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HYPERTENSION

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Some of the **diagnosis** that might be carried out for Mr. Mathews include the following;

- **Overweight.** Excess weight increases the risk of hypertension. Weight increase may lead to blood pressure rise pathophysiologically, according to studies. The goal of this diagnosis is to make an assessment of the patient's weight to ensure that it is within the recommended health bracket.
- **Deficient knowledge.** Controlling high blood pressure requires a patient's understanding of the illness process, as well as the lifestyle. The nurse should stress the notion of treating hypertension instead of treating it in nursing assessment Deficient Knowledge. The objective of this diagnosis is to ensure that the patients comprehend their underlying condition.
- **Acute pain.** Elevated resting blood pressure leads to a gradual loss of sensitivity to acute pain, which may lead to a propensity to reestablish arousal levels in the face of unpleasant stimuli. Diagnosis on acute pain is meant to ensure that the patient has no underlying pain which can have effects on the patient's sensitivity.

Interventions

- **overweight**

1. Work with the patient to develop a realistic weight-loss strategy, such as a weekly weight loss of 1 pound. A weekly weight loss of one pound is theoretically possible by reducing caloric intake by 500 calories. As a result, a sluggish weight loss signifies fat loss while protecting muscle and often signals a change in eating habits.
2. Enable the patient to maintain a food journal, documenting whenever and wherever he or she consumes, as well as the events and emotions that occurred during the meal.

Offers a comprehensive set for both the nutritional adequacy as well as the emotional state of eating (Bradbury et al., 2018). It aids in focusing attention on aspects over which the patient has influence or can alter.

3. Discuss the importance of reducing calorie consumption and limiting salt, fats and sugar intake as directed. Too much salt increases the intravascular fluid volume. This damage the kidneys, aggravating hypertension.

4. Provide counselling on dietary requirements.

- **Deficient knowledge**

1. Discuss the necessity of quitting smoking with the patient, and aid them in developing a strategy to do so. Nicotine raises catecholamine levels, which causes a rise in heart rate and blood pressure blood pressure.

2. Stress the significance of sticking to treatment plans and attending follow-up consultations.

Antihypertensive treatment failure is frequently caused by a lack of participation. As a result, continual patient cooperation assessment is crucial to successful therapy.

3. Teach and show how to self-monitor your blood pressure. Examine the patient's hearing, vision, dexterity, and cooperation. Patients find it reassuring to monitor their bp at home as it gives a positive response for conforming to the medical regimen and facilitates early detection of harmful changes.

4. Assist patients in developing a simple, comfortable medication routine. Personalizing medication regimens to meet the patient's routines and requirements may make it easier for the patient to stick to a long-term routine.

- **Acute pain**

1. During the acute period, encourage and promote bed rest. This reduces excitement and encourages relaxation.
2. Provide or encourage nonpharmacological headache relief methods such as applying a cold cloth to the forehead, back and neck massages, and sitting in a quiet, dimly lit room.
3. Avoid or limit activities that restrict blood vessels and cause headaches.
4. Assist the patient in ambulation if necessary. Vascular headaches are commonly accompanied by dizziness and impaired vision.

Reference

Bradbury, K., Morton, K., Band, R., van Woezik, A., Grist, R., McManus, R. J., ... & Yardley, L. (2018). Using the person-based approach to optimise a digital intervention for the management of hypertension. *PLoS One*, *13*(5), e0196868.

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