**Adult Health II Case Study**

**N453- Health Continuum: Clinical Management Adult Health Nursing II**

**Purpose of Assignment**

The purpose of this case study is to integrate knowledge from the humanities and sciences, including nursing research and theory, to plan, provide, and evaluate holistic care provided to a client selected during this clinical rotation.

**Student Approach to Assignment**

The patient chosen for this case study was a 96 y/o male admitted for respiratory distress related to end stage renal disease and early stages of pulmonary edema. This patient had an extensive medical history that complicated his condition. I chose this patient for this assignment, because coordinating his care required that I develop an understanding of multiple medical conditions, how they interacted with one another, and apply them to the clinical field. From this experience, I learned how to properly care for, and what to expect from patients, specifically in a telemetry setting.

**Reason for Inclusion of this Assignment in the Portfolio**

This assignment was included in my portfolio, because it demonstrates my analysis of the physiological, psychological, social, cultural, and environmental influences pertaining to the patient as it relates to their disease process and the care necessary for it. The following program competencies are identified below:

* Critical Thinking
  + *Uses nursing and other appropriate theories and models to guide professional practice*
    - Example: By utilizing the Nursing Process Theoryhttp://www.assoc-amazon.com/e/ir?t=nurstheo-20&l=as2&o=1&a=0887374891 by Ida Jean Orlando, which is what is used as the nursing process today: assessment, diagnosis, planning, implementation, evaluation, and the ABCs of Nursing; I discovered and prioritized my patient’s diagnoses of impaired gas exchange followed by, decreased cardiac output, and knowledge deficit. It was demonstrated when analyzing the patient’s assessment data, that addressing and planning for his impaired gas exchange would be a priority, this is due to the diagnosis’ potential complications, which includes death if left untreated.
  + *Uses decision-making skills in making clinical or professional judgements*
    - Example: In this paper, I assessed my patient, and found that his breathing became more labored, and wheezing could be heard upon his inspiration and expiration, his respiratory rate was increased, and his oxygen saturation decreased. I felt that he was not getting adequate oxygenation, and so I elevated the head of his bed, placed him on 1L of oxygen and informed his nurse.
* Nursing Practice
  + *Applies appropriate knowledge of major health problems to guide nursing practice*
    - Example: In this paper I stated that my patient was in end stage renal disease, I knew that this illness was the cause behind his fluid overload and elevated potassium, and both would have to be addressed through his medication and dialysis. Because of this I understood why my interventions were done, such as passing certain meds, and I was able to appropriately care for and explain to my patient why he was receiving certain interventions.
  + *Establishes and/or utilizes outcome measures to evaluate the effectiveness of care*
    - Example: In this paper, due to the patient’s impaired gas exchange, the outcomes expected were that he that would prove improved health are: clear lung fields upon auscultation and see that he is remaining free of signs of respiratory distress, SpO2 is within normal range while on room air, and that his blood gases go back to a normal range rather than remain in metabolic alkalosis.
* Communication
  + *Uses therapeutic communication within the nurse-patient relationship*
    - Example: In this paper, I reflect on how I used patience, active listening, and spoke in calming tones, while letting my patient to air out his frustrations. This allowed me to build rapport and provide him teaching about his medication that he did not allow the previous nurses to administer.
  + *Adapts communication methods to patients with special needs*
    - Example: In this paper, I explained that my patient had a knowledge deficit due to not understanding what his medications were for, and not being able to verbalize what his nurses have done for him as far as interventions. When assuming his care I assessed his health literacy and discovered that it is was severely limited. Understanding this I then adapted the language I used to something that he could understand.
* Teaching
  + *Provides relevant and sensitive health education information and counseling to patients, and families, in a variety of situations and settings* 
    - Example: In this paper, I reflected on the deficient knowledge that my patient had. After providing information on his condition, he was able to verbalize the importance of participating in dialysis and restricting his fluids, and he was able to verbalize 3 precautions that he needs to consider for his cardiac disease: avoid sodium, to have a diet that is low in “bad” fats, and to keep his blood pressure within normal range.
* Research
  + *Evaluates research that focuses on the efficacy and effectiveness of nursing interventions*
    - Example: In this paper, I found a research article supporting positioning patients in Prone or Semi-Fowler’s position to improve oxygenation. The position allows full expansion of the lungs and promotes a more equal distribution of ventilation. This article proved that repositioning my patient in a high fowler’s position as a response to his respiratory distress was an appropriate intervention.
* Culture
  + *Articulates an understanding of how human behavior is affected by culture, race, religion, gender, lifestyle, and age* 
    - Example: In my paper, I explained how my patient’s age and lifestyle affected his behavior. My patient was 69 years old and was a provider for his family for most of his life. Due this, he would not place himself in a position that would cause him to feel like a burden. Additionally my patient was used to a health care paradigm that involved doctors and nurses telling the patient what they need to do; making their own medical decisions was not as much of a priority. Therefore, my patient had to be encouraged to take an interest in his care due to this culture he was accustomed to.

**Nursing Honor Code**

**"I pledge to support the Honor System of Old Dominion University. I will**

**refrain from any form of academic dishonesty or deception, such as cheating or plagiarism. I am aware that as a member of the academic community, it is my responsibility to turn in all suspected violators of the Honor Code. I will report to a hearing if summoned.”**

Name: \_\_\_\_\_\_\_Sarah Jean\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name)

Signature: \_\_\_\_\_\_\_\_\_Sarah Jean\_\_\_\_\_\_\_\_\_\_

Date: 4.2.19