

Which diagnoses would be

# CONCEPT MAP WEEK #2

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**Disturbed sleep r/t stress secondary to loss of work**

- pt stated he wasn't sleeping well prior to coming into the ER. He did not sleep throughout the night because the nurse and/or tech kept coming into the room.
- He took an hour nap after lunch.
- Management of stress was discussed such as taking a walk.
- no sleep medications ordered nor did pt ask.

**Ineffective health maintenance r/t depression secondary to inadequate coping mechanisms**

- patient is not managing his health because he is currently in a HTN crisis nor taking BP meds at home.
- 0900 VS: 179/115 / 96/35.6 / 14/97%.
- 1200 VS: 174/104 / 83 / 26.2 / 24/95%.
- He is receiving Aspirin 325mg, Fragmin 500units/0.2ml/24hr, Lopressor, Colondino, patch 0.2mg/weekly, Thiamine HCL.
- Educated patient on alternate methods to relieve stress.

r/t deficient knowledge about disease processes and treatment

What else do we need to assess?

51 ♂ came into the emergency room complaining of Left-sided tingling and chest pain. R/O Heart attack. Past Medical HX includes: HTN crisis, alcohol abuse, alcoholic hepatitis, ~~ESRD~~ diabetes, GERD, mild hypoxemia, borderline polycythemia, obesity, and depression/anxiety. He said that he had these symptoms and hasn't been sleeping well for weeks. He has a Hx of alcohol use and nicotine use.

What's the definition?

**Dysfunctional family processes:** alcoholism r/t abuse of alcohol, family Hx of alcoholism, inadequate coping skills, and lack of problem solving skills

- pt stated that his father has a problem w/ alcohol. He said he's been drinking a lot lately cause there's no reason not to; no lady or work currently.
- Ultrasound showed hepatomegaly.
- No family came to visit when I was on the floor.
- need to consult social work.

Did you teach to take?

**Imbalance nutrition:** more than body requires, r/t lack of knowledge of relationship between diet and disease process

- patient is considered overweight
- He is on a cardiac, selective diet. monitor I & O.
- Echo showed increased echogenicity of the liver likely r/t fatty infiltration.
- LABS: Peptid 20mg/10mL/IV syringe
- LABS: CHOL 262 (0-199) mg/dL
- LABS: TG 195 (0-149) mg/dL

**Readiness for enhanced knowledge of smoking cessation**

- Hx of smoking
- currently on a nicotine patch 21mg/24hr

<p>Ineffective health maintenance r/t stress secondary to inadequate coping mechanisms</p>	<p>Patient will state three alternative methods to relieve stress.</p> <p><i>great w/e</i></p>	<ul style="list-style-type: none"> <li>• Nurse will assess the client's feeling about his health situation; especially with the new diagnosis of a mild stroke <ul style="list-style-type: none"> <li>• It acknowledges the patient and improves compliance to regimen</li> </ul> </li> <li>• Nurse will assess the client's current coping mechanism <ul style="list-style-type: none"> <li>• It is important to know the patient's baseline for his coping mechanisms.</li> </ul> </li> <li>• Nurse will assess his living situations and daily schedule. <ul style="list-style-type: none"> <li>• baseline</li> </ul> </li> <li>• Nurse will develop a healthcare plan with the client that will include his new BP medication regimen. <ul style="list-style-type: none"> <li>• Involvement of the patient increases success of the plan and to ensure his BP is properly monitored he needs to be referred to an outpatient clinic.</li> </ul> </li> <li>• Nurse will give the patient a list of resources in the community to help cope with his job loss and new diagnosis <ul style="list-style-type: none"> <li>• Educate the patient about resources that are available so he can get medical help and financial support.</li> </ul> </li> <li>• Nurse will construct a list of non-pharmacological stress relievers: exercise, reading, writing, crafts, and listening to music. <ul style="list-style-type: none"> <li>• Provides the patient with resources</li> </ul> </li> <li>• Nurse will educate the patient about the negative effects of nicotine and alcohol. <ul style="list-style-type: none"> <li>• Smoking cessation is the root cause of many health conditions. Alcohol also causes health problems.</li> </ul> </li> </ul>	<p>The outcome was unmet. He has been diagnosed with a mild stroke. The physician and/or social work is working on outpatient resources and management of his blood pressure medications.</p> <p>I began the initial assessment of the patient and discussing his methods of coping and possible alternative methods.</p> <p><i>was he receptive?</i></p>
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## DISCHARGE PLANNING GUIDE

**Anticipated date of discharge:** In the next few days (once the BP is under control)

**Discharge to:** Home

**What will help ensure a smooth transition between the hospital and the person's place for discharge (ie home or skilled care facility) ?**

He needs to have resources out in the community to cope with his stress, help find him a job, manage his blood pressure and medications, address his use of alcohol. He needs to understand the importance of his medications; why he is taking them, the severity of his BP, signs of a HTN crisis and when to come to the ER, and the medication regimen.

### Functional Assessment

	Independent	Assist (specify)	Total Care
Eating			
Bathing			
Dressing			
Toileting			
Transferring			
Ambulating			
taking medications correctly		✓ He needs to be monitored regularly on his BP medications	
house keeping			
preparing meals		✓ He needs to be educated about proper nutrition.	

**If the patient has deficits, you need to plan for a safe discharge:**

If able to live at home, but unable to drive or lift heavy objects, what is the plan for housekeeping, transportation for grocery shopping or doctor appointments?

He is functionally able to care for himself. His blood pressure needs to be constantly monitored. He is going to be referred to a community clinic.

**Does the patient have help at home? 24 hours a day? Prior to hospitalization was the patient responsible for the care of others (children, spouse, elderly parent)? Have arrangements been made for care of others while in the hospital and after discharge?**

He lives with his father. Upon assessment it seems that he cares for his father who has a alcohol problem. However, it also seems that his himself is a somewhat functional alcoholic. But, he is physically able to care for both his father and himself. His also has a few friends that live in the relative area.

**Multidisciplinary Team**

	Referral in hospital	Needs after discharge
Social Work/Case Manager		✓ He needs to be hooked up with resources outside the hospital: coping management, support groups, community clinic, and financial support.
Respiratory therapist		
Physical therapist		
Occupational therapist		
Visiting Nurse		✓ This is a possibility initially so he can be educated about the medication regimen and to monitor his BP until he is able to connect with a community clinic. <i>Can they do a drink seven?</i>
Home Health care worker		✓ (same reason as above--either a health care worker or nurse)

**State how the discharge needs identified above will be addressed.**

The physician is looking at community clinic resources to manage his blood pressure medication regimen.

**What teaching does the patient need before discharge?**

- ✓ Stress/coping relieve mechanisms
- ✓ Smoking cessation
- ✓ AA/Family support groups
- ✓ BP diet
- ✓ Exercise
- ✓ BP monitoring

*good*