

Comprehensive Assessment of Tina Jones

Student's Name;

American Sentinel University

## **Tina Jones' Comprehensive Assessment**

Tina Jones, a 28 years old female, presents herself for a pre-employment assessment in the clinic for a comprehensive evaluation to determine the key findings. The aim is to provide fundamental and personalized knowledge of a patient and also to create promotion of a health basis by use of counseling and education (Bickley & Szilagy, 2013). Considering Tina's age, her examination results, the theory of nursing, and the objectives of Healthy People 2020, an individualized plan of care will be deliberated.

### **Health History**

#### **Current Health Status**

After Tina recently obtaining a new job as an accounting clerk at Smith, Stevens, Silver & Company, she is entailed to get a pre-employment physical, but the visit is not of any critical concern, she says. Her last clinic visit was four months back for her a gynecological exam which is done annually, after which she was discovered with Polycystic Ovarian Syndrome (PCOS), and was therefore prescribed for Yaz, a contraceptive taken orally, taken same time daily. Tina's previous physical exam was in five months back and was recommended an inhaler and Metformin for asthma and diabetes, respectively. She also went to see an optometrist three months back whereby she was approved for eyeglasses, which help reduce her blurry vision, enhance clear vision, and help eliminate her headache. Ms. Jones also reports that the metformin, exercise, and proper diet has helped manage her type 2 diabetes conclusively. She keeps track of the levels of her blood sugar by inspecting it every morning. She also monitors her asthma by watching the peak flow. Ms. Jones lastly used her inhaler for three months, summing the number of uses to two uses in the previous year.

**Psychosocial History**

Ms. Jones states that she has dietary behaviors. She has limited her intake of carbohydrates, reduced sweets consumption, and increased vegetable intake. She reports that she has improved her physical body exercise by going for a walk for nearly an hour, four or five times weekly. She also goes swimming once a week. She reports that she used to smoke marijuana in her younger years, but she stopped. She has not smoked for many years now, and she does not use any recreational drugs.

Tina says that she drinks with her allies twice or thrice monthly. She has also reduced her caffeine consumption to 1-2 diet sodas a day. Ms. Jones is currently living with her mother and even her sister. However, she has a lease of her own house, which will start in a month. Tina has also entered into a new relationship but claims that she is yet to be sexually engaged. She reports that she is overly excited about her new current job, which will start in two weeks. She also states that she gets strong support from her family and friends, which helps her provides a sounding board to ease her anxiety and stress. She is also an active member of the church she attends. Since she is not depressed or has any anxiety disorders, she says she can well manage any new life adjustments.

**Family History**

Tina's mother is now fifty years old and alive. She has high cholesterol and also hypertension. Ms. Jones's father died a year ago at the age of fifty-eight due to a car tragedy. He also had high levels of cholesterol, type 2 diabetes, and hypertension. Her mother's side grandparents died from a stroke at the age of 70s. They also had a record of high cholesterol and hypertension. Her father's side grandmother is 82 years of age, alive, well but living with hypertension. Tina's paternal grandfather is deceased, aged sixty-five from colorectal cancer and

also had type 2 diabetes. Her family does not have any other history of cancer or cases of mental ailment.

## **Physical Examination**

### **Identifying Data and Reliability**

Twenty-eight year old, Tina Jones is a personable, African American and an unmarried woman. She visits the clinic for physical examination for her latest job. She is a reliable informant of any information needed. She has clear speech and appropriate eye contact.

### **Chief Complaint**

Ms. Jones reports that she came to the clinic because she was required by her new employer to have the most recent physical exam to use in her health insurance.

### **Medications and Allergies**

Tina Jones started taking the Metformin pill for the past five months. She takes 850mg two times a day and makes probiotic yogurt to help with the undesirable effects. She also carries two puffs of Fluticasone Propionate, 88mcg/spray two times a day. She takes 90mcg/spray of Albuterol, two puffs after every four hours as prescribed and 600mg of Ibuprofen for menstrual cramps as needed. She also takes one pill of Ethinyl Estradiol and Drospirenone daily.

Tina is allergic to penicillin. She gets a skin rash whenever it's consumed. She also has an allergy to cats and dust. She tries her best to avoid them since they exasperate her asthmatic symptoms. Tina claims she has no food allergy.

### Review of Systems

**General:** Tina Jones shows no signs of distress while sitting on the examination table. She has neither new complaints nor any current illness, she seems to be well-fed, and she is dressed decently. Her vitals include BMI 29, height of 1.7m, weight of 84kg, HR 78, a body temperature of 37.2C, BP 128/82, and O2 99%.

**HEENT:** Tina Jones states that she doesn't have headaches, eye pain, itchy eyes, or vision changes. However, she wears eyeglasses, which helps improve vision clarity and reduce the problem. She claims no ear pain or hearing changes, sneezing or runny nose. She reports that she last visited the dentist was five months back and had no serious concerns.

After examination, her head shows that it's norm cephalic with no sign of tender scalp or lesions. She has even hair distribution with normal texture. She has white sclera, pink conjunctiva, PERRLA, and EOMs are undamaged. Her left disc is circular and with keen margins while her right has lenient retinopathy changes. Her bilateral vision is 20/20 when wearing eyeglasses, her ear canal is pink, nasal cavities are pink, rid of discharge, and the tympanic membrane is pearly grey with no drainage. She also hears whispers on both sides. She has pink mucous membranes and slightly wet, and her tonsils are 2+ bilaterally. She has a gag reflex, has no difficulty in swallowing, and shows no sign of tenderness when sinus is palpated. Her ROM is full, and the thyroid is palpable, with no clicks when her jaw is palpated and has no nodules or goiter. She also has no lymphadenopathy when her cervical and axillary lymph nodes are palpated.

**Respiratory:** Tina Jones's respiratory review shows that she has no trouble in breathing or breath shortness. She ~~doesn't have a runny nose or experience wheezing and coughing. She~~

~~has used her inhaler two times in the previous year, with the second one being three months ago.~~

~~The posterior and anterior chest walls are in correspondence with her respirations. She has no deformities, lesions, or rales. Her breath sounds are present and bilaterally equal and show no signs of adventitious sounds. She has typical Ramanthor pharynx sounds. Her chest is normal when percussed, and fremitus is similar to bilaterally on palpation. Her spirometry results are FEV1 1.5L, FVC 1.5L, and 80.0% FEV1/FVC ratio.~~

~~Cardiovascular: Tina reports to lack any pain in her chest or palpitations. She doesn't experience swelling of both her feet and hands. She has a steady heart rate; she has no signs of murmurs, S4, S2, or extra, and no gallops. Both her wrists are 2+, has no dull or tend. Her PMI is nondiaphragm; she neither has heaves nor lifts. Her peripheral pulses are 2+ and bilaterally equal. She does not have peripheral edema and she smells of her clothing is in three months or less.~~

~~Abdominal: Ms. Jones reports no feelings of nausea, constipation, hiccups, or pain. She also doesn't experience vomiting or diarrhea. The abdominal report shows that her abdomen~~

is symmetric and prominent. She also explains the growth of rough hair between her eyebrows and pubic. Strands of the beard are normal, present in her eyebrows and her chin area is symmetric when palpated. The apex of her thorax is 7cm MCL and 1cm below her right axilla rough when palpated. Also, her tummy is not tender but not hard, showing masses or gurgling when palpated.

**Neurological:** Mrs. Jones states that she does not have muscle pain or any muscle weakness. She has a smooth, equal stable gait. Her ROM of Temporomandibular is full without crepitus. Both the lower and upper extremities have no swelling or tenderness and are symmetric. She has full ROM and endurance, hip, and spine strength of 20. Her upper and lower deep tendon reflexes at 2+.

**Neurological:** Mr. Jones reports a lack of dizziness, loss of sensation, or tingling. She is always awake and lucid and talked to them, present, and present. She can pinpoint the source of touch, cold, dull or sharp, to both her extremities. She performs a dual sharp of the shoulder and can turn her head in both directions as a reaction to existence. Her fingers and toes have the usual position sense. She is able to do alternating movements repetitively, with smooth finger to nose movement and nose directed hand to chin movement. Her bilateral goniometric and

strabismic eye normal. Upon the macillament test, Ms. Jones shows that her right and left fundus and lens have decreased curvature.

**Slit, Slit, and Field:** This shows an improvement in her case from the use of oral corticosteroids. She also that the doubling of her neck skin has stopped, but there is evidence of skin discoloration. She has a warm, pink skin without any scaling. Both her cheeks show the presence of pustules, her hair distribution normal, and her pink fingernails with no ridges, chipping or any deformities.

### **Abnormal Findings**

This Jones's physical assessment showed some strange unusual observations. Her BMI shows that she is overweight, being away from obese by nine points. Also, the macillament test showed decreased flat curvature, which is a symptom of peripheral neuropathy as a result of her diabetes. With her being asymptomatic, This is most likely to have **Diabetic Symptomatic** **Intermediate Polyneuropathy**, which is an ordinary type. The assessment also shows that her right side eye has some slight retinopathy changes, which is as a result of diabetes. Therefore, indicating that the disease is in its early stages. Another finding was the neck skin discoloration.

**This is an indication that she might have Acromioclavicular Hypertrophy, which is characterized by hyperpigmented and velvety plaques on the skin. This condition is associated with various diseases that are characterized by resistance of insulin such as obesity and diabetes, which The authors (Miley & Cummings, 2012). The growth of hair on her face and body is considered abnormal, which is most likely caused by her PCOS. The last abnormal finding is the presence of papules on her face, which is consistent with acne vulgaris diagnosis. From these findings and her health history, the care plan should be developed for Ms. Jones, which incorporates her PCOS, asthma, diabetes, and weight.**

### **Plan of Care**

**A patient needs to have self-care so as to improve their health, maintain functional health status, or reduce and recover from a disease. According to Chan's self-care model, a person is entitled to be responsible and self-sufficient for their own. It is the responsibility of health providers to establish the details to self-care, and give guidance to improve life quality (Purpala, 2014). The Healthy People 2020 objectives are to encourage the prevention of diseases and promotion of health. This plan includes topics such as diabetes, physical activity, respiratory, weight, and nutrition elements which are present in their assessment findings. This plan covers**

**Ms. Jones's condition, therefore appropriate to develop her care plan by educating, motivating, supporting, and directing the promotion of self-care and quality health.**

**Finally, Mrs. Jones has stated actively taking health matters by implementing daily healthy practices. To promote her health, Ms. Jones has improved her diet, added exercise routines, adhered to her medications, and lost some weight. All these are self-care aspects which should be encouraged for her to improve her health.**

**To most African Americans, diabetes has been disproportionately prevalent, therefore increasing the risks of cardiovascular diseases, which also increases the chances of death (Jenkins, 2009). Despite Ms. Jones stating to treat her diabetes, only treatments are yet to be established so as to improve her cardiovascular outcomes. Some diabetes risk factors possessed by Mrs. Jones include FCGH, first-degree diabetic relative, BMI greater than 35, and American Hypertension. Ms. Jones needs to be enlightened about the significance of regular blood tests since diabetes requires good self-care. She also needs to be encouraged to going for follow up visits for glucose monitoring and also continue with her medication as prescribed.**

Ms. Jones should also be referred to a podiatrist for her feet care and podiatrist  
occupancy monitoring. The progression of her occupancy will only be reduced by maintaining  
the levels of HgA1C < 4.5%. Ms. Jones should also be encouraged to see an ophthalmologist for  
occupancy monitoring through eye exams. The Healthy People 2020 cardiovascular health  
promotion includes improving dietary behavior and physical activity, which will aid them with  
her diabetes. This can be promoted through having students to vigorous physical exercise, and  
diet education from a dietitian.

Despite having her asthma under control, Ms. Jones should assess the fire skills of staff.  
They include the use of proper evacuation, regular follow-ups, implementing action plans  
for her asthma, use of peak expiratory flow meters, and avoiding triggers. She should be educated  
on appropriate inhaler usage, monitoring the inhaler usage and need for use in case of a decrease  
in medicine effectiveness, which could increase her usage inhaler usage.

Ms. Jones should also be made aware of reproductive health since she is in a new  
relationship. She reports that even if she is not yet sexually active, she might soon be. Therefore,  
she should be educated on the use of pills to prevent pregnancy and other STD prevention  
measures.

### **Conclusion**

**A comprehensive physical examination and health history revealed Mr. Jones's health status, health issues, and health education. A health care plan for The Jones was developed based on the results of the examination, along with the Healthy People 2020 goals, her age and culture put into consideration. Using Orem's self-care model, a health care provider can easily identify shortcomings of self-care and formulate guidelines, education, individuality type, testing, and other health promotion.**

**References**

- Alley, K., & Cummings, K. (2012, April 23). Using Gait's self-care model for substance  
abuse. *Journal for Specialists in Pediatric Nursing*.  
<http://dx.doi.org/10.1111/jspn.12002>**
- Blasing, L. E., & Blasing, R. G. (2012). *Dieter's guide to physical examination and history taking*  
(12th ed.). Philadelphia: Wolters Kluwer | Lippincott Williams & Wilkins.**
- Dolan, J. H., Brunner, L. C., & Schell, P. (2012). *Advanced health assessment and clinical  
diagnosis in primary care* (4th ed.). St. Louis, MO: Elsevier Health.**
- Office of Disease Prevention and Health Promotion. (2010). *About healthy people*. Retrieved  
from <http://www.healthypeople.gov/2010/AboutHealthyPeople>**
- Office of Disease Prevention and Health Promotion. (2010). *Physical activity*. Retrieved from  
<http://www.healthypeople.gov/2010/Topics-of-Interest/Physical-Activity>**
- Polych, A. (2010). *Self-care deficit theory*. Retrieved from [http://www.nursing-  
group.org/theories-and-models/the-self-care-deficit-theory.php](http://www.nursing-<br/>group.org/theories-and-models/the-self-care-deficit-theory.php)**
- Smolin, I. (2002). *Acute otitis media*. In A. G. Chod (Ed.), *UpToDate*. Retrieved from  
<http://www.uptodate.com>**

