

nursing assessment fixed (1).docx

by Amanda Estenoz

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Health History

Name: Amanda Estenoz, Islen Gonzales, Jordan De Leon, Kimberly Daniel

Chamberlain University College of Nursing

NR302: Health Assessment I

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Demographic Data

Name CM. Age: Forty. Gender: Female. YOF. DOB: 1980. Residence: Mount Vernon, Baltimore. 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. Has a charming personality, very composed, articulate, and spectacularly dressed.

Perception of Health

The patient in subject is a medical underwriter, who understands all the guidelines and standards of health. The patient is aware that good health is paramount for the patients, as well as good nutrition and safe practices. The patient always determined to maintain good health but has a strong attachment to the junk food propagated by her career since she has to have many office hours' sited as well as tight work schedule. However, the patient is also aware of the home based exercise program. She provided a data that she uses on her exercise as well as her diet plan.

Past Medical History

As per the records, the patient had history of mild migraines and which she treats using chiropractic approach. She also has a history of T1-T5 region disorder which is accompanied with stiffness, neck pain, muscle spasm and sometimes fatigue. Due to this, the patient has enrolled to chiropractic session that she attends once a month. By evaluating the patient's past medical history, I can recommend on muscle and joint care, link her to the specialist on the same areas for the detailed check-up.

Family Medical History

Patient CM's father, MM, a 70 year old male of Asian descent is a retired army officer. Out of the military practices, peace keeping missions and other traumatic experiences he was diagnosed with Post Traumatic Stress Disorder. Her mother, AM has no history of hospitalization for anything serious neither does she have any allergies. She is a retired O-level teacher and basketball coach, keen on strict exercise routine and proper dieting. Besides being 58, she rears animals to stay active. CM's paternal grandfather at the age of 55, was shot in a military confrontation. The paternal grandmother, now 90 is an Alaska native, and has diabetes, emanating from high cholesterol diet and refined sugar. Although she has delegated duties now, she used to run a fried foods and soft drinks eatery. The maternal grandfather died of a cardiac arrest at 70 and had a respiratory disease. He was luxury motor dealer, a heavy smoker who cared less about his diet. He however played golf but without consistency. The maternal grandmother is still healthy. She however prefers traditional healthcare methods complemented with Chinese medicine. The patient's sister, a professional nutritionist, is perfect health. Her brother, who runs their family business is myopic and obese. The second brother, a police officer has a clean medical record and regularly visits a psychoanalyst due to the risk his job poses on his psychological health.

Review of Systems: Head to Chest

Integumentary Assessment: Skin hair and nail assessment. The patient's **skin color** is uniform, **without** blemish or odor, smooth-textured with **good turgor and temperature within limit**. No lesions. **CM has thick evenly distributed hair. No infestation.** She has **variable body hair**. Pink nails, **convex-shaped and intact** on the **epidermis**. Positive **Blanch test** results.

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¹ Head Assessment: Head, Neck Assessment, ¹ Skull, Face, and Neck Assessment: Head is rounded, normocephalic and symmetrical, smooth. It has even nodules and the skull has no nodules on palpitation. Face- symmetric nasolabial folds, coordinated movement between the left and right side of the face, ¹ palpebral fissures equal in size. Neck: Positioned at the midline, no tenderness and flexes easily.

¹ Eyelid margin is intact with no discoloration. ¹ Eyelid margin is intact with no discoloration. Eyebrows have uniform hair distribution. Eyelids blink in unison within fifteen to twenty times in a minute. ⁴ Pupils are black and alike in size. Perfect reaction and accommodation to red light. Reaction on exposure to distant and close object is as expected: they constrict when objects are close, ¹ converge when an object is moved close to the nose at around 4 inches using a penlight and dilate at far objects. White sclera. Transparent, shiny and smooth cornea. Clear lens and pink, smooth palpebra conjunctiva that is shiny.

¹ Ear, Nose, Mouth Throat, and Sinus Assessment: Auricles are firm, color matches the facial skin, non-tender, aligned with the outer canthus of the eye, ¹ mobile, pinna recoils after folding. Cerumen not impacted. External ear canal in perfect condition. Accurate watch tick and hearing acuity test results. External nose is straight and symmetric. It is unclogged, no flaring and breathing is okay. ³ Mucosa is pink, no lesions. Nasal septum intact, centrally positioned. There is no tenderness. Pink moist lips. Lips are alike and gums are brown. Decayed brown molars. Teeth well aligned. Mouth well positioned, capillary network on the floor of the mouth is okay. The mouth is pink but has a white coating which is normal. Tongue movement seems in order. Upon palpitation, there is no tenderness. Gag reflex evident. Uvula positioned correctly i.e. at the middle of the soft palate.

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¹ Respiratory and Cardiac Assessment: The chest wall is intact with no tenderness and mass. ¹ 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. ¹ The client manifested quiet, rhythmic, and effortless respirations.

Developmental Considerations

Peter Erikson outlines eight stages of development, the client at the intimacy vs isolation stage and from her story she is developing accordingly. The metric is to form and maintain stable relations (McLeod, 2013). Not only has she managed to co-parent with her hostile ex-husband but has also remarried and is happy with her current husband with whom they have two kids.

Cultural Considerations

The Asian American population has been statistically noted amongst as a high risk population with regard to diabetes. Although my patient is currently healthy and free from diabetes, her family implies that she is susceptible and should take precaution.

Psychosocial Considerations

CM is a 40 YOF. She is mentally stable. Her psychological health is in order despite having being traumatized by a mass shooting at the age of 12. The patient has a clear thought process, can maintain a conversation without word salads, can focus, is not tangential and also not circumstantial. She also expresses emotions accordingly.

Top Priority

Muscle problems may not be fatal but they pose a notable amount of discomfort and hinder normal operation of the body. My top priority is to help CM ¹ recover from the regular cervical

dysfunction. Although she has been undergoing chiropractic care, I wish to establish an integrative healthcare plan for her which will involve the muscle specialist and conventional medicine too besides the chiropractic sessions. Additionally, it would be prudent if I help her mitigate the risk of diabetes through a better dietary plan.

Reflection

The patient comes first but without empathy, personalized service, dependability, and accessibility, then dealing with patients is but a daily routine. Every day is a learning experience, but it is more informed applying theory learned in class in practical work like accessing CM from head to toe, her mental and psychological condition and taking detailed inquiry of her medical background. The whole session ignites the flickering emblems of the passion in psychology that burns in me. This is because, my emotional intelligence needs to be improved and besides I felt that a psychologist would connect better with the client and decipher a better meaning from CM's story. Cultural competency is an integral aspect of individualized healthcare. It involves empathy, comprehension and respect of the beliefs, orientation and perceptions of a patient (Giger, 2007). Like her grandmother, CM has preference for traditional medicine. To help the patient adopt the integrative healthcare plan, it is important for me to first understand her perception, get to similar level of understanding as she, and then persuade her. It melts my heart when a patient appreciates my work as caregiver, CM was very delighted with the service I offered. I felt a sense of fulfillment relating theoretical knowledge on real life situations. Environment is important in non-medical interviews, not only does it elicit appropriate emotion but also determines the mood during a psychosocial assessment. The psychosocial assessment was in a quiet room, and CM was quite relaxed as she narrated how she has been able to move out of an abusive marriage with the ex-husband. Although it was emotion, the soothing background music kept her in control. I was

inspired by her resilience in the ¹ journey towards learning to trust again to the extent of remarrying, forgiving, and establishing a working relationship to co-parent. ¹ 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. Stress and burnout are threats to mental health that are hardly recognized within the healthcare program. This also shows a gap within the system, there should be programs on the same. In conclusion, ¹ the assessment was a learning and inspirational experience.

References

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