

Middle range theories

[Health & Medicine](#), [Nursing](#)



Middle Range Theoris In care of a patient who had suffered first degree burns in a fire accident, the patient had had no chance for feeding normally through the mouth. The patient's mouth was almost completely burnt to deformity with lips deformed and lumped together; so much they could not open up to allow conventional feeding. Upon instruction from the doctors that the patient was in acute need of food and nutrition, various scans and evaluations on the extent of damage to vital organs and tissues so as to determine the form of intervention that would be commensurate with the medical situation at hand.

Having mapped the full extent of the damages the patient had sustained in the accident, it became increasingly imperative that various technology be assembled to aid the patient surmount the challenges she faced with regards to feeding. As thus, a feeding tube was assembled to help achieve this objective. This was through a process medically referred to as gavage (Joanne, 2008). In medical practice, there are many tubes of this kind that, most of them made of polyurethane or silicon. In this case, other nurses and I promptly settled on a nasogastric feeding tube, which is technologically designed to enable feeding of a victim not able to feed normally by inserting the implement through the nose. In this nasogastric intubation exercise, we practically went about passing the feeding tube through the nostril, down the esophagus and into the stomach. The technology proved to be an effective temporary measure to directly help the patient through the challenge.

The process is completely delicate and required an outstanding amount of precision with very little margin for error given the vital organs we had to keep watch on and the rather mechanical approach of the intervention. We had to

be patient and show a practical depiction of the care required in the nursing profession. The response and commitment the nurses had shown in this procedure was very commendable and was instrumental for the success of the whole process.

Having cared for a terminally ill lung cancer patient, I have had first-hand experience to care and stand up for a patient through the intrigues of his final moments of life. In caring for the patient, there were many complex issues involved and equal measure of effort on my side to fully attend to the patient and make him completely at peace and appreciated.

To begin with, I implored on the patient to seek spiritual peace upon learning he had a religious personality. Upon research, I was able to give adequate guidance and counseling to the patient and getting him to accept his situation and to understand the implications of his impending absence would have with respect to family and loved ones. I also found it imperative that the patient's family was there for him so he felt completely loved and cared for and I put in massive efforts to get the family to understand the situation at hand as it was and to show a considerable measure of strength and determination. This was necessary to give the patient strength and keep him out of the worries his situation was bound to come with. I made sure he was very well fed and stress free at all times throughout his final days and generally as comfortable as possible.

The most outstanding care I gave the patient was effective and persistent communication. I ensured the patient was in was regularly aware of his situation at all stages of his illness in a caring but honest manner.

Other possible caring based nursing interventions could include proper

hygiene for patients, proper communication on all medical procedures and advancements and the intended outcomes of various interventions. Patients should also be given very particular and specialized attention that is directly proportionate to their situational circumstances (McSherry, 2002). Also important to patients is a degree of approachability on the side of nurses so as to enable patients to freely express their concerns and fears and to bring forth information that could be crucial in the whole recovery process.

References

- Joanne D., (2008). *Quality Caring in Nursing; Applying Theory to Clinical Practice, Education, and Leadership*. Denver: University of Colorado Press.
- McSherry, R, Simmons M. and Abbott P., (2002). *Evidence Informed Nursing: A Guide for Clinical Nursing*. New York: Routledge