

Functional Health Patterns

STUDENT NAME CHRISTINA GRABLE

DATE 4/20/2011

*Include client's admission date, occupation, diet, religion, activity, allergies, current meds, treatments, surgery, and diagnostic test results under the appropriate functional health pattern.

Client Profile (summarize events leading to day you cared for client):

As I was getting ready to enter the clients room I noticed that the curtain was closed. I overheard the therapists telling the client that once they finished getting her dressed they were going to walk in the hall to go down to X-ray. I decided to utilize this time to gather information on the client. Once my client returned to her room and got settled in I entered and introduced myself to her. The client was sitting up in the chair with her tray table in front of her. She stated that she needed a tissue to spit in. I proceeded to get her tissue box and set it on her tray table in her reach. Client was very sweet and stated that she was hungry and needed someone to order her breakfast. I proceeded to ask her what she wanted to have for breakfast and ordered it for her.

DATABASE

AREA OF HEALTH	SUBJECTIVE DATA	OBJECTIVE DATA	INDIRECT DATA	INTERPRETATION (effective patterns or barriers/potential barriers)
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<p>HEALTH-PERCEPTION HEALTH-MANAGEMENT (general survey, perceived health and well-being, self-management strategies, utilization of preventative health behaviors and/or services.</p>	<p>Pt states that she feels her health is pretty good for being 101 yrs old. Pt states that she would feel better once she can get rid of the congestion in her chest. Pt states that she has never smoked or drank alcohol within her lifetime. She said that she saw the eye doctor within the past yr for cataract surgery and saw her regular doctor within the past yr. Pt states that she has a walker at home, but only uses it when she leaves the house due to her home being compact so she holds on to things when she moves around.</p>	<p>Client appeared to be in a good mood, evidenced by her smiling and happily answering my questions. She was hard of hearing and needed to lean over her tray table to hear me.</p>	<p>Pt chart shows a history of HTN, atrial fibrillation, cardiac arrhythmia, and a previous TIA that occurred 3 yrs ago.</p>	<p>Pt shows effective patterns in health management in regards to her knowledge of her meds and health. Ineffective pattern in regards to using her walker within the home to prevent falls.</p>

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<p>NUTRITIONAL –METABOLIC (patterns of food and fluid consumption, weight, skin turgor, nails, hair, etc.)</p>	<p>Pt stated weight as being around 105 lbs for long time and does not think that it has changed in the past 6 months. Pt stated that she had lasagna the previous night but did not eat much of it because she did not like the taste of it. She stated her breakfast was good but she does not eat a lot anymore. Pt stated that she does not drink coffee or tea at home but she is drinking it in the hospital to soothe her throat. Pt stated that she usually does not get very hungry but eats when it is time to eat.</p>	<p>Pt had oatmeal and coffee and orange juice for breakfast. She only ate a little bit of her breakfast and did not appear to drink her juice.</p>	<p>Pt chart shows that the patient weighs 104 lbs, and that she usually eats less than half of her meals. Assessment data shows that pts hair and nails were dry, normal; intact.</p>	<p>Ineffective pattern in regards to adequate food consumption. Effective pattern in consuming 3 meals a day.</p>

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<p>ELIMINATION (patterns of excretory function and elimination of waste; relevant labs, medications, impacting, etc.</p>	<p>Pt stated that she urinates about 2x/day, and her last bowel movement was 2days ago and she got rid of a lot of gas with that. Pt stated that the doctor knows whats best for her and she didn't want to answer any more questions. She states that she did not like lasix pill when she was taking it, because she can't always make it to the bathroom in time and urinates on herself.</p>	<p>Pt did ask to use the bathroom earlier in the interview, however she did not defecate.</p>	<p>Pt EMAR says that the Lasix was D/C and patient is no longer taking it.</p>	<p>Effective voiding pattern.</p>

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<p>ACTIVITY-EXERCISE (patterns of exercise and daily living, self-care activities include major body systems involved such as cardio, respiratory, musculoskeletal)</p>	<p>Pt states that she does not leave house much except for b-day parties for her sisters great grandchildren. Pt states that she usually takes a bath at home so she does not fall while taking a shower. She states that she has trouble picking up small objects due to arthritis in fingers. Pt states that she has not fallen at home because she is careful to see where she is going and then goes there. Pt states that she cooks a little with her sister and they have someone who comes in to clean the house.</p>	<p>The pt was a small female who did not appear to be very active.</p>	<p>Pt charts shows a history of TIA, HTN, atrial fibrillation, and cardiac arrhythmia. Case manger states that the client ambulates unassistive.</p>	<p>Ineffective pattern in activity and exercise. The pt has barriers to daily exercise due to arthritis and age.</p>
<p>SLEEP-REST (patterns of sleep, rest, relaxation, fatigue)</p>	<p>Pt states that she goes to bed around midnight and wakes up at 7am feeling rested. She states that she does not usually take naps except when she feels tired or sleepy. Pt states that she sometimes read or watch tv before bed.</p>	<p>Pt was alert and awake during the interview.</p>		<p>Effective pattern of sleep and rest.</p>

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<p>COGNITIVE-PERCEPTUAL (patterns of thinking and ways of perceiving environment, orientation, mentation, neuro status, glasses, hearing aids, etc.)</p>	<p>Pt states that she has no memory changes and that she remembers everything. She states that she has no problems with saying what she wants to say. Pt states that her BP med effects her eyes in the morning.</p>	<p>The patient is did not have a hearing aid and was hard of hearing me throughout the interview and leaned over tray table to hear me.</p>	<p>Pt chart states that the pt is A&Ox3. Emar shows patient is taking Lisonopril for BP.</p>	<p>Effective patterns with cognition and perception, but barriers with vision in morning d/t meds for BP. Barrier with hearing.</p>
<p>SELF-PERCEPTION SELF-CONCEPT (patterns of viewing and valuing self; body image and psychological state)</p>	<p>Pt states that she sees her health as great except for her cough. She states that she is a healthy person and being sick has not affected how she sees herself.</p>	<p>The patient’s demeanor appeared to match what she was saying.</p>		<p>Effective pattern of self-perception and concept.</p>
<p>ROLES-RELATIONSHIPS (patterns of engagement with others, ability to form and maintain meaningful relationships, assumed roles; family communication, response, visitation, occupation, community involvement)</p>	<p>Pt states that her husband past away 7 yrs ago and never had children of her own. She stated that her stepson passed away of cancer in Texas. Pt stated that her occupation was a hairdresser where she worked in Ohio, Pennsylvania, and Florida during her career. She states that she gave her house to her nephew and moved in her sister.</p>	<p>Patient seemed to be a little distant while talking about her husband passing away and about never having children of her own.</p>	<p>Case manager’s notes state that the client does liver with her sister. That her sister’s grandson provides transportation and assistance as needed.</p>	<p>Effective pattern in relation to her relationships with family, but barriers when discussing her husband and having no children of her own.</p>

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SEXUALITY-REPRODUCTIVE (testes, breasts, abdominal-genitourinary; satisfaction with present level of interaction with sexual partners)	Pt stated that she is not sexually active and that I already should have known that.	Pt appeared agitated at the question and closed up at this time.		Ineffective pattern in regard to discussing her sexuality.
COPING (stress tolerance, behaviors, patterns of coping with stressful events and level of effectiveness, depression, anxiety)	Pt stated that she does not have stress in her life, but if she did then she would use the Lord's help to deal with it.	Pt appeared to be easy going and in a generalized happy mood. She did not appear to be under stress.		Effective pattern with coping with stress and anxiety.
VALUES-BELIEF (patterns of belief, values, and perception of meaning of life that guide choices or decision; includes but is not limited to religious beliefs)	Pt stated that she believes in the Lord and that she no longer goes to church. Pt states that she still says her prayers at night.			Effective pattern with discussing her values and beliefs.