

The plan of care for a
selected patient,
within an inpatient
setting



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This assignment will present a holistic profile and discuss the plan of care for a selected patient, within an inpatient setting. This will be through the understanding of the nursing process concluding with the reflection of my learning from assessing and caring for my patient.

The purpose of the nursing care plan is that it will enrich me to gain better understanding of the patient's individuality, that is, to see the patient as a whole. It will enable me to understand of the patient's social status, cultural background, economic level, hobbies and special interests which all contribute to the patient's welfare. It will also enable me to understand nursing process, to practice written and verbal expression, to develop observation of the patient and to develop research skills.

According to Crisp and Taylor (2005), nursing process is a problem solving approach that enables the nurse to provide care in an organized scientific manner. It also integrates critical thinking and also involves collaboration with the health care team. There are essentially five steps to nursing process: assessment, nursing diagnosis, planning, implementation and evaluation. What is involved in these processes is included in the patient care plan discussed later.

The patient chosen is through my clinical placement in one of the largest teaching hospital in South Auckland. The ward provides a culturally safe environment for thirty patients it can house at a time and is a specialized ward for patients with colorectal, breast and stomach complications. Confidentiality is always uphold in this ward and this can be seen by the

patients folder being locked in drawers and only health professionals directly caring for the patient gaining access to it.

Informed consent had to be taken from the chosen patient to carry out this project on holistic nursing. Patient was informed that any information passed on, either relating to health or private issues will be confidential and the name of the patient won't be revealed at any time.

Mrs. Joy (not her real name), is a seventy two year old European, New Zealand citizen, who prefers to be called Joy. She is very religious and describes her religion as Anglican. She is a widow whose husband passed away eight years ago and has got three grown up children, two daughters, and a son who resides in Australia. The two girls live here and Joy lives with the youngest daughter. Joy describes her family as a very close knit family. Joy has enjoyed thirty – five years of being a librarian retiring at the age of sixty. After that she enjoyed traveling to Australia every year to be with her son until her health gave up on her.

Joy describes herself as outdoor person. Her favorite pastimes include: gardening, playing with grandchildren and cooking. Joy also has the love of tapestry and looks forward to go back to the unfinished art she had to abandon because of her health scare. She is also the member of the women's club and attends flower arrangement competition every year in November.

Joy has been experiencing sharp abdominal pain of varying intensity for last three years. Sometimes the pain would be quite intense resulting in profuse diarrhea for two to three days followed by constipation for the next few days.

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Her doctor was quite alarmed when she presented with these symptoms quite regularly and referred her to the specialist for special tests. The investigations included sending her feces to the laboratory. Several episodes of increase in white blood cells, red blood cells were reported in 2006. There was no isolation of pathogenic microorganism from the feces.

However, as symptoms persisted, an endoscopy was done in June, 2007. This is by inserting a small tube like device, called an endoscope, through the rectum and taking pictures of the ventral body (Marieb, 2001). Joy was then diagnosed with sigmoid diverticulosis. This usually affects the sigmoid colon of people over seventy years in which the colon develops pouches due to the weakening of the organs mucosal wall (Marieb, 2001). Diverticulosis is thought to be caused by lack of fiber in diet, decrease physical activity, aging and poor bowel habits (Porth, 2002). The common symptoms of diverticulosis are what Joy presented with, that is, altered bowel habit, with constipation, alternating with bouts of loose bowel motions.

Joy was sent home with advice on high fibre diet. Her symptoms persisted however and on 14th September, 2008, Joy was brought to the emergency department by an ambulance when she collapsed from sudden onset of pain while shopping with her daughter. She also presented with profuse watery diarrhea. Assessment showed abdominal distension with tenderness on palpation, fever, vomiting, and stools that tested positive for blood. She was admitted to the acute surgical ward and analgesics and Intravenous fluid were administered.

Endoscopy revealed diverticulitis and feces culture was growing *Yersinia enterocolitica*. *Yersinia* infections or Yersiniosis can occur due to eating contaminated food, especially raw or undercooked pork products, by animal wastes, and improper hygiene by fecal – oral route (Bishop, 2002).

Yersiniosis is an infectious disease so Joy had to be placed in the isolation room. This is to take extra precaution while taking care of Joy that there is no cross – infection in the ward.

Diverticulitis is a complication of diverticulosis in which there is inflammation and small microscopic perforation of the colon (Porth, 2002). Joy was therefore diagnosed as having diverticulitis and colitis which is the inflammation of the colon.

Joy's current medications are: metronidazole, which is the antibiotic for treatment for colitis caused by *Yersinia enterocolitica*, she was also prescribed with Allopurinol as one of the complications arising from Yersiniosis is production of excess uric acid. Microlax enemas were prescribed for her constipation, and morphine as required for her pain. Apart from having diverticulitis, Joy has been previously diagnosed as having chronic renal failure (CRF) and Ischemic heart failure (IHD). She also has to self-medicate for her chronic conditions, medications being, Felodipine and Diltiazem for her hypertension, Furosemide for bilateral edema she is presenting due to CRF, slow K for the potassium she is losing, and Metoprolol for IHD (Mims, 2007).

She also has multiple drug allergies with severe reactions to Pencillin, Clindamycin, Ciprofloxacin, Pethidine, and some less severe reactions to Doxycillin, Codiene, cephalosporins, and zopiclone.

While nursing Joy in the ward, from 16th, September till her discharge on 24th, September, 2008, the most important nursing diagnosis that I worked on were chronic pain, Readiness for enhanced nutrition, constipation, diarrhea and anxiety. Joy is not to be resuscitated in case she has an arrest because according to her she would not like to live a life like a vegetable and would rather die.