

Nursing health assessment and intervention- older adult case study

[Family](#)



**ASSIGN
BUSTER**

PSYCHOLOGICAL ASSESSMENT

Mental Status and orientation: Mr. BR knows his name; when and where he was born, time of the day and could read a clock. He even recalls his parents,' children and grand children birth days. Politics did not interest him, but he quoted scripture in support of his personal philosophy.

Changes in self image due to aging and retirement: Mr. BR displays an interesting self image claiming that he is as old as God and young as the Holy Spirit. As such, he did not contemplate on age since it was simply a parenthesis of life itself. He said that he was not retired and will not, because he was called to preach and will do so until he is called away to start over.

Adjustment to retirement: None

Sources of stress: None

Coping abilities: Implicit trust in the divine

History of mental illness: None

Provision for privacy: None identified

Loss of loved ones: Wife deceased

Life satisfaction: Mr. BR has demonstrated immense fulfillment in life having been called to preach the word of God from an early age and minister to people internationally. His only set back was when his wife of over 40 years passed. However, he has very supportive sons, daughters; grand children and looks forward to enjoying life with perfect health way pass 100 years.

Preparation for death: Mr. BR does not believe in death the way ordinary people do. He claims that life is eternal and there is no death, but transition

from one phase of consciousness to the next when the body disintegrates. As such, people do make preparation for that. Consequently, he has a life insurance policy to take care of that change, financially, if it occurs.

Experience of depression: No visible signs of depression

Evidence of abuse or neglect: None detected

SENSORY-MOTOR ASSESSMENT

Biological considerations

Physiologic Functions

Perceptions of personal health: Mr.. BR is 88 years old. He perceives himself as being alert and well oriented to time and place. His physical appearance suggests someone way in their late sixties. The skin tone was slightly flabby having displayed apparent loss of weight. His gait was firm and balanced coupled with a very pleasant personality offering compliments and cynical remarks during interaction.

Review of systems (Include effects of aging)

Eyes (visual impairment, use of glasses): Mr. BR was not wearing any glasses and admitted to using a reading spectacle, especially, when lighting was dull in a room. He was able to drive and was not diagnosed with any major visual impairment.

Ears (hearing impairment, use of hearing aid): Mr. BR did not show any signs of hearing impairment and was not using a hearing aid.

Mouth and Throat (dentures [fit, use], dry mouth bleeding gums): Mr. BR

wore partial dentures on the top front of his mouth. He gave no history of bleeding gums neither dry mouth.

Integumentary system: Skin surfaces were smooth; no bruises, dryness, itching, bleeding pallor nor eczemas. The extremities were normally warm and no alopecia was observed.

Respiratory system: The respiration rate and rhythm were normal. There was no presence of cyanosis nor emphysema in breathing.

Cardiovascular system: No history of heart disease.

Gastrointestinal system: Mr. BR gave a history of eating three nutritious meals per day being prepared from home by his helper. He had regular bowel movements daily with moderate consistency- no constipation.

Musculoskeletal system: Mr. BR complained of some slight knee pains when trying to bend or stoop. Apart from that he described himself as being agile as a monkey.

Neurological system: There were obvious signs of tremors or paralysis. The only complaint was that food does not taste as good as they used sometimes. He has to add salt or seasoning to enhance the taste.

Reproductive system: Mr. BR's wife had passed some ten years ago and since then he said that he lost interest in sex. However, he still gets erections and can ejaculate if the need arises. There seemed to be no prostatic enlargement.

Urinary System: No urgency, hesitancy neither frequency of urination were experienced. Urinalysis showed clear normal urine, no protein neither blood.

Immunological system: There were some concerns expressed about frequent colds, which he attributed to the weather and central air system in the home.

No history of HIV/AIDS.

Hematopoietic system: No incidences of bleeding from any orifice in the body neither anemia.

Existence any acute health problem: Mr. BR revealed that the only acute health problem he presently has is too much leisure and is trying to discover a medicine since medical doctors seem unable to find a cure. He has not been diagnosed with any acute disease.

Functional abilities:

Bathing—Completes task independently

Dressing—Completes task independently

Toileting—Completes task independently

Mobility--- Completes task independently

Eating---- Completes task independently

Bowel and bladder—visits the bathroom regularly without assistance

Verbal communication---Efficient language usage and precise choice of words with some added humor.

COGNITIVE ASSESMENT

Orientation to Physical environment: Mr. BR knows his address and locates the building on a map while returning home safely from driving or walking.

Social interaction and support: Mr. BR is well integrated in society and

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continues as founder leader of his church of some 500 members strong.

Social attitudes: Mr. BR is well loved by his congregation, family, and co-workers. He responds with an equally caring and loving attitude.

Educational attainment and maintenance: Mr. BR's highest educational level is a Doctorate in New Thought Christian philosophy majoring in metaphysical interpretations of scripture. He is a teacher at his seminary being considered a bible scholar and engages in continuing educational classes himself.

ANALYSIS

Mobility and Functionality

1. No doubt Mr. BR has expressed exceptionally unusual sensory-motor functional abilities for his age. The only real concern was his taste buds, which seemed to be affected the most. Even though the skin seemed to have lost some elasticity sensory stimulation was adequate for his age. There has been no significant change in mobility to necessitate use of a walker or cane. However, due to loss of elasticity in muscle tissue he tended to lean forward somewhat in propelling the body.

2. According to Laura Struble and Barbara Sullivan (2011) studies have proven where cognitive decline in older adults begins in the late 50's. It manifests as inability to focus; converse coherently and memorize details. (Struble & Sullivan, 2011). In Mr. BR's case at 88 he seemed quite alert and witty.

3. With reference to American Psychological Association the 65 and over age group is the fastest growing population in the world. Subsequently, mental health issues do affect the process. (American psychological Association, <https://assignbuster.com/nursing-health-assessment-and-intervention-older-adult-case-study/>)

2011). However, from Mr. BR's interview it would appear as though strong spiritual convictions as well as being meaningfully employed are keys to maintaining psychological well being.

4. Obviously, Mr. BR has no Polypharmacy issues since he takes no medications except for one a day vitamin supplement, which he insists will keep him energetic. Besides, he claims that his pharmacy is the word of God in which anyone can find the best prescription for any ailment.

References

American Psychology Association (2011). Psychology of aging. Retrieved (2011, 09 19) from

<http://www.apa.org/pi/aging/resources/guides/psychology-and-aging.aspx#>

Struble, Laura. Sullivan, Barbara. (2011). Cognitive Health in Older Adults. Nurse Practitioner, 36(4), 24-34.