Nursing Intervention and Assessment

Student’s Name:

Institutional Affiliation:
Lesson #3 Discussion Congestive Heart Failure

According to Jones, O’Connell, & Gray, (2003), patients of all ages with Congestive Heart Failure (CHF) have the lowest self-rated health perception, poor mental health and the worse quality of life compared to the general population and also when compared to patients with other types of chronic illnesses. This is, therefore, evident in Mr. M’s condition as he seems exhausted with what he refers to as the ‘poking and prodding’ as he receives care for his condition. Mr. M also appears to have lost hope as the situation has continuously seemed to deteriorate despite the treatment he is undergoing.

The ideal way of addressing Mr. M's condition would be, therefore, to adopt the palliative care approach. This would involve emphasizing open communication, quality of life, and respect for patient autonomy. Enhancing better communication with Mr. M and supporting the patients would help improve awareness of their condition and the poor prognosis of CHF. Better communications would also help facilitate informed patient choices. Through better communication, Mr. M would, therefore, be able to receive treatment options, which is a common practice among patients diagnosed with cancer. In this way, Mr. M would have a choice between prolongation of life or palliation of symptoms. In Mr. M’s, it seems that he has already made a decision on the type of treatment he prefers in that he states that he does not want any more poking and prodding. Therefore, by presenting the options that he may have at the moment, Mr. M would, therefore, be able to make choices on his health and not be provided treatment without being offered any alternative. In the cause of his illness, Mr. M would also require psychological, physical, and social support in the cause of his disease. This would help him deal
with the stress and depression, which has resulted from his illness and has caused him to lose hope.

References


Jones, A.M., O’Connell,
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& Higginson, 2008). The role that persuasion would play in different situations has been commented on for a long while. In the case of Mr. C, I would, therefore, take time to not only provide information to Mr. C but also to persuade him to receive care and accept or the causes of action that would be considered appropriate for their condition. Though this would take some time for Mr. C, who seems to have already made a decision not to receive treatment, it would be useful in the long run. Providing information and persuasion would be sufficient for Mr. C as he seems to have a relationship with the healthcare provision already.

References


Lesson #6 Discussion Question Diabetes

From Barton, Anderson, & Thomassen, (2005) article, it is evident that culturally relevant communication will be necessary, especially when teaching cultural groups patients about diabetes. To provide sufficient education about diabetes to J.S, the Cigler and Davidson.
Transcultural Assessment Model would be applied. Before giving any education to J.S in relation to his diabetes, it would, therefore, be prudent to assess his cultural uniqueness through the use of the Giger and Davidhizar Transcultural Model. J.S education about their diabetes would be based on six main cultural phenomena, including time, social organization, communication, space, biological variation, and environmental control (Giger & Davidhizar, 2002).

When teaching J.S about his diabetes, I would, therefore, adopt more culturally appropriate ways to communicate with J.S relating to his diverse background. For instance, J.S’s culture may favor relating to the patient in a personal way as opposed to providing information generally through a patient-care provider relationship. Providing the information related to diabetes in a personal manner and seeking to establish a personal relationship with J.S would go a long way in helping J.S deal with his condition. Understanding the spatial relations in J.S culture would also go a long way in making the diabetes lesson to J.S effective. As a health provider, I would seek to understand the spatial relations of J.S cultural group communication and ensure that I behave appropriately in the course of our communication. Understanding the social organization of the cultural group which J.S comes from and the family relations would also make me enhance my diabetes teachings. Appreciating the time orientation of a cultural
group would be necessary in providing diabetes education for J.S with my main goal being to understand if this culture is past, present, or future-oriented. Finally, a combination of environmental and biological factors that are relevant to J.S, according to their cultural group, would be crucial in helping me make my teaching relevant to the J.S scenario (Barton et al., 2005).

References


Extrapyramidal side effects (EPS) will be commonly referred to as drug-induced movement disorders. EPS will be one of the most common adverse effects which different patients who might be taking antipsychotic medication may experience. Most of the EPS symptoms will be caused by the dopamine receptor blocking agents, which will be found in the antipsychotic medication. Among some patients, dopamine might induce symptoms that may resemble those caused by Parkinson's disease (Carrick, Mitchell, Powell, & Lloyd, 2004). Among patients, different movement phenotypes may be described as falling within the EPS spectrum. These include akathisia, dystonia, and Parkinsonism, which will present more acutely among patients. However, more chronic manifestations may also arise, including tardive dyskinesia and tardive akathisia (Carrick et al., 2004).

According to their description of their lived experiences, it is evident that patients view EPS as being disruptive to their healthy lives. From Carrick et al., (2004), study most patients, therefore, described EPS as being debilitating and interfering with activities of daily living, motor tasks, social functioning, and communication. In most cases among patients, EPS were therefore associated with the discontinuation of therapy and a poor quality of life, which eventually resulted
Having evaluated the effects of EPSs on patients will help me alter my practice in significant ways, especially in the administration of pharmacological treatments. Before prescribing any pharmacological therapies to patients, I will, therefore, always consider the adverse side effects that such treatments might have on patients and whether the benefits of the medication outweigh the adverse effects. In cases where the harmful side effects may seem to overpower the benefits, I would look for alternative methods of treatment as the ultimate goal is to help the patients and not to add on their health challenges.

References


Lesson 15 Discussion Post: Colorectal Cancer

Humanity is of great importance in caring for patients who might be experiencing fear, suffering, pain, and isolation. According to Eifried, (2003), patients in the contemporary times appear to be more dissatisfied than ever on how health services are provided despite there being so much on offer for patients in terms of surgical, pharmacological and psychosocial interventions. According to Eifried, (2003), most people who might suffer from severe conditions, including colorectal cancer, may not seek medical help because they may feel as if their doctors may not have anything to offer them, or they may feel guilty for taking up the valuable time of their doctors. The perceived lack of humanity from doctors may, therefore, result in a considerable number of people, especially with chronic conditions not having all their healthcare needs met.

There is, therefore, a great need for health providers to show humanity, especially when served patients experiencing fear, suffering, pain, and isolation. By showing humanity to patients experiencing anxiety, such as a patient who has just been diagnosed with colorectal cancer, a health practitioner can help alleviate this fear and help the patient face his condition more positively. For example, by taking the time to explain the patient’s condition and providing hope
to the patient of getting adequate treatment which works can help alleviate this fear. Humanity expressed by doctors will also be useful in assisting the patients to deal with suffering. By being human, healthcare providers will, therefore, show empathy, which will play a significant role in helping the patients to deal with their suffering and pain. By being human, healthcare providers also help patients who are in isolation or who may feel isolated to deal with their loneliness and have someone to support them as they go on with their treatment.

References


Midwifery, 42(3), 19-27.