

HEALTH HISTORY ASSESSMENT (2).docx

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Health History Assessment

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NR302: Health Assessment I

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Demographic Data

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Name CM. Age: 40. Gender: Female. YOF. DOB: 1980. Occupation: Medical Underwriter. Education Level: Masters, enrolled for Ph.D. Primary Language: English with proper mastery of Indian language. Nutrition: Overweight but keeping up with a home-based fitness program. The overall patient is alert and sitting upright. She has a charming personality, very composed, articulate, and spectacularly dressed.

Perception of Health

The patient is a medical underwriter, who is well acquainted with health standards. The patient appreciates the need for good health, nutrition, and safe practices. The patient tries to maintain proper nutrition but has a strong liking for junk food propagated by the nature of her career which entails many office hours and a tight work-school schedule. The patient is however keen on the home-based exercise program. She gave precise subjective data on her exercise program and diet plan.

Past Medical History

The patient has previously had a history of mild migraines and which she treats using a chiropractic approach. She also has a history of T1-T5 region disorder arising from cervical dysfunction, which is accompanied by neck pain, muscle spasm, pain, stiffness, and sometimes fatigue. As a result, the patient attends a chiropractic session once a month. Assessing the patient's past medical history, I can offer essential advice on joint and muscle care, link them to a muscle specialist for a detailed check-up.

Family Medical History

Patient CM's suffers Post Traumatic Stress Disorder (PTSD). Father initials MM is 70 years old, a retired military man. The PTSD condition emanates from the traumatic experiences during various military expeditions and peacekeeping operations. The patient's mother, initials AM is a 58 YOF, a retired secondary school teacher, and a basketball trainer. She has never been hospitalized for anything major and is in good health. She has maintained her schedule of daily thorough exercise and keeps herself engaged with animal rearing hence the clear medical record. The paternal grandmother, 90 YOF, Alaska native, suffers from diabetes which CM attributes to her career as a fast-foods owner whose diet contained high cholesterol and refined sugar levels. The paternal grandfather died at 55 in a police-thug confrontation. With an American Asian background, the maternal grandfather, a luxury car merchandiser died at 70. He succumbed to diabetes and vascular disease had been a heavy smoker and obese who hardly had time to exercise. The maternal grandmother is alive. She has no known allergies or medical conditions. She, however, prefers traditional and Chinese medicine and healthcare. The patient has a sister who is a nutritionist and in perfect health. However, her brother, a chef who suffered from myopia has recently been diagnosed with diabetes Type 2 for being overweight. The second brother, a serviceman is healthy and no known health issues or allergies.

Review of Systems: Head to Chest

Integumentary Assessment: Skin hair and nail assessment. Uniform skin color, unblemished, without any foul order. The texture is smooth, has good turgor and the temperature is within the limit. It is also lesion-free. CM has thick blonde hair that is uniformly distributed with no signs of infection or infestation. She has variable body hair too. Light-brown convex-curved nails,

smooth and intact epidermis. Blanch Test on nails, they assume their initial and normal color within 4 seconds.

Head Assessment: Head, Skull, Face, and Neck Assessment: Head is rounded, normocephalic and symmetrical, smooth and has a uniform consistency. Absence of nodules or masses. Skull-No nodules when palpated. Face- coordinated movement between the left and right side of the face, palpebral fissures equal in size, symmetric nasolabial folds. Neck: Positioned at the midline without tenderness and flexes easily.

Eye Assessment: Eyes are brown and symmetric, evenly distributed hair on the eyebrows with symmetric eyelids whose involuntary blinks are about 15-20 times in a minute. Eyelid margin is intact with no discoloration. Pupils are black and alike in size, with coordinated reaction to red light and accommodation. They constrict when looking at close objects, dilates at far objects, converge when an object is moved toward the nose at four inches distance and by using a penlight. The sclera is white. Shiny, smooth, pink palpebra conjunctiva. The cornea is transparent, smooth, and shiny. The lens is clear.

Ear, Nose, Mouth Throat, and Sinus Assessment: Auricles: color matches the facial skin, aligned with the outer canthus of the eye, are firm, non-tender, mobile, pinna recoils after folding. No impacted cerumen on the external ear canal. Accurate watch tick and hearing acuity test results. The external nose is symmetric and straight, with no flaring, uniform in color, air moves freely as the client breathes through the nares. Pink mucosa without lesions. The nasal septum is intact and the middle with no tenderness. Symmetrical moist pink lips and brown gums. Dentition is good with decayed brown molars. Mouth centrally positioned, pink with a white coating, with veins prominent on the floor of the mouth. The tongue moves when asked to move swiftly and without

tenderness upon palpation. The uvula is positioned midline of the soft palate. The gag reflex was present.

Respiratory and Cardiac Assessment: The chest wall is intact with no tenderness and mass. The client manifested quiet, rhythmic, and effortless respirations. The chest is vertically aligned. The hips are in line with the right and left shoulder. No visible pulsation of the pulmonic and aortic areas. There is no presence of heaves or lifts.

Developmental Considerations

According to the eight stages of development as stated by Peter Erikson CM lies in the intimacy vs. isolation stage. The task in the stage is to maintain stable healthy relationships (McLeod, 2013). My patient has done well since she is happily married to the father of the last two children and has been able to co-parent well with the father of her firstborn.

Cultural Considerations

The patient is of Asian American culture whose statics have shown to be highly susceptible to diabetes. Additionally, her family history shows a high risk of getting diabetes.

Psychosocial Considerations

The patient is a 40-year-old female, who is mentally stable. Although she was subjected to trauma as a child during a mass shooting, this has not affected her psychological health. The patient had clarity in her expression of thoughts without word salads. ¹ She was neither tangential neither was she circumstantial.

Top Priority

To leave a mark in my patient's life, the best I would wish to do is help her recover from the regular cervical dysfunction. I wish to have an integrative healthcare plan, such that besides her usual chiropractic sessions, the patient should have sessions with the muscle specialist in our facility for a more detailed examination and monitoring of her condition. Second, the priority risk is to help the client establish a better dietary plan.

Reflection

Impacting on my patient's health positively is my daily goal. Assessing CM from head to toe, getting to know her family background, and sharing a part of her life was a learning experience. The whole session especially examining her psychological health got my passion for psychology triggered. However, I realized that I need to improve on my emotional intelligence, to control my emotions when necessary. Cultural competency is part of individualized patient care which involves understanding and respecting the beliefs of a patient (Giger et al, 2007). My patient, just like her grandmother prefers ¹ traditional medicine. I had to listen, try to relate, and later persuade my patient into adopting an integrative healthcare plan for her condition. I was enthralled with just how much the patient appreciates the work that healthcare workers do and also applying for my theoretical work in the assessment was a delight. I realized that environment is important in interviews, especially the non-medical ones. For the psychosocial assessment, we went to a quiet room that had soft background music. This was specifically important at the point when my patient narrated how she has been able to move out of an abusive marriage with her ex-husband, her journey towards learning to trust again to the extent of remarrying, forgiving, and establishing a working relationship to co-parent. I felt challenged by CM's resilience. Discussing the patient's lifestyle, I noted that healthcare should be more actively involved in helping patients strike a balance between work and normal lifestyle. There is also a need for awareness for the importance

of programs to curb stress and burnout from busy schedules. In a nutshell, the assessment was a learning and inspirational experience.

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