Nursing the Adult with a Specific Physiological Disturbance

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Nursing the Adult with a Specific Physiological Disturbance

Patricia Hunt
Bernice Sendell

SECOND EDITION

MACMILLAN

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**To all the Staff and Learners of the
Bristol and Weston School of Nursing**

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** Including care plan and evaluation/progress notes.

* Including care plan.

Foreword to the series

This series of textbooks offers a fresh approach to the study of nursing. The aim is to give those beginning a career in nursing, and those already qualified, opportunities for reflection to broaden their approach to nursing education and to identify their own nursing values. The text includes material currently required by those preparing for qualification as a nurse and offers a basis for developing knowledge by individual studies. It should also assist qualified nurses returning to nursing, and those wishing to gain further insight into the nursing curriculum.

The authors of each book in the series are from widely differing nursing backgrounds, and, as experienced teachers of nursing or midwifery, they are well aware of the difficulties faced by nursing students searching for meaning from a mass of factual information. The nurse has to practise in the real world, and in reality nursing students need to learn to practise with confidence and understanding. The authors have therefore collaborated to illustrate this new perspective by making full use of individual nursing care plans to present the knowledge required by the nursing student in the most appropriate and relevant way. These textbooks can therefore be used in a wide variety of nursing programmes.

The practice of nursing — as a profession and as a career — and the education of the nurse to fulfil her role are both affected by national and international trends. The Nurses, Midwives and Health Visitors Act 1979 in the United Kingdom, the Treaty of Rome and the European Community nursing directives 1977, as well as the deliberations and publications of the International Council of Nurses and the World Health Organization, all make an impact upon the preparation and the practice of the nurse throughout the world.

Nursing values may not have changed over the past one hundred years, but society and the patterns of both life and care have changed, and are constantly changing. It is particularly important, therefore, to restate the essentials of nursing in the light of current practice and future trends.

Throughout this series the focus is on nursing and on the individual — the person requiring care and the person giving care — and emphasises the need for continuity between home and hospital care. 'Neighbourhood Nursing — a focus for care', the Report of the Community Nursing Review under the chairmanship of Julia Cumberlege (HMSO, 1986), has drawn attention to this need. The developing role of the nurse in primary care and in health education is reflected throughout this series. The authors place their emphasis on the whole person, and nursing care studies and care plans are used to promote understanding of the clinical, social, psychological and spiritual aspects of care for the individual.

Each book introduces the various aspects of the curriculum for general nursing: the special needs (1) of those requiring acute care; (2) of the elderly; (3) of children; (4) of the mentally ill; and (5) of the mentally handicapped. The latter is a new text in the 'Essentials of Nursing' series — edited by a well-known and respected nurse for the mentally handicapped and with contributors experienced in differing aspects of caring for people with mental handicap. The text on maternity and neonatal care, written by a midwifery teacher, provides the material for nursing students and would be helpful to those undertaking preparation for further health visiting education.

The authors wish to acknowledge their gratitude for the assistance they have received from members of the Editorial Board, and from all those who have contributed to their work — patients and their relatives, students, qualified nurses and colleagues — too numerous to mention by name. To all those nurse teachers who have read some of the texts, offering constructive criticism and comment from their special knowledge, we offer our grateful thanks. Lastly, we thank Elizabeth Horne for her contribution to the physiology material in the text, and Mary Waltham for her help with this second edition.

Preface

We have great pleasure in introducing the 2nd edition of this nursing text, which we hope will continue to be useful and stimulating for all nurses and nursing students concerned with the giving of patient care both in the hospital and in the community.

An attempt has been made to develop the nursing model related to a patient's specific needs rather than to the care of a patient with a medical condition, and we have been guided in our choice of chapters by V. Henderson's *Pathological States that Modify Basic Needs*: for example, Chapter 1 — Nursing patients with disturbances of fluid and electrolyte balance.

Within the Introduction to this edition we have highlighted the concept of adulthood and how it can be perceived.

Within each chapter we illustrate some of the factors which always affect basic needs, as identified by V. Henderson, including age, social and cultural states, temperament, and physical and intellectual capacity. These always need to be considered when modifying nursing care to meet the patient's needs caused by his pathological condition.

No attempt has been made to cover every pathological state or physiological disturbance, but we hope that our choices have given you a basis for further development of the nursing model of care.

A series of patient histories are included with self-testing questions and some guidelines for suitable answers, which we hope will stimulate further discussion and encourage self-directed learning.

A development of this edition has been the insertion of four Evaluation of Care and Suggested Record of Progress Sheets in Chapters 1 and 2.

1987

Patricia Hunt
Bernice Sendell

Acknowledgements

The authors would like to extend their thanks to the following people: Miss M. W. Watson, Director of Nurse Education, Bristol and Weston School of Nursing, who started us off as teachers and is determined to see us through; Mrs Margaret Bawn for her expertise in deciphering our writing and bringing order out of chaos; Miss Anne Betts for reading our efforts and giving us heart to continue; Miss Elizabeth Horne of Macmillan Publishers for her unbounded enthusiasm for our ideas and guidance through, for us, uncharted waters, and also for her major contribution to the text as the author of the normal physiology at the commencement of each chapter (this provides a comprehensive base from which the nurse can learn the normal physiology and use to compare with the abnormal physiology described later); Mrs Shirley Stevens and Mrs Ann Lawrence for librarian support; Ms Mary Waltham for her guidance to this second edition; all the patients we have tried to nurse; and all the nurses we have tried to teach.

A note on the series style

Throughout this book, in keeping with the other titles in this series, the term *nursing student* has been used to mean *both* student or pupil nurses *and* trained nurses who are undertaking post-basic training or who are keeping up to date with the recent literature. For clarity and consistency throughout the series the nurse is described as *she*; this is done without prejudice to men who are nurses or nursing students. Similarly, the patient is sometimes referred to as *he*, when the gender is not specifically mentioned.

Care plans, which are used throughout the books in this series, are indicated by a colour corner flash to distinguish them from the rest of the text.

Introduction

As this book is concerned mainly with nursing the adult, we would like you to pause and take part in several activities to remind you of the various perceptions of adulthood.

What marks the transition from childhood to adult status?

Can you list any events which are recognised as marking this transition?

Social/status
Biological/physical
Psychological/emotional
Cultural
Intellectual
Others

Now ask a friend or relative who is much older, or younger, than you to do the same exercise and compare your answers.

Is there any difference in your responses? Why do you think this is? Can you now say that there is a clearly defined transition from childhood to adult status, or would you agree that the process can depend to some extent on an individual's make-up, status, cultural background or circumstances.

At what age do you consider people enter:

Adolescence?
Adulthood?
Middle-age?
Old age?

Do you know anyone of roughly the same ages as you have chosen? If so, could you now ask them to answer the same questions. Do your answers match? If there are discrepancies, why do you think this is?

At what age would you expect the following to have occurred in the 'average person':

	Average age	Your personal profile
1. Left home?		
2. Got married/chose a partner?		
3. Had first child?		
4. Reached maximum physical fitness?		
5. Ceased being sexually active?		
6. Went on holiday with peers?		
7. Became happy with self?		
8. Active in politics?		
9. Concerned with religion?		
10. Involved in community affairs?		
11. Started to prepare for retirement?		
12. Successful in relating to — the elderly? — the young?		
13. Adventurous in leisure activities?		
14. Capable of caring for others?		

Now use the second column and answer the same questions as they apply to you personally or how you would expect them to apply to you.

Age norms and age expectations operate as prods and brakes upon behaviour, in some instances hastening an event, in others, delaying it. Men and women are not only aware of the social clocks that operate in various areas of their lives, but they are also aware of their own timing and

readily describe themselves as ‘early’, ‘late’, or ‘on time’ with regard to family and occupational events.

(Neugarten, 1977, page 45)

Attempting to define adulthood isn’t easy. Is there a legal definition or requirement to help us?

Below is a list of activities/responsibilities which have a minimum legal age. Can you correctly match the activity to the list of minimum ages? (See page xviii for some suggested answers.)

Key no.	Activity		Age/ years	Enter the key number of your matching activity here
1.	Leaving school	A	10	
2.	Stopping of entitlement to free medicines	B	16	
3.	Able to marry	C	16	
4.	Drive a car	D	16	
5.	Criminal responsibility	E	16	
6.	Age of sexual consent	F	17	
7.	Buy an air rifle	G	17	
8.	Buy a drink in a public house	H	18	
9.	Drive a heavy goods vehicle	I	18	
10.	Be President of United States of America	J	18	
11.	Vote for Member of Parliament	K	21	
12.	Take out a hire purchase agreement	L	35	

We have tried to reach a definition of adulthood but have seen that it cannot be totally dependent on age and/or culture but is largely concerned with maturity — that is, how an individual uses his/her adult rights and responsibilities within a particular environment.

Having considered some of the aspects of ‘being an adult’, we now include examples of Patients’ Profiles to assist in assessing a patient’s needs. The examples were taken from three patient histories which appear later in the text.

A Patient Profile to assist in assessing patients and the development of a problem-solving approach to care

Name Mr George Watson No. 012345
Address 100 Tack Road, Grenville

- 1 Circle any conditions that are present in your patient in each of the five columns. Remember that more than one is possible in most of the columns
- 2 Starting with the age column, take your selected condition and consider each of the 14 functions requiring assistance and tick in the box(es) those appropriate to your patient's needs, e.g. an elderly patient may require assistance with 2, 3 and 5
- 3 Repeat the same procedure with subsequent columns

Conditions Always Present that Affect Basic Needs

Physiological Disturbances

Age

Newborn
Child
Adolescent
Adult
Middle aged
Elderly
Aged

Temperament

Emotional state or passing mode:
(a) normal
(b) euphoric, hyperactive
(c) anxious, fearful, agitated, hysterical
(d) depressed/hypoactive

Social/Cultural

Member of a family unit with friends and status
A person relatively alone
Maladjusted
Destitute
Smoker
Drinker

Physical/Intellectual Capacity

Normal weight
Over-weight
Under-weight
Normal mentality
Gifted mentality
Normal sense of:
hearing
sight
equilibrium
touch
Loss of sense of:
hearing
sight
equilibrium
touch
Normal motor power
Loss of motor power

1. Fluid and electrolyte imbalance

2. Oxygen want
3. Shock
4. Consciousness
5. Local injury/disease
6. Metabolism
7. Seeing, hearing, smell and touch
8. Communicable conditions
9. Immobilisation: disease/treatment

Functions requiring assistance

Age

Temperament

Social/Cultural

Physical/Intellectual Capacity

Physiological Disturbance

1. Breathing

✓

2. Eating or drinking

✓

3. Elimination

✓

4. Sleep or rest

✓

5. Movement

✓

✓

6. Maintenance of body temperature

✓

7. Keeping body clean

✓

8. Dressing suitably

✓

9. Avoiding dangers and injury

✓

10. Communication

✓

✓

11. Worship

✓

✓

12. Work

✓

13. Participation in recreation

✓

✓

14. Learning to satisfy curiosity

✓

A Patient Profile to assist in assessing patients and the development of a problem-solving approach to care

Name Miss Mary Clark No. _____
 Address _____

- 1 Circle any conditions that are present in your patient in each of the five columns. Remember that more than one is possible in most of the columns
- 2 Starting with the age column, take your selected condition and consider each of the 14 functions requiring assistance and tick in the box(es) those appropriate to your patient's needs, e.g. an elderly patient may require assistance with 2, 3 and 5
- 3 Repeat the same procedure with subsequent columns

Conditions Always Present that Affect Basic Needs**Physiological Disturbances**

Age	Temperament	Social/Cultural	Physical/Intellectual Capacity	Physiological Disturbances
Newborn	Emotional state or passing mode:	Member of a family unit with friends and status	Normal weight	1. Fluid and electrolyte imbalance
Child	(a) normal	A person relatively alone	Over-weight	2. Oxygen want
Adolescent	(b) euphoric, hyperactive	Maladjusted	Under-weight	3. Shock
Adult	(c) anxious, fearful, agitated, hysterical	Destitute	Normal mentality	4. Consciousness
Middle aged	(d) depressed/ hypoactive	Smoker	Gifted mentality	5. Local injury/disease
Elderly		Drinker	Normal sense of: hearing sight equilibrium touch	6. Metabolism
Aged			Loss of sense of: hearing sight equilibrium touch	7. Seeing, hearing, smell and touch
			Normal motor power	8. Communicable conditions
			Loss of motor power	9. Immobilisation: disease/treatment

Functions requiring assistance	Age	Temperament	Social/Cultural	Physical/Intellectual Capacity	Physiological Disturbance
--------------------------------	-----	-------------	-----------------	--------------------------------	---------------------------

1. Breathing					
2. Eating or drinking					✓
3. Elimination					✓
4. Sleep or rest			✓		✓
5. Movement					✓
6. Maintenance of body temperature					
7. Keeping body clean					
8. Dressing suitably					✓
9. Avoiding dangers and injury					
10. Communication					✓
11. Worship					
12. Work					✓
13. Participation in recreation					✓
14. Learning to satisfy curiosity					

A Patient Profile to assist in assessing patients and the development of a problem-solving approach to care

Name <u>Simon Matthews</u> No. _____ Address _____ _____					
1 Circle any conditions that are present in your patient in each of the five columns. Remember that more than one is possible in most of the columns 2 Starting with the age column, take your selected condition and consider each of the 14 functions requiring assistance and tick in the box(es) those appropriate to your patient's needs, e.g. an elderly patient may require assistance with 2, 3 and 5 3 Repeat the same procedure with subsequent columns					
Conditions Always Present that Affect Basic Needs					Physiological Disturbances
Age Newborn Child <u>Adolescent</u> Adult Middle aged Elderly Aged	Temperament Emotional state or passing mode: (a) normal (b) euphoric, hyperactive <u>(c) anxious, fearful, agitated, hysterical</u> (d) depressed/hypoactive	Social/Cultural <u>Member of a family</u> unit with friends and status A person relatively alone Maladjusted Destitute Smoker Drinker	Physical/Intellectual Capacity Normal weight <u>Over-weight</u> Under-weight Normal mentality * Gifted mentality Normal sense of: hearing sight equilibrium touch Loss of sense of: hearing sight <u>equilibrium</u> touch Normal motor power <u>Loss of motor power</u>	1. Fluid and electrolyte imbalance 2. Oxygen want 3. Shock 4. Consciousness 5. Local injury/disease 6. Metabolism 7. Seeing, hearing, smell and touch 8. Communicable conditions <u>9. Immobilisation: disease/treatment</u>	
* Mentally handicapped					
Functions requiring assistance	Age	Temperament	Social/Cultural	Physical/Intellectual Capacity	Physiological Disturbance
1. Breathing					
2. Eating or drinking		✓	✓	✓	
3. Elimination		✓	✓		✓
4. Sleep or rest				✓	✓
5. Movement		✓	✓		✓
6. Maintenance of body temperature				✓	✓
7. Keeping body clean				✓	
8. Dressing suitably				✓	✓
9. Avoiding dangers and injury				✓	✓
10. Communication				✓	
11. Worship				✓	
12. Work					✓
13. Participation in recreation				✓	
14. Learning to satisfy curiosity				✓	✓

The items ticked in the Patient Profiles should assist you to formulate a care plan which includes the functions which require assistance for your patient from both the physiological disturbances and the conditions which are always present.

An essential part of planning and implementing care is the inclusion of a clearly defined record of the patient's progress and response to care with an ongoing evaluation of what we do to and for patients. Short- and long-term goals for implementing care should be discussed and agreed with the patient and/or relatives, suitable monitoring methods should be chosen, and a realistic review period should be set.

Evaluation

What is evaluation?

Determination of the value of.

So what makes you decide this value (of nursing care)?

How do you value care?

Who values it?

How do you put a value on something?

What is value?

Value is worth

That which renders anything useful or estimable.

The degree of this quality.

Relative worth.

To esteem or rate at a price.

To prize.

'Evaluation is dependent upon the comparison of information collected *before* nursing action has been taken with information collected after nursing action has been taken. It is the comparison that makes it different from assessment.'

Kratz (1979)

What are we evaluating?

Things we do to and for patients and the patient's progress and response to care could fall into three categories: nursing activities related to patient comfort, safety and well-being; nursing activities pertaining to observations and measurements; and nursing actions relating to diagnosis and treatment.

What can help you evaluate care and record the patient's progress and response to care?

To assist you, we have given you some questions to ask yourself when writing progress reports under each of these headings.

Nursing actions relating to patient comfort, safety and well-being

You need to ask the patient and family (if possible) whether the present nursing actions are needed to maintain the patient's level of information and safety.

Nursing actions pertaining to observations and measurements

For what purposes are these measurements required?

Who wants the results of the measurements?

What happens to the results?

Are different measurements required?

If yes, what is required and how often?

Nursing actions relating to diagnosis and treatment

Do the treatments require altering — i.e., in type and frequency?

Do the medicines require stopping, starting, changing?

Are the nursing activities still necessary?

Have the course/s of treatment, medicines been completed?

We now include a suggested aid to writing patient progress notes. Give some thought to how you could use this in your own work setting, and then compare your results with how we have tried to use the form with Mr Watson and Mrs Jones in Chapter 1 and Mr Jones and Mr Brittain in Chapter 2.

EVALUATION OF CARE AND SUGGESTED RECORD OF PROGRESS

Patient's Name

Date Time

QUESTIONS TO HELP YOU WITH EVALUATING CARE AND PROGRESS

Nursing actions relating to patient comfort, safety and well-being

- What is the patient's response to his/her condition?
- Are the present nursing actions still required?
- Is the patient, and his/her family, informed?

Nursing actions pertaining to observations and measurements

- What is the patient's response to the observations and measurements being made?
- Are the present measurements/observations still required?
- Have results been seen or relayed to the appropriate practitioner/carer?
- Has the patient been informed of the changes?

Nursing actions relating to diagnosis and treatment

- What is the patient's response to diagnosis and treatment?
- Are the patient's treatments still required?
- Have the course/s of treatment been completed or discontinued?
- Has the patient been informed?

- Who has visited the patient?
- What information has been given to relatives/visitors?

- Has the care plan been updated?
- Are the objectives/goals of care still relevant?

Signature of Reporting Nurse

Designation

Signature of Supervising Nurse

Designation

Within this book you will find suggestions and methods for recording assessment, planning and evaluation of nursing care which we hope you will think about and from which we hope you will use those points which you feel would be helpful to you and beneficial to your patients now and in the future.

ANSWERS to activities/minimal age of responsibility exercise (page xiii).

10 years	key number 5	criminal responsibility
16 years	key number 1	leaving school
	key number 2	stopping of entitlement to free medicines
	key number 3	able to marry
	key number 6	age of sexual consent
17 years	key number 4	drive a car
	key number 7	buy an air rifle
18 years	key number 8	buy a drink in a public house
	key number 11	vote for a member of parliament
	key number 12	take out a hire purchase agreement
21 years	key number 9	drive a heavy goods vehicle
35 years	key number 10	be President of United States of America