Neuman system model: adolescent depression

Neuman System Model: Adolescent Depression

Background

The patient “ Amy” is a 16-year-old female who lives at home with her parents and 7-year-old brother. She has recently moved to a new city and is in the twelfth grade at a new school. She had previously attended an alternative high school and is currently having a hard time adapting to her new school. According to her record, Amy was an “ A” student before moving to her new school. However, she is now getting C’s and D’s since she began attending her new school. Earlier in the school year she had been seen in the nurse’s office for an infected ear piercing, which resolved on its own. She is now being seen for an infected eyebrow piercing. Stress has a major impact on the immune system. When a person sustains chronic, unrelieved stress, the body’s defenses can no longer keep up with the demands. Stressful events can make a person more susceptible to infection, which may be the cause of Amy’s recurrent infections (Lewis, 2015).

Assessment

Amy is a 16-year old female, who is currently a high school senior. She is 5 feet (60 inches) and weights 85. 5 kg (188 pounds). Based on her BMI is 34. 4, she is considered obese. She is currently up to date with her immunizations and has no record of chronic illnesses or uses any prescription medications. Her vitals consist of temperature 36. 8, pulse 90, respirations 14, and blood pressure 116/76. Amy’s skin is clear with no rashes. She does complain of an infected right eyebrow piercing. Her social history includes living at home with her parents, has one sibling a brother of

7 years of age. She does smoke “ few cigarettes a day” yet, denies any use of ETOH drugs.

Nursing Diagnosis

The nursing diagnosis is *Ineffective Coping* related to changes in physical environment secondary to relocation as evidenced by lack of communication, quiet, flat affect, decrease in grades (A’s to C’s & D’s), smoking “ a few cigarettes a day,” and weight gain of 25 pounds.

Amy is a 16-year-old adolescent who is having difficulty adapting to her new school since moving. She had previously attended an alternative school, which is much different than the school she currently attends. Attending group therapy and other social activities could make adapting to her new environment easier. The goal is to learn coping strategies in order for her to better adapt to both the new school and city.

Nursing Outcomes

Primary Prevention

Immediate Goal

Risk for infection related to site of organism invasion secondary to eyebrow piercing. The client will report risk factors associated with infection and precautions needed. The client will demonstrate proper hand washing techniques and will verbalize early signs of infection.

Intervention

The nurse will teach and demonstrate proper hand washing technique and the importance of washing hands often. The nurse will encourage a diet rich in protein, and adequate fluid intake. The nurse will teach the patient to not touch, rub, or scratch the area with the open wound.

Rationale

Hand washing is the most effective way to help prevent the spread of infectious agents (Lewis, 2017). In order for the skin to heal and repair the body needs an increased amount of protein and carbohydrate intake as well as adequate hydration.

Outcome

The patient will demonstrate how to properly wash her hands as well as verbalizing the importance of keeping hands free from the infected eyebrow.

Evaluation

This evaluation includes the patient being free of any signs or symptoms of infection.

Intermediate Goal

Risk -prone health behaviors related to ineffective coping secondary to relocation as evidenced by smoking “ a few times a day,” weight gain of 25 pounds within a year and an infected right eyebrow piercing. The goal is for the client to demonstrate interest in self-care and initiate changes that will allow for adaption to changes and events in her life.

Intervention

The nurse will assess the client’s definition of health and wellness and major barriers to health and wellness. The nurse will determine whether the client displays problems with school performance, withdraws from family or peers. The nurse will educate the patient on strategies to cope with dilemmas and feelings of risky behavior.

Rationale

Each person has unique, individual perceptions of well-being and illness. The nurse will determine effects of prior experiences and coping skills used. Education on alternative behaviors will increase the client’s attitude of self worth.

Outcome

The client will verbalize ways to adapt to different life situations and will have an increase of interest in self-care. The client will verbalize the importance of support groups. Client will seek smoking cessation.

Evaluation

The evaluation includes Amy seeking support groups and the use of alternative coping mechanisms instead of smoking.

Future Goal

Risk for self-mutilation related to feelings of depression secondary to relocation. Amy will attend group therapy to learn coping skills that are appropriate. Amy will demonstrate new coping skills to maintain self-control.

Intervention

The nurse will assess the client’s ability to regulate her own emotional state.

The nurse will also assess the client’s ability to enter into a no suicide or no self-harm contract. Securing a written or verbal contract from the client to notify staff when experiencing the desire to self mutilate.

Rationale

Clients who self injure are more likely to be lower in emotional self-regulation that people who do not self injure. A contract places some of the responsibility for safety with the client.

Outcome

Amy will state appropriate ways to cope with increased psychological or physiological tension. She will also seek help if or when she has feelings of self-mutilation.

Evaluation

Upon completion of the assessments and fulfillment of the NANDA the client will refrain from self-injury.

Secondary Prevention

Immediate Goal

Impaired skin integrity related to an infected right eyebrow piercing as evidenced by mild erythema and crusty drainage. The goal for the client is to regain integrity of the eyebrow skin surface as evidenced by decreased erythema and absence of crusty drainage.

Intervention

Assess the site of skin impairment and determine the cause. Teach the client to monitor site for tissue integrity as such as any changes in color, swelling, warmth, pain, or other signs of infection. Instruct the patient to avoid massaging and scratching the affected area. Individualize plan according to the client’s skin condition, needs, and preferences.

Rationale

The cause of the skin impairment must be determined before appropriate interventions can be implemented. Massaging or scratching of the wound may lead to deep tissue trauma and delay the healing process. Avoid harsh cleansing agents, hot water, extreme friction or force, or cleansing too frequently.

Outcome

The client will demonstrate understanding of the plan to heal tissue and prevent re-injury. The client will also describe measures to protect and heal the skin and to care for any skin lesion.

Evaluation

Upon evaluation, the client will have a healed right eyebrow.

Intermediate Goal

Nutritional imbalance more than body requirements related to the use of food as a coping mechanism as evidenced by BMI of 34. 4, 188 lbs. and a height of 5 feet. The client will state pertinent factors contributing to weight gain and the benefits of physical activity.

Intervention

Discuss with the patient the importance of exercise and encourage the client to begin an exercise program, walking, swimming, dancing, running, and more. Watch the client for signs of depression such as flat affect, poor sleeping habits, and lack of interest in life.

Rationale

Exercise decreases body weight and cardiovascular disease risk factors in people who are overweight, especially when combined with diet, and that exercise improves health even if no weight is lost. Depression is found in a large percentage of obese persons.

Outcome

The client will identify behaviors that remain under client’s control and verbalize the importance of physical activity.

Evaluation

Upon evaluation, the client would have an appropriate amount of weight and living a healthier lifestyle.

Future Goal

Impaired social interaction related to self-concept disturbance as evidenced by appearing to be quiet with a flat affect, preoccupied with self, and grades are dropping. The client will identify thoughts and feelings that lead to poor social interactions with others. The patient will state and demonstrate restoration of relationships with friends and family members.

Intervention

Establish a therapeutic relationship with the client. Observe for barriers to social interaction: physical, emotional, and environmental. Identify available personal support systems and involve those individuals in the client’s care. Group meetings can be used to improve socialization.

Rationale

Effective communication will increase the ability of the nurse to meet the individual needs of the client. In determining the extent of a client’s social interaction, it is important to include the observation of her number of contacts, feelings of belonging, fulfilling relationships, and the quality of her engagement with others.

Outcome

The patient will attend group meetings to help improve her socialization skills. She will have an improved mood and will initiate conversations with friends and family.

Evaluation

The client will verbalize the positive feedback from the group meetings and state how it has improved with her socializing skills.

Tertiary Prevention

Immediate Goal

Anxiety related to changes in environment secondary to relocation as evidenced by diminished productivity, recent of grades dropping. The client will recognize the different sources of her stress and personal coping mechanisms. She will name three strategies of coping with her stress.

Intervention

The nurse will use empathy to encourage he client in interpret the anxiety symptoms as normal. The nurse will assess the client's level of anxiety and encourage the client to use positive self- talk.

Rationale

The way a nurse interacts with a client influences his/her quality of life. Providing psychological and social support can reduce the symptoms and problems associated with anxiety. Reducing negative self-talk and increasing positive self-talk can be beneficial for all types of anxiety.

Outcome

The client will identify and verbalize symptoms of anxiety. Amy will also be able to verbalize and demonstrate techniques to control anxiety.

Evaluation

Amy will be free of anxiety and will be implementing the different coping strategies she learned in her everyday life.

Intermediate Goal

Ineffective health maintenance related to ineffective coping as evidenced by lack of concern about weight gain, smoking cigarettes, and lack of motivation of self-care. The goal is the client will meet goals for health care maintenance.

Intervention

The nurse will help the client to choose a healthy lifestyle and refer the client to appropriate services such as social services, as needed. Assess the client’s feelings, values, and reasons for not following the prescribed plan of care. The nurse will also educate the patient on the importance of smoking cessation to promote health.

Rationale

Patients often want to have more influence on decision making in the care than they actually are afforded. It is important to make sure that the client

has access to the resources needed to be able to comply with the maintenance of their health.

Outcome

The patient will be educated on smoking cessation and will follow the health care maintenance plan in order to promote health.

Evaluation

Upon evaluation, the client will have an improved healthcare maintenance and will be able to identify, manage and seek out help in order to maintain an effective health care maintenance plan.

Future Goal

Situational low self-esteem related to disturbed body image secondary to weight gain as evidenced by gaining 25 pounds in the last year, quiet, and flat affect. The client will verbalize positive self-acceptance.

Intervention

The nurse will assess for unhealthy coping mechanisms and make appropriate referrals. The nurse will provide information about support groups of people who have common experiences or interests. The nurse will also have the client list their strengths.

Rationale

A health risk assessment that helps to refer clients to medical management programs helped to increase overall wellness in this health care plan.

Cognitive behavioral group therapy decreases depression levels and increases self- esteem in depressed clients.

Outcome

The client will state personal strengths and demonstrate separation of self-perceptions from societal stigmas.

Evaluation

The client will have an improved self-esteem and will seek help if necessary.

References

- Lewis, S., Dirksen, S., Heitkemper M., Bucher L., & Camera, I. (2017). *Medical Surgical Nursing Assessment and Management of Clinical Problems* . (10th ed.). Saint Louis MO: Elseveir.
- Ackley, B. J., Ladwig, G. B., & Makic, M. B. (2014). *Nursing diagnosis handbook: An evidence-based guide to planning care* . St. Louis: Elsevier