

# [Case study on the care needs of older person](https://assignbuster.com/case-study-on-the-care-needs-of-older-person/)

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## Introduction

The ageing population is growing and there is a need to provide the life assistance such as housing, pension, and quality of health care. In terms of the health care needs of the older people, it is important that there is willingness coming from the older person in order to establish the relationship in between the health care provider and the older person and provide the quality needs and care. Based on the information provides by the case studies, there are evidences in which can be applied to set forth the strategic practice in relation to care of an older person.

## Background of the Case

Fred is 75 years of age and lives with his wife in a small house in a rural town. He walks the dog daily and enjoys chopping wood. His house has two slow combustion heaters. Fred also keeps chickens for the eggs which he sells locally and gives to his daughter who lives next door with her husband and two teenage daughters. Fred looks after his wife who has agro phobia. Fred has been increasingly short of breath over the past few days and has a florid complexion. Recently he had some incontinence, and slipped when walking lacerating his right shin, which requires daily dressings. He is a big man and his mobility is significantly decreased. Fred had bypass surgery nine years ago and has been taking anti-hypertensive drugs, aspirin and lipex for the past two years. Fred recently had an operation to remove a cataract in his left eye. He says that the operation has done him no good and that he cannot see anything at all now from his left eye. Fred does most of the housework although the couple does have community services for some housework. Fred says that he is tired of doing everything and wants to go into long-term care. He still uses his car to go shopping and for social outings. Fred is concerned about his ability to continue doing this, and that he may have to undergo more surgery which would involve extended time away and extra costs.

## Care Strategies

Since Fred is willing to engage in a long-term but somehow having second thoughts because of the costs and the time that it might consume. Therefore, these problems falls on the ability of health care industries as well as the provider in effectively managing their tasks and at the same time ensures the capability of delivering quality healthcare services to the clients. Therefore, it is suggested that the organization should use the ability in managing the people and aligning them towards the goal and mission in delivering the specific health care. The application of the methods and strategies should be first assessed according to the structures of treatment or medication and the targeting the patient satisfaction (Donini, Savina, and Cannella, 2003). The experiences of the health care providers through the evidence-based practices (EBPs) are important because it forces of changes that include competitive pressures, alternate health care delivery mechanisms, changing cost structures, monitoring by public and private groups, increased information availability, and a markedly better-informed clientele.

The health care providers are guided by the same clinical practice that assists them as well as their patients in generating a clinical decision. The Evidence Based Practice (EBP) is guidelines that promoted and systematically formed to develop a comprehensive statement wherein the experts can deliberately explain or provide the quality care. The specific clinical condition of a patient is the most available scientific evidence and from the past experience and knowledge of the health care provider, the judgment can be created. The adequate prescription can be the last statement that a health care provider can give which is also suitable in the patient’s needs.

The health care needs can be also provided by the admission of the client in a nursing home. The popularity of nursing home services is also popular among the Western countries. It is considered to be the best place in which an older person can gain the quality of health care. However, Fred despite of his old age is the one responsible in most of the chores because of his wife’s condition in terms of agro phobia or the fear in the marketplace and his feeling of responsible father for his daughter although she had her own family. Basically, the older adults has the inability to earn and usually depends on their pension, savings, investments or even money from their children to meet their financial needs (Sherina, Rampal, & Mustaqim, 2003).

Fred faces and suffers from both acute and chronic pain which is commonly found among the old age groups. The elderly with the age of 50 and above are found with the trouble pains because of the accident that can be caused by the nerve compression. He might also experience the chronic (lower or upper) back pains (Siciliano, 2006). The acute pain is commonly experienced that can come quickly and with a possibility to become severed, but lasts a relatively short time. Acute pain in individuals with orthopedic problems originates from the periosteum, the joint surfaces, and the arterial walls. Muscle pain associated with bone surgery results from muscle ischemia rather than muscle tension. Acute abdominal pain often causes the individual to lie on one side and draw up the legs in the fetal position (Burns, 2010). However, there are theories that patients with chronic pain initially experience undertreated acute pain and mostly the chronic pain (Roberto, 2001). But despite of all the methods and treatment introduced by the medical settings, many individuals are living with chronic pains which heighten the different approach in managing the acute and chronic pains (Roberto, 2001) like Fred. The modern health care system is expected to build a sound treatment and management towards of acute and chronic illness model. The essence of pain management is bound to create relief to pain sufferers through the means of (noxious) chemical, thermal or mechanical stimulus, associated with surgery, trauma, and acute illness and historically responsive to opioid therapy which may usually time-limited response. In addition the nursing practice should reduce the factors that can complicate the treatment of persons with chronic pain such as scarring, continuing psychologic stress, and medication (Sieppert, 1996).

In addition, Fred might experience a chronic heart failure because of his history in bypass surgery. The involuntary muscles in the body such as the heart have a potential for failure of moving because of disorder in its system (Elkayam, et al., 2008). This typical disorder is a result of gradual fluid accumulation which takes effect on the elderly populations. The acute heart failure is usually characterized with the cardiac failure, hypertension and increased in vascular stiffness. And most of the time, the diabetes coexist which threatens the health of a patient (Aguilar, et al., 2010). In addition, a variety of pathophysiologic mechanisms may play a role in this disorder. These alterations of the cardiac output include the critical evaluation of the gathered data which supports the traditional and modernized approach in integrating the mechanisms into the model for heart failure (Cotter, et. al., 2008). Moreover, in the existence of diabetes in the body can worsen the prevalence of heart failure. In this situation, both the young and older population is affected. Most of the patients’ needs the advance admittance in medical institutions (Mullens, et. al., 2008). The appropriate management of heart failure may is also suggesting for measuring the effectiveness of the medicines or drugs that can reduce the cardiac output (Johnson, et. al., 2007; Elkayam, et. al., 2008).

Suggested Medical Solution

Fred faces difficulties in supporting their lives and is struggling to survive and he might not only suffer from the physical illness but also in depression or in behavioural aspects.

Health care settings have already applied various paradigms that will enable them to improve the health care situation. One of the significant approaches in health care settings is through the concept of evidence-based practice (EBP). EBP is frequently defined as the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients because it encompasses the central position in health such as medication and behavioural health care disciplines (Bartels, 2002).

Based on the cases of health problems among the elderly, there should be an appropriate treatment or preventative approach for the “ entire body”. Since the entire body is affected by depression that may exist in the health situations and emotions that are common among the elderly, it is only natural to start assessing the health of the entire body. Behavioural health, in general, is self-explanatory and is bound to expresses the wellness of body, mind, and soul. In combating depression, an individual should ensure that he/she achieved the wellness on these three aspects. For body, an individual should establish a healthy living so that when he reached his old age, his body will continue to function. If the body if well fed, therefore, the mind should be also fed. This means that human minds should keep on functioning by reading and obtaining knowledge. And lastly, for the soul, an individual should start their day with an activity that will give pleasure and positivity to have self-fulfilment (Holt, et al., 2004). Having the wellness in behavioural health reflects in their attitude in socialization and their perspective in life. A person who values the behavioural health has an advantage from the other individual because they can cope in the changes and have a relatively effect in fighting depression and illness.

Conclusion

Nursing strategies among the aged group targets the root cause of the problems and afterwards provide the appropriate intervention that intentionally treats the both physical and mental problems. Nursing homes is dwelling of old age people shares the illness and depression, despite of these obviousness, there are older adults who are engaged in active coping techniques, most likely managing or controlling the negative events in their lives. Nursing care also identify the various factors that might affect the wellness among the elderly and should be the basic strategy in order to learn and implement the appropriate methods in physical and behavioural health.

In the view of growing numbers of older people who struggles in depression, the practitioners or carers who work in nursing homes are challenged to tackle the issue of depression and promotes the strategies in which they can assure that older people are less involved in this life episode. Although there are considered case-to-case basis, the nursing care services should still not focus only on the medication needs of the old adults.

Aikman, G. G., & Oehlert, M. E., (2000) “ Geriatric Depression Scale: Long Form Versus Short Form”, Clinical Gerontologist, 22(3/4), The Haworth Press, Accessed 26 November 2010, from http://www. public-health. uiowa. edu/icmha/outreach/documents/GeriatricDepressionScale. pdf

Barry, TKH., (2008) “ Prevention for Depressive symptoms Among Adolescents in Hong Kong: A Study of Enhancing Subjective Well-Being”, Accessed 26 November 2010, from http://lbms03. cityu. edu. hk/oaps/ss2008-5790-tkh278. pdf

Bartels, S. J., Dums, A. R., Oxman, T. E., Schneider, L. S., Arean, P. A., Alexopoulos, G. S., & Jeste, D. V., (2002) “ Evidence-Based Practices in Geriatric Mental Health Care”, Psychiatric Services, Vol. 53, Accessed 26 November 2010, from http://psychservices. psychiatryonline. org/cgi/content/full/53/11/1419

Fitzpatrick, C., & Sharry, J., (2004) Coping with Depression in Young People: A Guide for Parents, Wiley: Chichester, England.

Giummarra, M. J., Haralambous, B., Moore, K., & Nankervis, J., (2007) “ The Concept of Health in Older Age: Views of Older People and Health Professionals”, Australian Health Review, 31(4): 642+.

Holt, G., Gratsa, A., Bouras, N., Joyce, T., Spiller, M. J., & Hardy, S., (2004) A Guide to Mental Health for Families and Carers of People with Intellectual Disabilities, Jessica Kingsley: London

Lee, VMS., Wong, T. W., & Lau, C. C., (2006) “ Validation of a 3-item Screening Tool for Geriatric Depression in the Observation Unit of an Emergency Department”, Hong Kong Journal of Emergency Medicine, 13(1): 17-23, Accessed 26 November 2010, from http://www. fmshk. org/database/articles/hkjemvol13no1p17. pdf

Leung, JYY., Yu, TKK., Cheung, Y. L., Ma, L. C., Cheung, S. P., & Wong, C. P., (2000) “ Private Nursing Home Residents in Hong Kong – How Frail are they and their Need for Hospital Services”, Journal in Hong Kong Geriatric Society, Vol. 10

Manthorpe, J., & Iliffe, S., (2005) Depression in Later Life, Jessica Kingsley: Philadelphia

Sherina, M. S., Rampal, l., & Mustaqim, A., (2003) “ The Prevalence of Depression Among the Elderly in Sepang, Selangor”, Medicinal Journal of Malaysia, 59(1), Accessed 26 November 2010, from http://www. e-mjm. org/2004/v59n1/Depression. pdf

WHO, (2002) “ Prevention and Promotion in Mental Health”, World Health Organization, ISBN: 92 4 156216 1, Accessed 26 November 2010, from http://www. who. int/mental\_health/media/en/545. pdf

Yipi, S. F., Chi, I., Chiu, H., Chi Wai, K., Conwell, Y., & Caine, E., (2003) “ A Prevalence Study of Suicide Ideation Among Older Adults in Hong Kong SAR”, International Journal of Geriatric Psychiatry, Vol. 18, Accessed 26 November 2010, from http://csrp. hku. hk/files/64\_365\_20. pdf

Burns, S. T., (2010) “ Counseling Adult Clients Experiencing Chronic Pain”, Journal of Counseling and Development, Vol. 88

Dodla, S., & Lyons, W. L., (2006) “ Chronic Pain in Later Life”, Generations, Vol. 30

Roberto, K. A., (2001) “ Chronic Pain and Intimacy in the Relationships of Older Adults”, Generations, Vol. 25

Siciliano, P., (2006) “ Chronic Pain in Cognitively Impaired Elderly: Challenges in Assessment, Diagnosis, and Treatment”, A Journal of the Oxford Round Table

Sieppert, J. D., (1996) “ Attitudes towards and Knowledge of Chronic Pain: A Survey of Medical Social Workers”, Health and Social Work, Vol. 21.

Collignon, O., & de Volder, A. G., (2009) “ Further Evidence that Congrenitally Blind Participants React Faster to Auditory and Tactile Spatial Target”, Canadian Journal of Experimental Psychology, Vol. 63.

Dyson, B. J., Alain, C., & He, Y., (2005) “ Effects of Visual Attentional Load on Low-level Auditory Scene Analysis”, Cognitive, Affective and Behavioral Neuroscience, Vol. 5,

Kähkönen, S., Yamashita, H., Rytsälä, H., & Suominen, K., (2007) “ Dysfunction in Early Auditory Processing in Major Depressive Disorder Revealed by Combined Meg and EEG”, Journal of Psychiatry & Neuroscience, Vol. 32

Schreiber, J. S., Hudnell, H. K., Geller, A. M., House, D. E., Aldous, K. M., Force, M. S., Langguth, K., Prohonic, E. J., & Parker, J. C., (2002) “ Apartment Residents’ and Day Care Workers’ Exposures to Tetrachloroethylene and Deficits in Visual Contrast Sensitivity”, Environmental Health Perspectives, Vol. 110

Tideiksaar, R., (2003) “ Sensory Impairment and Fall Risk”, Generations, Vol. 26

Aguilar, D., Deswal, A., Ramasubbu, K., Mann, D. L., & Bozkurt, B., (2010) “ Comparison of Patients With Heart Failure and Preserved Left Ventricular Ejection Fraction Among Those With Versus Without Diabetes Mellitus”, The American Journal of Cardiology, 105: 373-377.

Cotter, G., Fleker, G. M., Adams, K. F., Milo-Cotter, O., & O’Connor, C. M., (2008) “ The Pathophysiology of Acute Heart Failure-Is it all about fluid accumulation?” American Heart Journal, 155(1)

Elkayam, U., Janmohamed, M., Habib, M., & Hatamizadeh, P., (2008) “ Vasodilators in the Management of Acute Heart Failure”, Critical Care Medicine, 36(1)

Johnson, A. N., Burnett, Sellin, J., Paululat, A., & Newfiled, S. J., (2007) “ Defective Decapentaplegic Signaling Results in Heart Overgrowth and Reduced Cardiac Output in Drosophila”, Genetics, Vol. 176

Mullens W., Abrahams, Z., Sokos, G., Francis, G. S., Starling, R. C., Young, J. B., Taylor, D. O., & Tamg, WHW., (2008) “ Gender Differences in Patients Admitted With Advanced Decompensated Heart Failure”, The American Journal of Cardiology, 102: 454-458

Donini, L. M., Savina, C. & Cannella, C. 2003. ‘ Eating habits and Appetite Control in the Elderly: The Anorexia of Aging,’ International Psychogeriatrics, vol. 15, pp. 73-87