes, a significant drop of blood pressure may occur when they stand up (<http://www.nursingtimes.net>).

Nevertheless, Mr. Brown's blood pressure appeared to be within the normal scale which is under 120/80 mmHg in both readings (<http://www.bpassoc.org.uk>).

The nurses realised that Mr. Brown was treated with Fentanyl patches which are an opiate analgesic for his pain and one of the side effects can be dizziness (<http://www.drugs.com>). Mr. Brown was referred to the Pain Relief Team who could assess him properly because they are people specially trained for this particular task (NMC 2008).

Mr. Brown was complaining about unbearable pain which was spreading throughout his back. The Pain Relief Team assessed him to find the best possible pain relief. They found that the pain was caused by osteoporosis and Parkinsonism; however they said that these diseases could not give the patient "unbearable movable" pain as Mr. Brown was describing.

The Pain Relief Team has so far tried a variety of analgesic types, but none of them seem to be working effectively as the patient has not stopped complaining about his pain so far.

DEGENERATIVE SPINAL DISEASE

Degenerative Spinal Disease is a process where pathological changes in the tissue and structure of the spine occur (<http://www.backcare.org.uk>). It is a normal process of deteriorating spinal discs which progresses with age and spinal disc degeneration (<http://spinwarp.ucsd.edu>). Aging is a normal process in the human body, however, when the spinal discs degenerate rapidly, it can lead to back pain as the spinal discs start losing inflammatory proteins and this can cause pain (Appendix 1). Treatment for degenerative spinal disease involves medication, exercise, manipulative treatment and physiotherapy (<http://www.globalspine.net>).

PARKINSONISM

Parkinsonism is a disease with symptoms very similar to Parkinson's disease. The symptoms are tremor, rigidity, hypokinesia, low blood pressure, atrophy and urinary problems (<http://www.parkinsons.org.uk>). In contrary with Parkinson's disease where the human body suffers from a low level of dopamine, patients with Parkinsonism have normal dopamine levels (<http://www.merck.com>).

Mr. Brown had previously had two MRI and CT scans, and the results for Parkinson's disease were negative as his dopamine was of standard levels, therefore, Mr. Brown was diagnosed with Parkinsonism.

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Mr. Brown was commenced on medication for his disease and was referred to a physiotherapist and a pain relief team. When Mr. Brown was admitted to medical ward, he was fully mobile, and managing to walk with his stick. When he was transferred to the geriatric department for rehabilitation, he was given physiotherapy to improve his mobility which could affect the quality of his life. The physiotherapist was doing exercises with Mr. Brown but his relatives started complaining that the physiotherapist was cruel and forcing him to walk. The family explained that their dad was elderly and should be treated with more compassion as he did not feel able to comply with physiotherapy. The Code (NMC 2008) states that we must respect patient's and client's choices and rights. The physiotherapist therefore stopped attending Mr. Brown which made him and his family happy, however, Mr. Brown's mobility deteriorated rapidly over a few months to the point where Mr. Brown stopped walking and mobilising completely and required assistance with simple tasks such as dressing or transferring from the chair to the bed and Mr. Brown started requesting a wheelchair to transfer to and from the toilet. It was explained to Mr Brown that this was unacceptable as he had been fully mobile on admission to hospital. The nursing staff explained to Mr. Brown and his family about the importance of maintaining previous levels of function and Mr. Brown's family agreed to continue with physiotherapy which could help with his mobilisation. Mr. Brown started gradually to cooperate with exercises, mobilising and now Mr. Brown is able to walk to the toilet but still requests a transfer back to his room using a wheelchair. The physiotherapist found Mr. Brown's gait a little unsteady so as a professionally trained health care worker he decided that

Mr. Brown would start using a zimmer frame in order to provide better stability and avoid falls (<http://www.hse.gov.uk>).

NUTRITION

Another very important aspect of a good quality of life is adequate oral intake and nutrition (<http://ezinearticles.com>). Mr. Brown started losing weight over his long stay in hospital as he did not like the hospital's food. He lost weight and started feeling very weak, which discouraged him to move and keep up his mobility levels. This contributed to further problems such as elimination. Mr. Brown started to become constipated and suffered from frequent stomach pains. He was prescribed Lactulose and referred to a dietician. Mr. Brown was assessed as a patient with poor oral intake, lack of vitamins and minerals. Consequently, he was recommended to start taking Fortisip as a complementary supplement to his diet. Fortisip is a nutritional protein drink enriched with vitamins and minerals (<http://www.epgonline.org>). This food supplement helps to provide the body with missing calorific intake, however, Mr. Brown did not like its taste despite Fortisip being available in a variety of flavours. In order to provide Mr. Brown with a good oral intake, the nursing staff arranged with his family that they would start bringing Mr. Brown food he liked. This successfully managed and maintained Mr. Brown's weight.

SOCIOLOGICAL NEEDS

Mr. Brown is an Asian man and was born and brought up in a Muslim family. He came to the UK in his early forties. Mr. Brown has four children and six grandchildren. When he was admitted to the ward he was offered a Muslim <https://assignbuster.com/patient-with-decreased-mobility-and-collapsing-episodes-nursing-essay/>

chaplains service which he refused. As Mr. Brown said himself, he had greatly adapted to local culture.

Before he was admitted to the hospitals, where he has now spent nearly 10 months, he had been staying with his wife and children and grandchildren in a big house. He used to do gardening and enjoyed playing board games with his grandchildren. All these activities which he enjoyed have been deprived in the hospital environment. Mr. Brown started becoming depressed because he spent days and nights in one room and he stopped enjoying life. Along with his Parkinsonism disease which also includes symptoms of depression, Mr. Brown became lethargic with no real interest in life. Mr. Brown was offered to start taking art classes which are taken twice weekly within one of the hospital dayrooms. It has been proved that art therapy helps ill patients to relax, improve negative thoughts and improve quality of life (<http://findarticles.com>). Unfortunately Mr. Brown refused art therapy.

One of the members of nursing staff tried to persuade him to take the opportunity to socialise by taking part in the art classes as she felt this would help Mr. Brown's socialisation. This was a personal feeling of the member of nursing staff, however, Mr. Brown did not hold the same opinion and he felt she was forcing him to do something that he did not want to do. The nurse was trying to do the best in order to improve the patient's quality of life and meet the patient's needs but she was reminded that her personal feelings and values might vary from person to person. This could be classified as a personal and professional value conflict. This occurs when personal feelings become stronger than professional status and can eventually lead to conflict. (<http://www.cliffsnotes.com>). The nursing staff explained to Mr. Brown that <https://assignbuster.com/patient-with-decreased-mobility-and-collapsing-episodes-nursing-essay/>

all actions taken had been done only for his benefit. Mr. Brown accepted this and he started to communicate with the staff more. This could also be seen as a benefit as although a conflict happened, it brought better communication and co-operation between staff and patient (<http://work911.com>).

Mr. Brown refused to take art classes, therefore the nursing staff decided to refer him to the occupational therapist who attempted to find a suitable way to help Mr. Brown socialise more. The occupational therapist found that Mr. Brown was used to staying with his family and nothing could substitute his family life. As Mr. Brown's family said, family life is one of the most important aspects of life in the part of the world where Mr. Brown comes from, which was affected by his admission to hospital. The family have been coming to visit Mr. Brown every day as much as the visiting hours allowed. They also explained to nursing staff why they were not happy with physiotherapy therapy which was trying to encourage Mr. Brown to walk and maintain his mobility. They explained that in their culture nursing staff and family look after the patient and relatives, whereas nursing staff in UK hospitals encourage the patient's independence. From their point of view elderly people deserve respect and should have their wishes fulfilled, whereas European culture is based on encouraging patients independence in order to maximise and develop skills despite the patient being elderly. In Islamic countries, long term wards or nursing homes are rare, as they believe that it is the family who should look after their relative, it is their duty and honour (<http://www.islam-guide.com>). This point of view had been discussed with the family and nursing staff and a compromise was reached, for example,

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encouraging the patient to walk to the toilet but wheeling him back. This worked successfully as both sides were satisfied. The family saw an effort from nursing staff to satisfy Mr. Brown's culture beliefs and nursing staff were happy to perform the best practice, maintaining Mr. Brown's mobility while also respecting patient's rights and choices (NMC 2008).

After nearly eight months in the care of the elderly unit, Mr. Brown's condition allowed him to be discharged back to his home, however, his family are refusing this because they are worried they could not cope. It was suggested that Mr Brown should be cared for within a nursing home, which his family also refused as it was unacceptable from their cultural beliefs. Mr. Brown's family feels that their dad is seriously ill. They believe that their father has Parkinson's disease. When the first scan of Mr. Brown's dopamine levels was done and did not prove the presence of Parkinson's disease, they were unhappy because they believed that their father presents with Parkinson's disease symptoms so therefore must have the disease. They asked for another opinion from a different consultant which was done with the same result. Mr. Brown was diagnosed with Parkinsonism. His family still does not agree and has not accepted the result or diagnosis and still maintain their father has Parkinson's disease. The family thinks that there has been an error in diagnosis and they have lost trust in the medical and nursing staff, choosing to isolate themselves from staff. Effective communication and trust between patients, their relatives and nursing staff is extremely important in order to cooperate and provide best quality care ([http://www. bt. com. bn](http://www.bt.com.bn)).

VOLUNTARY ORGANISATIONS INVOLVED IN HEALTH CARE

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As mentioned previously, Mr. Brown has spent a long time in hospital and has been deprived of everyday family life. The care of the elderly ward and all members of the multidisciplinary team are aware of this fact, therefore they try to approach each patient individually (NMC 2008). The hospital where Mr. Brown is accommodated co-operate with the local WRVS. WRVS is an organisation comprising of people who voluntarily help elderly people. The WRVS team comes to the ward every week and sells newspapers and groceries to the patients in order to allow patients some independence for their needs and also operate a tea bar in the foyer which allows patients and their relatives to enjoy a short period away from the ward environment. (<http://www.wrvs.org.uk>).

Another voluntary team that attends to patients in this ward are students from the holistic therapy course. These people come regularly, and offer the patients a wide spectrum of massages which help the patients to relax and take their minds off their problems (<http://www.healthk.co.uk>).

PSYCHOLOGICAL NEEDS

Mr. Brown was introduced to the ward Mission Statement. He knows that all the multidisciplinary team members are working at a high level of clinical skills and knowledge. Mr. Brown has been in the ward for a long time and now knows all the members of staff which helps him to integrate into the whole structure of the ward's team and routine. All staff act in compliance with NMC The Code, respecting patient's rights and choices, equality and diversity, dignity, privacy, safety, confidentiality and anti-discrimination practice (NMC 2008). Mr. Brown comes from a culture where the patients are

attended by a health care professional who is the same gender as they are (<http://books.google.co.uk>) and one of his wishes is to be attended by a male nurse. The ward staff continuously tries to fulfil Mr. Brown wishes however, there is not always adequate staff or a male nurse in the ward due to shortness of staff in NHS (<http://www.nursingadvocacy.org>). Mr. Brown was acquainted with this fact and now he understands the circumstances and knows that his rights and choices are respected and if it is possible, he gets the attendance of a male nurse.

Mr. Brown was diagnosed with Parkinsonism. Depression is one of the syndromes of this disease so psychological needs have been acknowledged as well as the physiological syndrome of this disease. Mr. Brown was rarely happy and nobody has really seen him happy or smiling. Mr. Brown has been encouraged by his family to always seek assistance from staff, undermining his independence. This has not helped him to maintain and improve his health as Mr. Brown seems to enjoy “ the sick role”.

Mr. Brown has been complaining about pain. The Pain Relief Team has assessed him but unfortunately with no success. The Pain Relief Team has not discovered why Mr. Brown’s pain was moving to different places of his back so together with other health care members of multi disciplinary team, they decided to refer him to a psychiatrist to assess his psychological state and needs. The psychiatrist reviewed Mr. Brown and diagnosed him as a patient with psycho-somatic disease. Psycho-somatic disorders can greatly affect the human body and affect the real somatic disease and its impact on patient’s mind. Physical disease can also deteriorate by mental factor

(<http://www.patient.co.uk>).

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TEAMWORK IN HEALTH CARE AND ITS BENEFITS FOR PATIENTS AND STAFF

Mr. Brown has been integrated and included within a large MDT and he has been given the best health care. The multi disciplinary team including nurses, doctors, physiotherapist, occupational therapists, psychiatrist, and student nurses who have all been collaborating with him and communicating among each other as a team in order to provide high quality care. Team work is very important in health care. The multi disciplinary team have been synchronised and tied together in order to connect each member's action to get the best results for the patient. The team is a group of people with a goal who work together (<http://www.team-wise.co.uk>). Working as a good team is extremely important in health sector as health care staff is dealing with lives. John Adair's theory of team work suggests that team work should always achieve the planned goal and improve learning new knowledge by cooperating with other members of the multi disciplinary team by learning from each other (<http://www.teambuilding.co.uk>).

Belbin® Team Role Theory proposes that every member of multi disciplinary team has certain strengths but also weaknesses. Dr Meredith Belbin also proposes that everyone included in multi disciplinary team should discover his strengths and weaknesses and cooperate with other people in order to develop his skills and therefore contribute to better quality work (<http://www.belbin.com>).

Good team in health care area should have a reason to work together, respect one another and ideally make team meetings in order to find out how effective teamwork inside the team functions. The team meetings helps

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inner communication in the team, avoiding mistakes, despatch lack of communication and helps to develop each members of multidisciplinary team's skills (<http://www.scotland.gov.uk>).

THE ROLE OF A STUDENT NURSE

The role of a student nurse is very important. Each student nurse who is involved in the team work of a ward should have theoretical knowledge to perform the skills, biological, psychological and sociological aspects, ethical and legal perspectives Influence of Essence of Care and/or National Standards (<http://www.health.heacademy.ac.uk>). Student nurses must be familiar with the law and legislation and its function. One of the most important is The Health and Safety at Work Act 1974 which helps to understand how to work safely in order not to harm themselves or others. Other equally important acts include the Data Protection Act 1998 and Regulation of Care Act 2001. All student nurses should be familiar with Human Rights Act 1998. Student nurses working in mental health sector should know Mental Health Care and Treatment Act 2003.

CONCLUSION

This report has successfully analysed a care plan of an elderly patient. Individual chapters presented the patients needs such as the physiological, psychological and sociological aspects. As well as being analysed in general, these factors were also related towards the individual patient. Furthermore, the report integrated the relevant legislation that is necessary for health care professions. Besides care plans and legislation, effective teamwork was discussed highlighting the benefits this has for health care workers and <https://assignbuster.com/patient-with-decreased-mobility-and-collapsing-episodes-nursing-essay/>

patients. The reported also presented a brief introduction to the role of a student nurse and their function to become an effective member of the multidisciplinary team.

Conclusion reset

Mr. Brown was admitted to the hospital with a collapse. He was IMPLEMENTED in a care process and plan to recover and be able to manage daily LIVE activities. Unfortunately Mr. Brown started losing his mobility and also eat disorder occurred. All health care professionals involved in Mr. Brown's case have been trying to provide best care quality to FULFIL, IMPROVE, DEVELOPE his physiological, psychological and sociological needs. Mr. Brown is still accommodated in the ward and hopefully he will recover soon.