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FriedmanFamilyAssessment Darla Lauer NUR/405 August 27, 2012 Beth Edwards, MSN, FNP – BC Friedman Family Assessment The following is a study of a family using the Friedman Family Assessment. “ Publichealthnurses must have skills to move competently between working with individual families, bridge relationships between families and the community, and advocate for family and community legislating and influence policies that promote and protect the health of populations” (Stanhope & Lancaster, 2008, p. 600). Identifying Data and Composition

The personal identifying information such as full name, address, and phone number are not used so the family’s identity remains confidential. The assessment of the family revealed a complex system. This is a nuclear/blended family with traditional male/female roles. Each spouse has two children from previous marriages. Those children are grown, married with children, and live in different cities. They share a son aged 12. Each member brings his or her own expectations to the group. Their dress, eating habits, and health views are typical of middle-class American.

They eat three main meals a day with snacks and are very cognizant of caloric balance. LB states that she has a regular appetite but, she also states that she has lost 51 pounds this past year. Her current weight is 169 pounds and she is 5 foot 7 inches. LB has a body mass index (BMI) of 25. 5, which is overweight, according to the Center for Disease Control and Prevention (" Centers For Disease Control And Prevention", n. d. ). JB is 5 foot 9 inches and 190 pounds. AB is 5 foot 5 inches and 110 pounds. They see thedoctorevery two to three months a year as instructed for health check-ups.

The ethnic makeup of the family members shows LB is white, born, and reared in New York. JB is Hipic, born, and reared in Puerto Rico. AB is White/Hipic, born, and reared in Orlando, FL. They state their religious preference is Catholic, but rarely attend formal church. LB has a diploma degree and works as a registered nurse. JB is a mechanic and has a twelfth-grade educational level, attained in Puerto Rico. AB is attending 7th grade at Deltona Middle School. According to " The New York Times" (n. d. ), this family is “ upper-middle class” (Class Matters A Special Section).

LB likes to cook, breed German Shepherd dogs, and read. She is actively involved in the Democratic Party and has met President Obama several times. JB likes to watch sports or work on his project restoration car. AB is involved in baseball and many days are spent at practice or games. Developmental State and History of Family This household is presently in Friedman’s fourth stage of development, family with school aged children. The “ Family developmental and life cycle theory explains and predicts the changes that occur to families and its members over time” (Stanhope & Lancaster, 2008, p. 10). The main tasks of concern in this family is to socialize the shared child, including promoting school achievement and fostering of healthy peer relations of the child. The other tasks for this stage are maintaining a satisfying marital relationship and meeting the physical health needs of family members (Friedman, 1998). The family appears to be accomplishing their tasks well and will soon transition to Friedman’s fifth state of development. At the present time, LB is in fairly good health, she has lost weight and her rheumatoid arthritis is well maintained.

She takes Methotrexate 25 mg PO weekly. JB is in good health except for high blood pressure that is maintained on medication, He takes Amlodipine-Benaz 10/40 mg 1 po qd and Hydrochlorothiazide 25 mg po 1 qd. LB and JB share family chores such as laundry and the cooking. AB has chores assigned such as taking out the trash, yard work, and he is responsible for his room and his bathroom. LB was born in America on July14, 1962 to Italian American parents. JB was born in Puerto Rico on March 28, 1963, and his one surviving parent, mother, still resides in Puerto Rico.

LB completed high school in New York and went on to complete a diplomanursingprogram in 1987. She was married once previously and has two grown children from that marriage. JB completed high school in Puerto Rico, moved to the United States when he was 24. He was married once previously and has two grown children from that marriage. He works as a mechanic. AB is presently in 7th grade. Environmental Data The family’s home was built in 1985 and is 2500 sq. ft. and is one level. Entering through the front door, the main living room, dining, and kitchen area are viewable.

It is an open floor plan with the bedrooms all on one side of the house. There are four bedrooms and two and a half baths. A bedroom is an office for both LB and JB. The entire flooring structure is tile. They are on the city water. There are two dogs in the home. There are functioning carbon monoxide detectors and smoke detectors in the house. The house is very neat, clean, and organized. They live in a suburban neighborhood; the closest neighbor is within 100 feet. The closest relatives they see on a regular basis are JB’s mother who visits once a year.

Otherwise, they rely on friends and neighbors for support. The closest hospital is approximately ten minutes away and the local fire and police stations are approximately five minutes away. While there is crime in the area, it is usually small time theft as reported by LB and JB. The atmosphere of the neighborhood is of an older development. The neighborhood is clean, well maintained, and children can be seen playing in the yards. LB and JB moved to this present location 20 years ago. Before that they lived separately. LB, JB, and AB are busy and spend most of their free time at home.

Both parents are active with AB’s baseball team and LB is the team mom. JB fills in as an assistant coach when needed. Family Structure and FunctionsCommunicationpatterns in the family are open. LB and JB are open, honest, and have a good sense of humor regarding their marriage, previous marriages, children, and outlook on life. LB and JB are knowledgeable about each others’ illnesses. The values the family possesses arehard work, open, and define themselves spiritually as Catholics, however, non-practicing. LB and JB state they share all decisions with regard to home, children, and finances.

LB manages the banking and budget. LB sets the menu, and grocery shopping is done together. They share the cooking for dinner and state that they generally eat dinner together as a family. Affective and socialization functions in this family are normal. LB and JB provide the care and love best suited to teach AB the skills, values, and norms of society and their subculture. Affection is displayed by hugging, touching, and verbalization. The health of the family is the very important to LB and JB. LB oversees all of this as she is a nurse.

Health is seen as managing their chronic disease processes, staying fit, and eating healthy. LB does not smoke, however, JB admits tosmokingintermittently with either a cigarette or cigar. He reports always smoking outside the home. The entire family receives regularly recommended vaccines. LB has increased her exercise regimen and joined a gym. Though not overweight, JB rarely exercises. AB is very active and normal 12 year-old. Dental health has not been a priority for the adult family members though they report that AB has had regular dental check-ups and cleaning completed.

FamilyStressand Coping The family together advised me that there are no major stresses right now. LB and JB both verbalize concern over economics and the future of their jobs and ability to maintain their lifestyle should the economic outlook worsen for the country. LB also verbalizes her concern that her rheumatoid arthritis that has caused some joint deformity could worsen. She notices a change in the fine motor skill of her hands and strength. AB states he worries his team is not going to win their division.

Both parents indicate that they routinely sit down with AB and discuss what is going on in school and in his life in general. The family indicates that they have family round table discussions concerning any major issues. The family respectfully listened and used good conversation skills without attacking each other throughout theinterview. Family Nursing Diagnoses The priority nursing diagnosis for this family is impaired dentition related to ineffective oral hygiene as evidenced by LB and JB’s gum erosion, missing teeth, and discoloration of enamel.

Another nursing diagnosis is impaired physical mobility related to musculoskeletal impairment as evidenced by LB’s joint malformation, complaints of decreased fine motor skill, and strength. A third diagnosis is ineffective airway clearance related to smoke inhalation as evidenced by JB’s verbalization of smoking (Ladwig & Ackley, 2011). Community Health Nursing Interventions For the priority nursing diagnosis, one intervention is to recommend LB and JB see a dentist as soon as possible. Recommend using a rotation oscillation power toothbrush for removal of dental plaque two to three times a day.

Another intervention is to ascertain the family’s present knowledge of dental hygiene and educate family on proper mechanics of brushing teeth, the use of floss, and brushing the tongue. A third intervention, recommending that the family continue to eat a balanced diet and limit simple sugars and carbonated sodas. It is imperative that a nurse complete a thorough assessment on all clients. “ Using excellent communication skills, nurses help families determine the priority of issues they are confronting, identify their needs, and develop a plan of action.

Family members are experts in their own health” (Stanhope & Lancaster, 2008, p. 612). References Centers for disease control and prevention. (n. d. ). Retrieved from http://www. cdc. gov Friedman, M. M. (1998). Family Nursing. (4th ed. ) Stanford, CT: Appleton & Lange. Ladwig, G. B. , & Ackley, B. J. (2011). Mosby's Guide to Nursing Diagnosis (3rd ed. ). Maryland Heights, MO: Mosby Elsevier. Stanhope, M. , & Lancaster, J. (2008). Public Health Nursing: Population-centered health care in the community (8th ed. ). Maryland Heights, MO: Elsevier. The New York Times. (n. d. ). Retrieved from http://www. nytimes. com