

Kent State University N30040
FUNCTIONAL HEALTH PATTERNS DATA BASE

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Include client's admission date, occupation, diet, religion, activity, allergies, current meds, treatments, surgery, and diagnostic tests results under the appropriate health pattern.

Client Profile (summarize events leading to the day you cared for client): J.C. is a ninety year old Caucasian female who was admitted on October 6th 2010 to Aultercare of Nobles Pond with an abdominal percutaneous abscess. J.C. is a widow and a mother of four who is catholic. She suffers from Parkinson's disease with dysphagia and upon questioning knew only her name and yes, all information obtained was from physical examination and her chart. There was no occupation listed for J.C... She was also hard of hearing, slightly confused and was recently diagnosed with significant for dementia. Her prior medical history includes congestive heart failure, hyperlipidemia, diverticulitis and hypertension. The only surgery listed was an abdominal mass surgery but there were no other details listed.

AREA OF HEALTH	SUBJECTIVE DATA	OBJECTIVE DATA	INDIRECT DATA <small>*Identify source of indirect data</small>	INTERPRETATION (effective patterns or barriers/potential barriers)
<u>HEALTH/PERCEPTION</u> <u>HEALTH</u> <u>MANAGEMENT</u> General Survey, perceived health & well-being, self-management strategies, utilization of preventative health	When I asked the patient how she was feeling today she replied "yes", I then proceeded to ask her again which she replied "yes" to again.	I observed two aides helping J.C. get in her wheelchair. J.C. wears glasses and has bilateral hearing aids. Patient was hard of hearing.	Chart: J.C. is a non-smoker, non-drinker and has no known drug allergies or other allergies. She uses a wheelchair, has orders for side rails up X2 while in bed. She participates in	J.C. is perceptively, cognitively and physically limited this poses a problem because she has Parkinson's disease which is a progressive disorder. She also is at risk for self injury because of these limitations. Meds: Carbidopa-Levodopa and Benadryl are used to treat symptoms of Parkinson's disease and the

<p>behaviors And/or services.</p>			<p>physical and occupational therapy.</p> <p>Her past medical history includes Parkinson's disease with dysphagia, significant for dementia, congestive heart failure, cholesterol, and diverticulitis.</p> <p>Patient is a poor historian.</p>	<p>medications associated with it.</p>
<p><u>NUTRITIONAL/</u> <u>METABOLIC</u> Patterns of food and fluid consumption, Weight, skin turgor. (Skin, Hair, Nails; Head & Neck; Mouth, Nose, Sinus; swallowing, Ht., Wt)</p>	<p>When I asked the patient how her appetite was, she replied "yes", I asked again and she said "yes" again.</p>	<p>Mucus membranes were pink, dry, and without any lesions.</p> <p>Skin was ashen, warm, dry, nonedemic, and had small lacerations on shins bilaterally; skin turgor had tenting +3.</p> <p>Braden scale 14 and high risk for falls.</p> <p>Oral temperature was 36.5° Celsius.</p>	<p>Chart: J.C. is 5'4" tall and weighs 160lbs. She is on a puréed diet and has to take health shakes 6x per day. Her appetite was decreased and has a diagnosis of dysphagia. She could feed herself.</p> <p>Required to have weekly weights.</p> <p>Lac-Hydrin lotion applied 1X per day bilaterally to legs.</p>	<p>J.C.'s trouble swallowing is problematic because it makes it more difficult for her to maintain proper nutritional requirements. This also causes delayed wound healing and makes her more susceptible to illness.</p> <p>Meds: Multivitamin with iron and potassium chloride are used as supplements. Megace is used to treat anorexia.</p>
<p><u>ELIMINATION</u></p>	<p>When I asked when</p>	<p>J.C. wore adult diapers.</p>	<p>Chart: I could not find</p>	<p>Being incontinent causes rapid skin</p>

<p>Patterns of excretory function & Elimination of waste; relevant labs, Medications, impacting, etc. (Abdominal - bowel and bladder)</p>	<p>her last bowel movement was and about her urination habits, she replied “yes”, so I asked again and she replied “yes” again.</p> <p>When asked if touching her abdomen was painful she replied “yes” but when asked if she could rate her pain she replied “yes” to that also.</p>	<p>J.C. had an abdominal wound vac. With 30cc’s of brown, liquid, drainage.</p> <p>Abdomen was symmetrical, soft, and tender upon palpation.</p> <p>Bowel sounds were present and normal in all four quadrants.</p>	<p>in her chart any of her bowel or bladder habits except that she was incontinent to both.</p> <p>Calmoseptine ointment applied PRN to coccyx every shift.</p> <p>Monitor drain site for signs and symptoms of infection, empty pelvic drain every shift, and replace suction on drain once a day.</p>	<p>breakdown on the perineal and coccyx areas especially when the patient has limited mobility. The patient is probably situationally incontinent if her limitations were to improve the incontinence would too.</p> <p>Meds: Tylenol and vicodin are used as pain relievers.</p>
<p><u>ACTIVITY/EXERCISE</u> Patterns of exercise & daily living, self-care activities include major Body systems involved. (Thoracic & Lung; Cardiac; Peripheral vascular; Musculoskeletal, vital signs)</p>	<p>When I asked the patient if she could dress, bath etc. she replied “yes”, so I asked again and she replied “yes”.</p>	<p>J.C. had slight hand tremors and a shuffling gait when assisted to her wheelchair.</p> <p>Posture was normal.</p> <p>She had no physical deformities.</p> <p>Irregular heart rhythm.</p> <p>Radial pulse-92- regular</p> <p>Apical pulse-116- regular</p> <p>Post tibial- +2 bilaterally</p> <p>Dorsalis- +2 bilaterally</p> <p>Blood pressure sitting-118/68</p>	<p>Chart: Orders for a chair alarm, bedrails up X2 while in bed, heels elevated in bed, assistX1 with ADL’s, assist X2 for ambulation, and to reposition every 2hours.</p> <p>She participates in physical and occupational therapy.</p>	<p>Physical and occupational therapy should be continued to try and promote independence and coordination in the patient.</p> <p>Meds: Albuterol sulfate and DuoNeb are both used as bronchodilators. Propranolol is used to treat hypertension.</p> <p>Lasix is used to treat congestive heart failure and hypertension.</p> <p>Tambocor is used to treat ventricular arrhythmias and ventricular</p>

		<p>No JVD present</p> <p>Capillary refill +2 bilaterally and brisk.</p> <p>Hair clean and Nails- slightly thickened.</p> <p>Upper extremities- cool</p> <p>Lower extremities- warm</p> <p>Respirations-30</p> <p>Breath sounds were even, shallow, unlabored and clear with a symmetrical chest.</p> <p>Pulse OX- 98% on RA</p> <p>Trachea was midline.</p>		<p>tachycardia.</p>
<p><u>SEXUALITY/</u> <u>REPRODUCTION</u> Satisfaction with present level of Interaction with sexual partners (Breast; Testes; Abdominal-Genitourinary-reproductive)</p>	<p>When I asked if she had children she replied “yes” when I asked how many and what she had she replied “yes”</p>	<p>She did not appear to be sexually active.</p>	<p>Chart: She had gone through menopause but no other information was found except that she had four children. She was a widow.</p>	<p>The patient does not seem to be sexually active and due to lack of understanding there was no way to question her about her sexual patterns.</p>

<p><u>SLEEP/REST</u> Patterns of sleep, rest, relaxation, fatigue (Appearance, behavior)</p>	<p>When asked if slept well she replied “yes”</p>	<p>I did not observe the patient resting or sleeping.</p>	<p>Found no information regarding any type of medication being used to induce sleep.</p> <p>Chart: Difficult to arouse.</p>	<p>The patient appeared to be well rested but because of the communication barrier it was difficult to determine if she really was.</p>
<p><u>COGNITIVE/ PERCEPTUAL</u> Patterns of thinking & ways of Perceiving environment, orientation Mentation, neuron status, glasses, Hearing aids, etc.</p>	<p>When I asked her to tell me her name, where she was, and what date it was she only replied with her name.</p> <p>When I asked if the patient was in pain she replied “yes” when I asked location or intensity she replied “yes”</p>	<p>J.C. was A&OX1, LOC- was alert, awake, and slightly confused, speech was verbal but slurred, her mood was pleasant and calm, her affect was flat, recent and remote memory was not present when questioned. I did not assess pupil reaction. Reflexes were delayed, hand grasps were weak bilaterally, and pedal pushes were weak bilaterally.</p> <p>Patient stated that she was in pain but could not express location or intensity.</p> <p>Patient wore glasses and hearing aids bilaterally.</p>	<p>Chart: Mental status was a 7 which shows moderate intellectual impairment.</p> <p>Stated was significant for dementia.</p>	<p>She seemed to be very confused the day that I examined and questioned her this can be very dangerous for the patient as far as possible overdose of medications, environmental hazards and added strain on caregivers. This patient while in the nursing home has safety standards established to minimize incidence of accidents.</p> <p>Meds: Aricept is used to treat symptoms of Alzheimer’s.</p>

<p><u>ROLE/RELATIONSHIP</u> Patterns of engagement with others, Ability to form & maintain meaningful Relationships, assumed roles; Family communication, response, Visitation, occupation, community involvement</p>	<p>I asked her if she had any friends and she replied “yes”, when I asked who they were she replied “yes”.</p>	<p>I did not observe her interacting with friends or family while at Nobles Pond.</p>	<p>Chart: J.C. participated in bingo, fieldtrips, going to the beauty salon.</p> <p>Patient reside with her daughter when not a patient of Nobles Pond.</p> <p>She was a widow and had four children.</p>	<p>J.C. when not in the nursing home resides with her daughter and her son is listed as her power of attorney and a contact in case of emergency. The problem arises when and if the patient is released to go home the possible strain on the caregiver. Support systems need to be in place before the patient is released to reduce any strain the caregiver may experience.</p>
<p><u>SELF-PERCEPTION/ SELF-CONCEPT</u> Patterns of viewing & valuing Self; body image & psychological state</p>	<p>I asked her no questions about what she thought about her illness or how she perceived her body.</p>	<p>Patients body language during my exam and questions was calm, relaxed and without anxiety.</p> <p>She made eye contact and answered my questions readily but her only response besides her name was yes.</p> <p>J.C. was appropriately dressed and appeared to be well groomed.</p> <p>When I touched her abdominal drain, she tried to cover it back up.</p>	<p>I found nothing in the patients chart to determine how the patient feels about herself.</p>	<p>J.C.’s act of trying to hide her drain gave me the impression that she was uncomfortable with me seeing it. Then again there is a communication barrier so I can’t directly ask how she feels about it.</p>

<p><u>COPING/STRESS TOLERANCE</u></p> <p>Stress tolerance, behaviors, patterns of coping with stressful events & level of effectiveness, depression, Anxiety.</p>	<p>When I asked J.C. how she coped with stress she replied “yes” and I left it at that.</p>	<p>Patient showed no signs of stress.</p>	<p>Chart: Nobles Pond oversees the patients’ finances. Patient is on private insurance not Medicare or Medicaid. The patient is taking an antidepressant.</p>	<p>The patient is taking an anti depressant but showed no outward signs of depression. This could be because of the Parkinson’s mask like appearance associated with the disease or she may not be depressed. Meds: Zoloft is used to treat symptoms of depression.</p>
<p><u>VALUE/BELIEF</u></p> <p>Patterns of belief, values, Perception of meaning of life that guide choices or decision; includes but is not limited to religious beliefs</p>	<p>When I asked the patient if she practiced any specific religion she replied “yes”, when asked what religion she replied “yes”.</p>	<p>I observed that she wore a cross around her neck.</p>	<p>Chart: Stated that she was a catholic.</p>	<p>There was a major communication barrier so I don’t know if she is a practicing catholic or if that is the religion she was raised in and that is why it’s in her chart.</p>