

# A case study on different anxiety experiences nursing essay



Anxiety experiences different in everyone in different times, it's a normal response to actual danger, promoting the body through stimulating of sympathetic and parasympathetic nervous system will be helpful action. (Springhouse, 2007). Anxiety affects our whole being. It affects how we feel, how we behave and has very real physical symptoms. It feels a bit like fear but whereas we know what we are frightened of, we often don't know what we are anxious about. Mild anxiety is vague and unsettling-severe anxiety can be extremely debilitating (Medical News Today, 2010). Acute pain it is not good sign about tissue damage, (Gulanick et al., 2010).

## **1- How can you manage Evert's pain?**

As a nurse, the following can be done to manage Evert's pain:

Anticipate need for pain relief: early analgesic intervention helps to decrease pain.

We have to respond to pain complain as soon as possible: early respond to patient's complaining of pain its help to decrease anxiety and on other side its help to make a trust relationship.

Trying to eliminate the addition of stressor or comfort as we can: help patient to tolerate the pain either these elements from environment, intrapersonal, or intrapsychic factors.

Make an good atmosphere of comfort, relaxation, and sleep: we have to help patient to be in good atmosphere to take a rest and sleep comfortably because some patient's experiences of pain may will put them in fatigue

condition, so we have to put him in darkroom and disconnected his phone (Gulanick et al., 2010).

## **2- What can you do to alleviate Evert's anxiety?**

The following interventions can be done to alleviate Evert's anxiety:

Anticipate need for pain relief: early analgesic intervention helps to decrease pain.

We have to respond to pain complain as soon as possible: early respond to patient's complaining of pain its help to decrease anxiety and on other side its help to make a trust relationship.

### **Some of cognitive behavioral strategies as follows:**

Images: if patient use his mental images its help to distract stress and pain with using all his five senses.

Distraction techniques: heighten one's concentration upon nonpainful stimuli to decrease one's awareness and experiences of pain and reduce stress such as nerve stimulation and breathing modifications.

Use the relaxation exercises: it's important for patient to decrease attention and pain.

### **Use breathing exercises.**

Using Music Therapy in treatment: the music therapy works well on patients. Its apart of treatment team (Mount& Munro, 1978).

### **3- Why was Evert's wife so worried the Evert did not eat? Should you treat with IV nourishment?**

Evert's wife was worried because Evert might suffer from dehydration and malnutrition, and this will cause electrolyte imbalances and his condition will be aggravated by this, his health will deteriorate more rapidly. As a nurse the treatment plans for Evert to restoring fluid and correcting any electrolyte imbalances. Early treatment intervention its help to prevent any potentially life threatening such as hypovolemic shock (Gulanick et al., 2010).

### **4- Make a nursing care plan for Evert. Explain and motivate you suggested nursing intervention in according with the four key areas listed in the introduction?**

A. Assessment: defining characterized: Evert verbalizes pain, especially in connection with moving, narrowed focus such as withdrawal from social and physical contact, relief or distraction behavior( seeking out staff to do activities), restless, anxiety manifested, expression of helplessness, and inability to procure fluid and food.

B. Nursing Diagnosis: actual diagnosis: acute pain related to severe anxiety.

Nursing outcome: Evert will be enable adequate relief of pain when moving or ability to deal with the pain are not fully satisfied. Evert is able to recognize signs of anxiety.

Risk diagnosis: risk for fluid volume deficit related to inability to procure fluid and food.

Nursing outcome: sufficient fluids volume and electrolyte balance as evidence by urine output greater than 30ml/hr, consistency of weight, and normal skin turgor (Gulanick et al., 2010).

### **C. Nursing Intervention:**

1. Assess pain characteristics: Quality as example sharp, burning, and shooting. If we want to measure the level of severity from 1 to 10, with 10 level it is more severe to patient. Location according to anatomical description, onset if it's gradual or sudden. Duration for how long is it intermittent or continuous (Gulanick et al., 2010).
2. Administer parenteral fluids as ordered: the nurse must give patient IV fluids as needed and as ordered, challenge with intermediate infusion of fluids for Evert who is unable to procure fluid and food (Gulanick et al., 2010).
3. Assess patients and help them to recognize the sign and symptoms of anxiety: it is important for patients to be able to know and recognize the sign and symptoms of anxiety, which will help Evert to be able to solve his sign and symptoms when anxiety level is low (Gulanick et al., 2010).
4. Relieving factors. Monitor the patient signs and symptoms with pain: Like Heart Rate, Temperature, Blood Pressure, skin color, restlessness, and patient inability to focus. Some patient's ignoring sign and symptoms of pain when occur. The patient's must inform the nurse about these sign and symptoms because it well helps the nurses in evaluation (Gulanick et al., 2010).

5. Assessing the main causes of pain: it is important for doctors and nurses to look to the causes of pain because the different causes having different treatments (Gulanick et al., 2010).
6. Assess the patient knowledge regarding pain relief strategies: a lot of patient's may not realize how effective non drug method on them either with or without pain killing medication. So, we have to explain to them this point carefully (Gulanick et al., 2010).
7. Evaluate patient's regarding response to pain medications or therapeutics: it is important to give patient's chance to tell nurse about his expression regarding pain medication, and also let him to talk about effect of medication on him (Gulanick et al., 2010).
8. Assess patients from cultural, intrapersonal, intrapsychic, and environmental degree factors which are share to relief pain: these factors will affect patient's expression on experiences, for example some cultural you have complete freedom to express how you fell (Gulanick et al., 2010).
9. Evaluate what is the meaning of pain to individuals: it is important to all patients' to know the meaning of pain because if he doesn't know it will affect him to response (Gulanick et al., 2010).
10. Assess patient's regarding expectation of pain relief: it is important for nurses to know patients expectations regarding pain relief either the pain decreased or pain disappeared. Because these patient expectation will help the nurse to know either the pain relief or need to participate in another treatment (Gulanick et al., 2010).

11. Assess patients if they would like to explore some other techniques to control pain: it is important to patient to know that there is many ways of pain relief (Gulanick et al., 2010).

D. Evaluation: Evert manifests adequate relief of pain, recognizes sings of anxiety, and demonstrates positive coping mechanism. Evert's urine output greater than 30ml/hr, weight is consistent and with normal skin turgor (Gulanick et al., 2010).

### **FOUR MAJOR AREAS:**

Symptoms Control: A palliative approach, involving attention to symptoms control and the psychological, social and spiritual wellbeing of the patient and their family is relevant at all stages of the disease, and it has been argued that attention to these aspects combined with understanding of the patient's feelings and concerns all contribute to improving quality of life of the person with acute pain (Montazeri et al., 1998). The principles of symptom control, which are used as standard by clinicians include: assessment of the symptom, understanding the meaning ascribed to it by the patient, explanation of the likely cause, investigation should only be undertaken if they will change the course of action to be followed, institution of treatment based on known or likely etiology, available options for treatment, and wishes of the patient, monitoring of the response to treatment and modification as necessary ( Steinhauser et al., 2000).

Communication: make a good relationship between nurse and patient which well make patient comfortable in communication. Trying to orient the patient to the environment and help him to take experiences from people as

needed, and also when the patient is aware and oriented very well it will help him to be comfort and may will decrease anxiety. Help the patient to express anxious felling if the patient has ability to describe them. (Gulanick, 2010).

Teamwork: during assessment pain in patient, contributions from the multidisciplinary team is very important to evaluate the following: a detailed history of each pain, full examination, and psychosocial assessment, a history of analgesics already used and the response to them, investigations to confirm the diagnosis, depending on the stage of disease and the treatment options (Ripamonte et al., 1997). Perception of pain will be influenced by the meaning of pain for the patient. Open discussion among team members, family and patient, allowing fears to be discussed, providing explanation of the symptoms and reassurance of continued support is important (Twycross, R. G, 1993).

Family: the nurse must teach patient and his/her family about intervention regarding inadequate intake, and explain to him the importance of intake such as drinking fluids and eating food. Explanation of the importance of the rationale and intended effect of treatment program to alleviate pain, diminish anxieties (Gulanick et al., 2010).