

Case Study

Name:

Course:

Instructor's Name:

Date:

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- a) Is this woman a fall risk, and if so why do you think so?

Yes, I believe that woman is a fall risk. According to the information given, an analysis of the standard Morse Fall Scale there are vivid factors that have significantly contributed to her facing the fall risk. Despite not having the patient's medical history we can deduct from the information provided that she presents an immediate risk of falling. Moreover, the patient is bed-bound. However, her mental status onset affects the patient and thus makes her to attempt to leave her bed. The major contributors to her falling risk, such as the long-term CVA which is associated with paralysis on her right side, difficulty in hearing with no administered hearing aids to assist, as well as the fact that the patient is left unattended for an entire day. Furthermore, the patient was experiencing onset confusion which is closely associated with changes in her overall mental status.

- b) What clues were there to her UTI diagnosis that might have prevented her hospitalization if identified early enough?

Issues such as dehydration, pneumonia as well as the changes in her mental status were the clues that were concerning her diagnosis of UTI and may as well have caused challenge towards early hospitalization.

- c) What indicators of Frailty does this patient have?

As per the information provided on the patient the indicators of frailty include; weakness, weight loss, as well as the fact that the patient was bedbound and had quit eating quite recently.



d) What Geriatric Syndromes does she exhibit?

The patient exhibits the following geriatric syndromes ageing; considering she was eighty-two years old and the onset confusion, as well as changes in her mental status, indicate dementia. Moreover, the negligence by her caretaker by leaving her unattended the entire day is a factor in relation to geriatric syndromes. Nevertheless, the fact that the patient is a significant falling risk is a geriatric syndrome. Last of the indicators of the geriatric syndrome is her contractures of both her hips and hands.

e) What do you think are contributing factors to her pressure ulcers and what might be done to prevent them in the future?

The primary contributors to her pressure ulcers include her lack of freedom to move around because she is bedbound. Amongst other ulcer contributing factors are her poor nutrition status, weight loss as well as dehydration; incontinence of her bowel and bladder, the hip and hand contractures and the paralysis of her right side. Moreover, she might be experiencing pain.

Prevention of pressure ulcers in the future may involve an effective implementation of the following interventions; repositioning of the patient every couple of hours in her bed as well as wheelchair, encouraging a healthier diet, the significant increase in the intake of fluids as well as calories, vast motioning exercises and initiating a supplements diet. Moreover, better management of her urinating schedule, as well as utilization of creams for protecting skin barriers as well as keeping her skin clean and dry, could help significantly.

f) What do you think nursing should do to prevent the patient from entering the downward spiral of the geriatric cascade after she is admitted to the hospital?

Geriatric cascade is more often than not defined as the dependence increase progression. Moreover, it results from extending bed rest time while in hospital. Therefore, efficiently implementing interventions focused on enabling the patient to be engaged as well as mobile is the most recommended way of preventing the patient from entering a downward spiral.

- g) When she is ready for discharge from acute care, what issues should be addressed in discharge planning?

When the patient is ready to be discharged from acute care, the critical issue that should be included in her discharge plan is the patient's education on her medications, scheduling of her prescriptions as well as stressing caution on reiteration when standing after having sat down.

- h) What services might she require upon discharge?

Upon discharge, the patient requires at least once a week home health nursing services for checking in as well as to ensure adequate monitoring of her medication compliance. The patient also needs consideration for a social worker referral, particularly because the patient is elderly, and at the age of eighty-two abides alone as thus could significantly benefit from assistance.