

# [Introduction to see if mr. ng has correctly](https://assignbuster.com/introduction-to-see-if-mr-ng-has-correctly/)

IntroductionMr.

Ng is an 80 years old man who is retired and unmarried. He was diagnosed with chronic obstructive pulmonary disease (COPD), diabetesmellitus (DM), hypertension (HT), cataract and hearing loss. He was admitted tothe hospital due to severe shortness of breath (SOB), his respiratory rate was30 breaths per minute and his SaO2 level was 88% on 2L/min. O2.

Mr. Ng’s condition was stable after 2 weeks, and wasreferred to community nursing services for daily insulin injection, drugsupervision, puff technique and blood pressure monitoring. In this essay, Mr. Ng’s existing nursing problems will bedivided into four aspects, including physical aspect, psychological aspect, social aspect and environmental aspect. Related assessment, planning, implementation, education and advice, and empowerment on the four aspects will then beexplored.

After that, a learning contract and an evaluation for the next visitwill be discussed. Lastly, a short conclusion will be provided to summarize thewhole essay. Physical AspectFor general assessment, dilated eye examination could bedone for Mr. Ng, it allows the examiner to observe the inner parts of the eyes, such as the retina and optic nerve (American Foundation for the blind, 2017). Besides, visual field testing would also be provided to him, like confrontationfield test, fingers flashes in four quadrants, it can test the width of Mr.

Ng’s field (American Foundation for the blind, 2017). Moreover, Mr. Ng is deafand he could not listen to the radio and he needs hearing aids when the socialworker talks to him. The hearing test could be done for Mr. Ng. Rinne test is ahearing test which use a tuning fork to indicate the air-bone gap and assess ifthere is a conductive hearing loss (Richard & Glenn, 1988).

It could alsoassess the level of hearing loss for Mr. Ng (American Hearing ResearchFoundation, 2012). On the other hand, the medication compliance should bechecked to see if Mr. Ng has correctly take the medication for COPD, DM, and HTor not. For focused assessment, the physical mobility and level ofgas exchange should be accessed. For Mr. Ng’s physical mobility, the musclestrength test could be done to him, he uses a walking stick for assisting hismovement with an altered gait.

The muscle strength test could indicate hisrange of motion (ROM) and his mobility. To access the level of gas exchange, SpO2 in room air could be checked. Besides, spirometer and peak flow meter testcould be used in the assessment to assess the functioning of the lungs (Healthline, 2017). The first nursing problem is impaired gas exchange. Mr.

Nghad SOB and he always pants, so he needs to get rest after walking andstanding. For COPD patient, the airway is blocked by the mucus and the aircannot get into the lungs, so the oxygen is not sufficient to supply to ourbody parts, as a result, the respiratory rate is increased to inhale muchoxygen to perform gas exchange in his lungs. The second nursing problem is impaired physical mobility. Mr.

Ng uses walking aids when he goes out, and he does not have other physicalactivities, except going downstairs and walking at home, he does not have anyother exercises every day. The reason that Mr. Ng had reduced physical mobilityis the condition of his eyes. He has cataracts and his vision is affected, sohe does not watch TV, newspaper or even move. Based on the condition of Mr. Ng, we hope that his conditionof SOB would be improved. He could do the deep breathing and coughing exercisesand use incentive spirometer to resume normal lungs function (MedlinePlus, 2015).

Besides, the level of SpO2 should be kept in a normal level, theoxygenation therapy could be adjusted to meet Mr. Ng’s needs. Also, evaluatinglevel of activity tolerance is one of the goals for him. We could provide clean, and safe environment to help Mr. Ng resume the exercises gradually, it couldhelp him to resume the strength of muscle and the tolerance during exercising(MSD Manual, 2016). In order to achieve above goals, we could educate Mr. Ng todo deep breathing and coughing exercise, the exercise could help cough out thesputum in the respiratory tract, and the muscle used during coughing would bestrengthened, then coughing would be more effective (Nurseslabs, 2016). Then, we could instruct Mr.

Ng to prevent the contact with people who have infectiousrespiratory disease, and elevate the head by using pillows when he stay on thebed to increase the lung expansion (Nurseslabs, 2016). For increasing Mr. Ng’sphysical mobility, we could give him suitable walking aids, such as sticks, crutches and walkers, and teach him the correct use of them. It provides safetyand can maintain an optimal mobility to him (Nurseslabs, 2016). To empower Mr. Ng, we could make agreement on the activityschedule with him and ask him to follow the timetable to have regularactivities and exercises in the community center or at home.

Besides, we couldprovide the incentive spirometer to him and aim to have a better result in thespirometer test in the next visit. Then, Mr. Ng should perform the exercise ofROM to maintain his physical mobility and prevent the immobility andcontraction of joints.  Psychological AspectThe general and focused assessments are divided into fivepsychological aspects for Mr. Ng. The first one is the general assessment onthe effect of the presence of illness on his daily life and mental health. Thepresence of illness may make him sometimes feel exhausted and even affect hisinitiative to interact with others or seek help from others in the society.

The second one is the general assessment onthe activities of daily living. His patterns of sleeping, appetite, exerciseand recreation should be monitored. The third one is the assessment on hissocial relationships. Value, hope and dependence of individual may be easilyaffected by unstable relationship development. The forth one is the focusassessment on behavior as cues, like restless, withdrawn or disassociated, could be found on him.  Lastly, the fifthone is the focus assessment on the level of present suicidal risk according tothe assessment form on degree of suicidal risk (Varcarolis, 2011).

The first nursing problem ishopelessness. The reluctant attitude of participating in the society due toimpaired physical abilities causing Mr. Ng to have increased sleep, lack ofenergy, isolating behavior, and fatigue, as well as the verbalization ofunwillingness to bring trouble to others.             The second nursing problem issuicidal risk. Mr. Ng has verbally reported of having desire to die because ofa lack in financial support, social interaction, deterioration of thefunctional ability, and ability to find resources for help, which are thecritical root of problem that he wants to commit suicide.        According to the existingproblems, Mr.

Ng should increase his mental strength as it could help him to beactive in the society. Additionally, his mental health should be improved andmaintained. For the long term scheme, the redefining of his values, beliefs, and expectation should be gradually modified by consulting with social workers. As long as the positive value and hope towards life are built, he could tacklethe mental problem effectively.          Based on above expectation, beingoutgoing and getting involved in the community are highlighted for Mr. Ng. Activities organized by the Social Centres for the Elderly and communitysupport team services should be provided to him at the initial stage.

Mr. Ng’sself-esteem and self-value could be built up by teaching him the “ Balancingavailable energy”, which promotes the concept of doing what people want to doto build up their own mental energy (Herth, 1993). Besides, long-termappointment with psychological supports could also be provided to him. Bychatting with the social workers or friends can also improve his mental health. The developed health-care team could also provide comfort, respect and love tohim, and that can establish Mr. Ng’s trusting relationships with the others.        Moreover, we would like to educateMr.

Ng some techniques related to relaxation for building up hope. Outdooractivities can be recommended to him, such as hanging out, feeling the warmthof the sunshine or getting a deep breath outside could create positive mood (Ye& Yeb, 2007). We should also advice he to do more exercises frequently to letoff steam.         On the other hand, we should empower Mr. Ng to participate in the suggested activities weekly and get involved in thecommunity.

He should also join the group therapy as he can share his experiencewith others having similar problems, so that his social skills andrelationships with others can be enhanced (Oztunj, Yesil, Paydas & Erdogan, 2013). As a result, his mental health can be improved. Social AspectFor the general assessment of social aspect, it is importantto assess whether Mr. Ng had participated in any of the community and socialactivities, such as going to restaurant, going out with friends or talking toneighborhood, and joining exercise programs. For the focused assessment, it isvital to assess whether Mr.

Ng has any social activities, such as going outwith friends or talking to neighborhood. The first nursing problem is social isolation. Mr. Ng ispartially deaf and suffering from severe cataract, which make him havingdifficulties in social interactions and even no social life (Yorkston, Bourgeois & Baylor, 2009). This affects Mr. Ng to have eye contact orcommunicate with others. He stays at home for most of the time and he has nofriends or family to support him as well. The second nursing problem is the unwillingness to seek helpbecause Mr.

Ng is lack of trustful social relationship with others(Trachtenberg, Dugan & Hal, 2017). For example, he is deaf and has cataract which makes him havingdifficulties to communicate with others. Moreover, he is not able to finishdaily activities under safe environment. For example, he could not clean hishouse or boil water etc.

but he did not take the initiative to seek help fromothers or even accept others assistance. According to Mr. Ng’s situation, he should engage in socialevents gradually, such as participating community events for elderly andmeeting some new friends. Moreover, he should learn to build a trustingrelationship with others.

As for his unwillingness to seek help, since Mr. Ngis unable to take care of himself, it is important for him to accept communityservices such as meals delivery service. In order to achieve the above goals, identifying supportgroups related to the diseases of the client could be done, so that Mr. Ngcould increases his self-esteem level by meeting some new people and it couldalso encourage him to engage in social activities as well (National Institutefor Health Research, 2014). For the unwillingness to seek help, introducingSocial Center for the Elderly can be done. It can provide social and recreationactivities for him so that Mr. Ng can join some activities and build a trustfulrelationship with the staff members, seek help from them (National Institutefor Health Research, 2014).

We would advise him to participate in more group activities (Stojanovicet al., 2017). Because studies have shown that group activities could promotesocial health (Stojanovic et al.

, 2017). Moreover, community-based groupexercise programmes could improve his self-esteem (Stojanovic et al., 2017). Onthe other hand, encouraging Mr. Ng to seek help or accept help from otherscould be done as well. This could promote close relationship between Mr.

Ng andothers so that he could count on and seek help from them.        On the other hand, we should empower Mr. Ng to participate in more social activities and events, for example, Mr. Ngwill participate in at least one event per week. For the help seeking, weshould empower Mr. Ng to take the initiative to seek help from relevantorganizations when he needs. For example, since he is unable to cook or boilwater, he could accept meals delivery services by organizations.

Environmental Aspect            Forthe general assessment of the home environment, the general layout of thepatient’s home should be assessed. Whether the patient’s home has enough andbright lighting, and the general condition of the floor are what the communityhealth nurse should assess during the home visit. Having poor lighting, messyfloor, and obstructed walkways could be dangerous as they induced the risk forfalls (Connell & Wolf, 1997). The surrounding environment of the estateshould also be assessed to see whether there are lifts for transferring andassess the environment of the corridor.            Then, for the focused assessment, the environment of the kitchen and bathroom shouldbe assessed to see whether there are any safety threats existing. Sharp kitchentools should be stored properly, the gas stove should be turned off when notusing, and rugs should be used in the bathroom to prevent slipping (Edwards, 2016). Foods that are stored in the refrigerator should also be assessed. Thiscan understand Mr.

Ng’s eating habit to see whether he has a healthy andbalanced diet.            Thefirst nursing problem is risk for falls. Falls are one of the main causes ofinjury deaths for the elderly (Carter, Campbell, Sanson? Fisher & Gillespie, 2000). The lighting at Mr. Ng’s home wasvery dim, which would be difficult to see things clearly without sunlight.

Thefloor was also dirty with messy stuff around the whole room. Poor lighting andmessy floor may increase the probability of falling (Lord, Menz , 2006). This may cause physical harm or compromised health to Mr.

Ng (Carpenito, 2017).            Thesecond nursing problem is risk for injury. Mr.

Ng has blurred vision due tocataract. Whenever he needs to boil water, he uses his hands to feel whetherthere is heat produced by the fire directly. This is very dangerous and Mr. Ngmay get hurt easily as he might be touching the fire directly.

Moreover, thelocation of the kitchen is just next to his bed due to space limiting. Thingsmay get burn easily as they are very close to the stove. In such environment, Mr. Ng had a high risk of getting injured.            Inorder to reduce the potential problems that induce Mr. Ng’s probability to getinjured, the home environment should be renewed. Community care services thatare suitable for Mr.

Ng could be arranged and provided to him.            Mr. Ng could be referred for the integrated home care services, which provideservices include personal care, general household or domestic duties, environmental risk and health assessment, meals and laundry service, and simplenursing care (Social Welfare Department, 2015). By improving Mr.

Ng’s homeenvironment and providing meal delivery service to him, the environmental risk, and risk for falls and injury can be reduced. Another service that is suitable for Mr. Ng is the personalemergency link service. It is hard to change Mr. Ng’s daily living in a shorttime, and because he is living alone in a small flat, some environmental risksmay be difficult to prevent. The personal emergency link service can enableMr. Ng to connect to the 24-hour support service when facing emergency situation(Senior Citizen Home Safety Association, 2017).

Onthe other hand, we should educate Mr. Ng not to use his hands directly to testfor the heat from the stove, as it could be very dangerous and he may get hurteasily. It would be better to use an electric kettle to boil water instead. Moreover, Mr. Ng should turn on the light in his home to ensure enough lightingto prevent falling. He could also put some non-slip carpets on the floor toprevent slipping.      Besides, in order to effectively reduce the environmental risk, empowerment plan shouldbe offered to Mr. Ng.

We should empower him to tidy up his bed and floor withinhis capability. He should also use the water pot safely or use an electrickettle instead. For the lighting problem, we should empower him to always turnon the light in his home. Learning ContractA learning contract between Mr.

Ng and us could beestablished in order to monitor the progress of improving the existed problem. Mr. Ng will agree to participate in more community activities within a month. For example, he will join the activities organized by the Social Centre for theElderly and join at least one activity per week (Social Welfare Department, 2017). He will be able to provide evidence for participated relevant events ona diary provided by us. This service can provide an opportunity for him to meetmore people, increases his social activities and build a positive relationship(Social Welfare Department, 2017). Moreover, Mr. Ng will join at least oneactivity per week organized by the Integrated Home Care Service which allowshim to do more exercises and meet friends (Social Welfare Department, 2015).

Besides, Mr. Ng will apply for the personal emergency linkservice through social worker in two weeks. He will be able to understand thatthe service can provide 24-hour call service, short-term emotional counselingservice, and community information and referral service (Senior Citizen HomeSafety Association, 2017). He will also be able to verbalize and demonstratehow to use the device effectively after installing it in his home in two weeks. Moreover, Mr. Ng will maintain continuous use of the service when neededafterwards.

Lastly, Mr. Ng will improve his home environment. He willaccept the Integrated Home Care Service which will help him to modify home intoa safer and clean environment (Social Welfare Department, 2015). The servicecan provide home environmental risk assessment, house cleaning services and24-hour emergency service (Social Welfare Department, 2015). On the other hand, Mr. Ng will put non-slip carpets on the floor, use an electric kettle to boilwater instead of the stove, and always turn on the light to ensure enoughlighting in one week.  Evaluation        In order to evaluate Mr. Ng’sperformance in the next visit, we should see whether he had participated in theactivities suggested for him by checking the diary provided by us.

We shouldalso evaluate whether he had tidied up the messy stuff on the floor and put oncarpets on the floor. Besides, we should evaluate if he had contacted thesocial worker to apply for the personal emergency link service in the nextvisit.  Conclusion         To conclude, Mr.

Ng’s existing problemshave been explored in the physical, psychological, social and environmentalaspect. Related assessment, planning, implementation, education, andempowerment plans were provided for each aspect. A learning contract onenabling Mr. Ng to participate in community activities, apply for the personalemergency link service, and improve his home environment has also beenestablished. In the next visit, we hope to see that Mr. Ng had started to joinactivities organized by the Social Centre for the Elderly and tidied up most ofthe things that blocked the walkway in his home.