Adult Health 1 Case Study

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Mrs. Smith is an 89-year-old white female who has recently undergone left hip surgery. She fell in the bathroom when getting out of the shower and broke her hip, requiring an open reduction, internal fixation (ORIF). She is now three days into her postoperative recovery. When asked for her level of pain, she states it is between five and seven on a scale of one to ten. Upon assessment, she is alert and oriented to person only, and her wound is clean, dry, and intact. The rest of her assessment is otherwise unremarkable. Her labs indicate that her Hemoglobin is at eleven grams per deciliter, her Hematocrit is at thirty-six percent, and all other lab values are within normal limits. She is currently receiving hydrocodone by mouth every four to six hours as needed for pain control. She is recently widowed, lives alone in a two-story house that is livable downstairs, she is independent with all activities of daily living, she does not drive, but has a friend that drives her to her appointments and places such as the store and church. Her closest relative is her son, who lives two hours away from her.

During her stay at the hospital, her physical therapist states she requires moderate assistance with transfers. Her occupational therapist states she requires maximal assistance with ADLs. Her case manager states the usual stay for her diagnosis is five to seven days.

When planning for discharge, the nurse might expect to anticipate certain destinations that Mrs. Smith might encounter. Since Mrs. Smith lives by herself, it is obvious that she will need constant supervision and assistance once discharged. Because her son lives two hours away, a nursing rehabilitation center may be a more beneficial option to provide the proper health care that Mrs. Smith will need until she has fully recovered. Another option could be having frequent visits from a home health nurse, providing assistance with normal activities of daily living (ADL’s), such as bathing, cooking, cleaning, and assistance with walking and
transfer. This option could be intermixed with frequent visits from Mrs. Smith’s son, with the possibility of staying at her residence for a few days until she requires less supervision and assistance.

Upon Mrs. Smith’s discharge, she will require certain equipment that will help with ADL’s, transportation, and will make the recovery process much easier. A wheelchair will be needed on the day of discharge. A walker will be provided, which will allow Mrs. Smith to ambulate upright with partial weight bearing to aid in recovery. An elevated toilet chair is needed because she is unable to have her hips lower than her knees (Potter, & Perry 2007). A seat in the shower will also be needed, with non slip matting on the floor to prevent future falls. There may be a possibility that she may need a trapeze bar over her bed to help assist her with repositioning. A foam pillow will be ideal to use during sleeping hours to prevent her from crossing her legs, which would minimize the possibility of accidental dislocation.

It is important that the nurse informs the family about the long term outcomes for Mrs. Smith. Due to her age, it is important that the family expects that the recovery will be long term, and will take lots of time. It is important that she sticks to her rehabilitation schedule, and positive reinforcement is vital to her recovery process. The family should be aware that there is a likelihood that she will experience permanent decrease in range of motion that she will never fully recover from. Since she is living by herself, and the nearest family member lives two hours away, there might be a possibility to think of long term care, as far as considering living at the son’s house or at a long term facility.
NCLEX Aging Quiz

1. While obtaining a health history from a 68-year-old patient, the nurse learns that the patient takes daily supplements of antioxidants beta carotene, selenium, and vitamin E. The nurse recognizes that the use of these substances in slowing the aging process is related to the biologic aging theory of
   a. telomere-telomerase decrease.
   b. free radicals.
   c. somatic mutation.
   d. programmed cell death.

2. When developing the plan of care for an older adult who is hospitalized for an acute illness, the nurse should
   a. use a standardized geriatric nursing care plan.
   b. plan for likely long-term-care transfer to allow additional time for recovery.
   c. consider the preadmission functional abilities when setting patient goals.
   d. minimize activity level during hospitalization.

3. When admitting an 88-year-old patient to the hospital, the nurse should plan to
   a. interview the patient before the physical assessment.
   b. speak slowly and loudly while facing the patient.
   c. determine whether the patient uses glasses or hearing aids.
   d. obtain a detailed medical history from the patient.

4. A confused and agitated 76-year-old patient with a broken arm is brought to the emergency department by a family member. To determine whether elder abuse is the cause of the patient’s injury, the nurse should
   a. have the family member stay in the waiting area while the patient is assessed.
   b. ask the patient how the injury occurred and observe the family member’s reaction.
   c. make a referral for a home assessment visit by the home health nurse.
   d. notify an elder protective services agency about the possible abuse.

MULTIPLE RESPONSE

5. Which nursing actions will the nurse take to assess for possible malnutrition in a 69-year-old patient? (Select all that apply.)
   a. Review laboratory results.
b. **Ask about transportation needs.**  
c. **Determine food likes and dislikes.**  
d. **Observe for depression.**  
e. **Assess teeth and oral mucosa.**  
f. Question about salt use.

6. When admitting a 79-year-old patient who has urinary urgency and a possible urinary tract infection (UTI), the nurse should first  
   a. **assess the patient’s orientation.**  
   b. inspect for abdominal distension.  
   c. question the patient about hematuria.  
   d. invite the patient to use the bathroom.

7. Appropriate approaches used by the long-term care nurse to provide teaching to a 73-year-old who has just been diagnosed with diabetes include which of the following? (Select all that apply.)  
   a. Schedule a visit by another resident who is diabetic.  
   b. **Demonstrate food choices using food photographs.**  
   c. Avoid discussion of the patient’s favorite foods.  
   d. Remind the patient that a lot of damage has already occurred.  
   e. **Encourage the patient’s family to participate in teaching sessions.**  
   f. **Ask the patient about past experiences with lifestyle changes.**

8. The family of an 85-year-old with chronic health problems and increasing weakness is considering placing the patient in a long-term care facility. Which action by the nurse will be most helpful in assisting the patient to make the transition?  
   a. Have the family select a LTC facility that is relatively new.  
   b. **Obtain the patient’s input about the choice of LTC facility.**  
   c. Ask that the patient be placed in a private room at the facility.  
   d. Explain the reasons for the need to live in LTC to the patient.

9. A 42-year-old who is providing home care for a parent tells the nurse, “I don’t feel comfortable giving Mom her medications yet, but I think I will be able to do it with a little more practice.” Which nursing diagnosis is most appropriate?  
   a. Caregiver role strain related to inability to safely give medications  
   b. **Anxiety related to lack of confidence**
c. Risk for situational low self-esteem

d. Readiness for enhanced therapeutic regimen management

10. The nurse is planning discharge for an alert, homeless 70-year-old with a chronic foot infection and poorly controlled diabetes. The most appropriate intervention by the nurse is to

a. **teach the patient how to assess and care for the foot infection.**

b. refer to social services for placement in a low-income assisted living facility.

c. give the patient written information about shelters and meal sites.

d. schedule the patient to return to outpatient services for foot and diabetes care.
References

*Medical-surgical nursing: assessment and management of clinical problems.* St. Louis, MO: 
Mosby Elsevier.

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