

# Critical thinking on identified problems

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CLC Assignment: Home Visit with Sallie Mae Fisher

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## **Part A: Home Visit Essay**

### Introduction

Sallie Mae Fisher, 82 had been discharged after three day hospitalization to treat increases dyspnea, weight gain and angina. She has a history of congestive heart failure (CHF), atrial fibrillation and hypertension. She is widowed and lives alone with limited family support since her daughter has a full time job and personal family problems. A home visit is conducted after her discharge to evaluate her status. In this essay, the identified problems are prioritized and rational interventions discussed to ensure that Ms. Fisher receives quality care and improve her living standards.

During the home visit, various challenges were identified that reduce Sallie's quality of life and pose health problems. The first problem regards to her cardio-pulmonary status. From the vitals reading, Sallie has a BP of 90/56 and a pulse rate of 58 beats per minute. This indicates that she has low blood pressure (hypotension). At 82 years, and coupled with her history of CHF, low blood pressure is a significant health problem. Low blood pressure reduces blood supply to various organs in the body including the brain leading to blurred vision, dizziness, nausea and palpitations. During the evaluation, Sallie asserts that her mind feels cloudy indicating that the effects of low blood pressure have taken toll on her brain. In addition, she has little feelings on the foot which is an indicator of limited blood supply caused by her low blood pressure. The second problem identified is safety in

Sallie's home. There is clutter all around her house that can potentially cause her to fall (Harada, 2012). This includes the magazines on the coach, the long table cloth and the rugs on the floor that nearly trips her as she goes to answer the door. Falling is one of the most serious hazard facing geriatric patients and dizziness resulting from low blood pressure increases the risk of fall. Besides bone fractures, falling is a known risk factor in other health complications such as urinary incontinence (Foley et al., 2012). Geriatric patients take longer to heal broken bones and a fall may result to negative health outcomes and result in longer hospital stays.

The third priority are that is identified is Sallies depression. Sallie is widowed and lives alone after a marriage lasting nearly 59 years. She has fond memories of her husband who used to make her laugh. Since her husband died, Sallie asserts that she has lost her will to live on. This has reduced her capacity to take care of herself. For instance, she has reduced appetite and GERD. Abbas & Bran (2009) report that living alone is a significant risk factor that causes depression in geriatric patients. Sallie's depression is a priority problem because it is reducing her self-efficacy and the will to take care of herself because dying will be relieve and she will see her husband again.

Another priority area is the lack of oxygen at her house despite the discharge orders requiring Sallie to be supplied with oxygen. Sallie's husband was a smoker and so Sallie was exposed to secondary smoke for many years. The physical exam shows that her mucus layer is dry and this is a demonstration of breathing problems. The reason that Sallie gives for refusing to get the oxygen her doctor recommended is her concern on financing her health care needs. The final challenge identified is drug

management at home. Sallie lives alone is currently taking 14 different drugs. All this drugs are in containers that look similar and are kept on her table. Because of her age, and state of mind it is possible that she can confuse when taking medicine.

## **Nursing and Medical Interventions**

Sallie has low blood pressure which is a deviation from her case history of hypertension. To reverse this, I would recommend to Sallie's primary physician for reduction of dosage or the discontinuation of the drugs she is taking for high blood pressure such as Calan, Vasotec and Minipres. Okin et al., (2012) reports that low blood pressure achieved in formerly hypertensive patients through pharmacologic means can result in negative health outcomes. In addition, I would recommend to her physician to consolidate brand and generic drugs such as Lasix and Furosemide to avoid overdose. Drug consolidation will make it easy for Mrs. Fisher to remember which drugs to take when and improve adherence (Thiruchselvam, 2012). I will ensure delivery of oxygen by liaising with the Medical Equipment Company. This will improve Sallie's breathing and enable her to be more active in the house. Sallie is not eating and as a result she has severe GERD which reduces her quality of life. Another problem Sallie faces is the risk of falling in her house. To solve these problems, I would form a multidisciplinary health care management team with a nutritionist and a home care nurse. The nutritionist would provide dietary advice on what Sallie should be eating to reduce GERD, while the home care nurse will help rearrange Sallies home to eliminate clutter and reduce the risk of fall. In addition, the home care nurse will offer Sallie regular company and manage her depression. I would

recommend to the primary physician that Sallie continues with her antidepressant drug Effexor and multivitamin to enhance health.

## **Part B: Scripted Dialogue**

Nurse: Goodmorning Mr. Frisher, my name is Christie from Mountain Top Home Health. I am a nurse and am here to see how you are doing and to solve the health problems that you have.

Nurse: Thank you. You feel dizzy because your blood pressure has reduced. The doctor advised that you stop taking the high blood pressure drugs. I will help you to arrange the drugs depending with the time you will be taking them so that it will be easy for you to remember how to take them. I also had the medical supplies company bring you an oxygen tank, this will help you to breathe well and reduce the dizzy spells. Medicare is paying for it and you don't have to worry about another bill.

Nurse: The hospital will be sending a home care nurse to look after you Sallie. That nurse will arrange your chairs so that it will be easy for you to move around. The rags on the floor can cause you to fall. The nurse will also be taking you for a walk so you can visit your friends and keeping you company.

Nurse: Yes, she will be helping you with the bible and will also be educating you on proper diet so that you can be healthy.

## **References**

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