

Applying the chronic illness trajectory framework to a past client

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The reason for the use of a Trajectory framework is to provide an approach that is useful in the management of chronic diseases (Hawthorne, 1992). The plan or approach finds usage during the interaction with the victims of such illnesses. It constitutes several assumption that apply to the management process of chronic illnesses. They involve aspects revolving around the courses of the diseases, the technology used in the treatment, and biographical needs of the patient. The paper covers a story of a victim of Type 2 Diabetes Deep Vein Thrombosis, and Obstructive Pulmonary Disorder that had reached a chronic stage.

Doctors performed a diagnosis of CORP exacerbation alongside uncontrollable blood glucose that has a link to the respiratory treatment. Through cross-examining the victim, I apprehended that the he had been diagnosed with a chronic ailment. I attributed the cause of his illness to his exposure to toxic materials while serving in the American Air force. Here, I linked the cause to the first assumptions that indicate that the courses of chronic conditions are dynamic and changes with time. As the interrogation continued, I realized that the course of the patient's condition would have been altered if he would not have denied his condition. As a result of his denial, his COPD evolved and soon he realized that he faced an elevated intolerance phenomenon that caused the supplementation of oxygen during exercises and medication. The patient's condition would have been shaped and managed before it developed into the chronic state. The patient would have changed his career to avoid getting exposes to more of the

combustions fumes that his work entailed (Whittemore & Dixon, 2008).

The technology involved in the treatment of the victim's case was oxygen treatments machines. Long term oxygen therapy treatment that is subject to controversy based on its effectiveness was also administered. With the continual administration of the therapy, the condition of the patient worsened depicting that there was a way in which the technology used in the treatment affected him negatively. He later developed the symptoms of dyspnea and coughing and this necessitated hospitalization to attain a status of control. It seems the consequences of the technological effects led to the attraction of Type 2 diabetes that the patient's diagnosis confirmed.

Consequently, the patient could not acquire some of the biographical fulfillment and perform his daily activities such as dressing and taking a shower. As a result, his medication process was hindered, and this affected the management and the course of his disease. The assumption that the course of illness is not inevitable downwards cannot be established in this scenario. The victim still fights for his life with the hope that his condition will improve. Based on his situation, and the advancement of vertigo that is linked to orthostatic hypertension, there is fear of the transfer of the crisis stage to a deadlier stage that poses a threat to his existence may occur. Consequently, it is impossible to assume that the patient will die from the chronic illness.

References

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