

Introduction to see if
mr. ng has correctly



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IntroductionMr.

Ng is an 80 years old man who is retired and unmarried. He was diagnosed with chronic obstructive pulmonary disease (COPD), diabetes mellitus (DM), hypertension (HT), cataract and hearing loss. He was admitted to the hospital due to severe shortness of breath (SOB), his respiratory rate was 30 breaths per minute and his SaO₂ level was 88% on 2L/min. O₂.

Mr. Ng's condition was stable after 2 weeks, and was referred to community nursing services for daily insulin injection, drug supervision, puff technique and blood pressure monitoring. In this essay, Mr. Ng's existing nursing problems will be divided 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 be explored.

After that, a learning contract and an evaluation for the next visit will be discussed. Lastly, a short conclusion will be provided to summarize the whole essay. Physical Aspect For general assessment, dilated eye examination could be done 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 confrontation field 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 deaf and he could not listen to the radio and he needs hearing aids when the social worker talks to him. The hearing test could be done for Mr. Ng. Rinne

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test is a hearing test which use a tuning fork to indicate the air-bone gap and assess if there is a conductive hearing loss (Richard & Glenn, 1988).

It could also assess the level of hearing loss for Mr. Ng (American Hearing Research Foundation, 2012). On the other hand, the medication compliance should be checked to see if Mr. Ng has correctly take the medication for COPD, DM, and HT or not. For focused assessment, the physical mobility and level of gas exchange should be accessed. For Mr. Ng's physical mobility, the muscle strength test could be done to him, he uses a walking stick for assisting his movement with an altered gait.

The muscle strength test could indicate his range 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 test could be used in the assessment to assess the functioning of the lungs (Healthline, 2017). The first nursing problem is impaired gas exchange. Mr.

Ng had SOB and he always pants, so he needs to get rest after walking and standing. For COPD patient, the airway is blocked by the mucus and the air cannot get into the lungs, so the oxygen is not sufficient to supply to our body parts, as a result, the respiratory rate is increased to inhale much oxygen 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 physical activities, except going downstairs and walking at home, he does not have any other exercises every day. The reason that Mr. Ng had reduced physical mobility is the condition of his eyes. He has cataracts and his vision

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is affected, so he does not watch TV, newspaper or even move. Based on the condition of Mr. Ng, we hope that his condition of SOB would be improved. He could do the deep breathing and coughing exercises and use incentive spirometer to resume normal lung function (MedlinePlus, 2015).

Besides, the level of SpO₂ should be kept in a normal level, the oxygenation therapy could be adjusted to meet Mr. Ng's needs. Also, evaluating level 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 could help 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 to do deep breathing and coughing exercise, the exercise could help cough out the sputum in the respiratory tract, and the muscle used during coughing would be strengthened, then coughing would be more effective (Nurseslabs, 2016). Then, we could instruct Mr.

Ng to prevent the contact with people who have infectious respiratory disease, and elevate the head by using pillows when he stays on the bed to increase the lung expansion (Nurseslabs, 2016). For increasing Mr. Ng's physical mobility, we could give him suitable walking aids, such as sticks, crutches and walkers, and teach him the correct use of them. It provides safety and can maintain an optimal mobility to him (Nurseslabs, 2016). To empower Mr. Ng, we could make an agreement on the activity schedule with him and ask him to follow the timetable to have regular activities and exercises in the community center or at home.

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

The second one is the general assessment on the activities of daily living. His patterns of sleeping, appetite, exercise and recreation should be monitored. The third one is the assessment on his social relationships. Value, hope and dependence of individual may be easily affected by unstable relationship development. The fourth one is the focus assessment on behavior as cues, like restless, withdrawn or disassociated, could be found on him. Lastly, the fifth one is the focus assessment on the level of present suicidal risk according to the assessment form on degree of suicidal risk (Varcarolis, 2011).

The first nursing problem is hopelessness. The reluctant attitude of participating in the society due to impaired physical abilities causing Mr. Ng to have increased sleep, lack of energy, isolating behavior, and fatigue, as well as the verbalization of unwillingness to bring trouble to others.

The second nursing problem is suicidal risk. Mr. Ng has verbally reported of having desire to die because of a lack in financial support, social interaction, deterioration of the functional ability, and ability to find resources for help,

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which are the critical root of problem that he wants to commit suicide.

According to the existing problems, Mr.

Ng should increase his mental strength as it could help him to be active in the society. Additionally, his mental health should be improved and maintained.

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

tackle the mental problem effectively.

Based on above expectation,

being outgoing and getting involved in the community are highlighted for Mr.

Ng. Activities organized by the Social Centres for the Elderly and

community support team services should be provided to him at the initial stage.

Mr. Ng's self-esteem and self-value could be built up by teaching him the “

Balancing available energy”, which promotes the concept of doing what

people want to do to build up their own mental energy (Herth, 1993).

Besides, long-term appointment with psychological supports could also be

provided to him. By chatting with the social workers or friends can also

improve his mental health. The developed health-care team could also

provide comfort, respect and love to him, and that can establish Mr. Ng's

trusting relationships with the others.

Moreover, we would like to

educate Mr.

Ng some techniques related to relaxation for building up hope.

Outdoor activities can be recommended to him, such as hanging out, feeling

the warmth of the sunshine or getting a deep breath outside could create

positive mood (Ye & Yeb, 2007). We should also advise he to do more exercises frequently to let off steam. On the other hand, we should empower Mr. Ng to participate in the suggested activities weekly and get involved in the community.

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

Ng has any social activities, such as going out with friends or talking to neighborhood. The first nursing problem is social isolation. Mr. Ng is partially deaf and suffering from severe cataract, which make him having difficulties in social interactions and even no social life (Yorkston, Bourgeois & Baylor, 2009). This affects Mr. Ng to have eye contact or communicate with others. He stays at home for most of the time and he has no friends or family to support him as well. The second nursing problem is the unwillingness to seek help because 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 having difficulties to communicate with others. Moreover, he is not able to

finish daily activities under safe environment. For example, he could not clean his house or boil water etc.

but he did not take the initiative to seek help from others or even accept others assistance. According to Mr. Ng's situation, he should engage in social events gradually, such as participating community events for elderly and meeting some new friends. Moreover, he should learn to build a trusting relationship with others.

As for his unwillingness to seek help, since Mr. Ng is unable to take care of himself, it is important for him to accept community services such as meals delivery service. In order to achieve the above goals, identifying support groups related to the diseases of the client could be done, so that Mr. Ng could increase his self-esteem level by meeting some new people and it could also encourage him to engage in social activities as well (National Institute for Health Research, 2014). For the unwillingness to seek help, introducing Social Center for the Elderly can be done. It can provide social and recreation activities for him so that Mr. Ng can join some activities and build a trustful relationship with the staff members, seek help from them (National Institute for Health Research, 2014).

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

, 2017). Moreover, community-based group exercise programmes could improve his self-esteem (Stojanovic et al., 2017). On the other hand,

encouraging Mr. Ng to seek help or accept help from others could be done as well. This could promote close relationship between Mr.

Ng and others 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. Ng will participate in at least one event per week. For the help seeking, we should empower Mr. Ng to take the initiative to seek help from relevant organizations when he needs. For example, since he is unable to cook or boil water, he could accept meals delivery services by organizations.

Environmental Aspect For the general assessment of the home environment, the general layout of the patient's home should be assessed. Whether the patient's home has enough and bright lighting, and the general condition of the floor are what the community health nurse should assess during the home visit. Having poor lighting, messy floor, and obstructed walkways could be dangerous as they induced the risk for falls (Connell & Wolf, 1997). The surrounding environment of the estate should also be assessed to see whether there are lifts for transferring and assess the environment of the corridor. Then, for the focused assessment, the environment of the kitchen and bathroom should be assessed to see whether there are any safety threats existing. Sharp kitchen tools should be stored properly, the gas stove should be turned off when not using, and rugs should be used in the bathroom to prevent slipping (Edwards, 2016). Foods that are stored in the refrigerator should also be assessed. This can understand Mr.

Ng's eating habit to see whether he has a healthy and balanced diet.

The first nursing problem is risk for falls. Falls are one of the main causes of injury deaths for the elderly (Carter, Campbell, Sanson, Fisher & Gillespie, 2000). The lighting at Mr. Ng's home was very dim, which would be difficult to see things clearly without sunlight.

The floor was also dirty with messy stuff around the whole room. Poor lighting and messy floor may increase the probability of falling (Lord, Menz, 2006).

This may cause physical harm or compromised health to Mr.

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

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

Moreover, the location of the kitchen is just next to his bed due to space limiting. Things may get burnt easily as they are very close to the stove. In such environment, Mr. Ng had a high risk of getting injured. In order to reduce the potential problems that induce Mr. Ng's probability to get injured, the home environment should be renewed. Community care services that are suitable for Mr.

Ng could be arranged and provided to him. Mr. Ng could be referred for the integrated home care services, which provide services 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 <https://assignbuster.com/introduction-to-see-if-mr-ng-has-correctly/>

the Social Centre for the Elderly and join at least one activity per week (Social Welfare Department, 2017). He will be able to provide evidence for participated relevant events on a diary provided by us. This service can provide an opportunity for him to meet more people, increases his social activities and build a positive relationship (Social Welfare Department, 2017). Moreover, Mr. Ng will join at least one activity per week organized by the Integrated Home Care Service which allow him to do more exercises and meet friends (Social Welfare Department, 2015).

Besides, Mr. Ng will apply for the personal emergency link service through social worker in two weeks. He will be able to understand that the service can provide 24-hour call service, short-term emotional counseling service, and community information and referral service (Senior Citizen Home Safety Association, 2017). He will also be able to verbalize and demonstrate how 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 needed afterwards.

Lastly, Mr. Ng will improve his home environment. He will accept the Integrated Home Care Service which will help him to modify home into a safer and clean environment (Social Welfare Department, 2015). The service can provide home environmental risk assessment, house cleaning services and 24-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 boil water instead of the stove, and always turn on the light to ensure enough lighting in one week. Evaluation In order to evaluate Mr. Ng's performance in the next visit, we should see whether he had

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participated in the activities suggested for him by checking the diary provided by us.

We should also evaluate whether he had tidied up the messy stuff on the floor and put on carpets on the floor. Besides, we should evaluate if he had contacted the social worker to apply for the personal emergency link service in the next visit. Conclusion To conclude, Mr.

Ng's existing problems have been explored in the physical, psychological, social and environmental aspect. Related assessment, planning, implementation, education, and empowerment plans were provided for each aspect. A learning contract enabling Mr. Ng to participate in community activities, apply for the personal emergency link service, and improve his home environment has also been established. In the next visit, we hope to see that Mr. Ng had started to join activities organized by the Social Centre for the Elderly and tidied up most of the things that blocked the walkway in his home.