



Detail	Clinical Significance/Impact
<p><b>History of present illness:</b> Jan Anderson is a 75 year-old-female. She was admitted to the hospital today for management of a left foot fracture after falling yesterday at home. It was determined by x-ray that she had multiple fractures and was admitted for surgical intervention and splinting. You read in Jan's medical record that she stated she "just fell." She didn't know why.</p>	<p>Vague description of a fall.            Epidural hematoma.            Monitor left lower extremity for pain, pulses, edema, skin color, temperature, deformity, range of motion and touch (5P's of neurovascular assessment are <b>p</b>ain, <b>p</b>ulses, <b>p</b>allor, <b>p</b>aralysis/<b>p</b>aresis, <b>p</b>aresthesia) (Lemone, 2015).</p>
<p><b>Social History:</b> Jan's eldest daughter is her primary caregiver. Jan has lived with her daughter since her husband passed away four years ago. Jan's daughter works from home and has three children under the age of 8. Jan has one other son and daughter that each live out of state. She quit driving about one year ago.</p>	<p>Widowed.            Cared for by her solely by her daughter who also has young children.</p>
<p><b>Medical History:</b> Jan was recently diagnosed with dementia.</p>	<p>Jan was diagnosed with dementia. Jan's daughter is at risk for <i>Caregiver Role Strain</i>. Caregivers of patients with dementia are at risk for becoming physically and mentally exhausted. Jan's daughter may be socially isolated due to the overwhelming responsibility of providing total care for her mom. It is important to assess her daughter's response to her mom's healthcare needs.</p>
<p><b>Subjective History:</b> You ask Jan how she fell. Her daughter answers and says her mother tripped over a rug. Jan turns away and won't answer the other questions you ask her.</p>	<p>Jan's daughter answer all your assessment questions. Jan won't make eye contact nor answer questions.</p>

**Nursing Assessment:**

**General Appearance:** Jan is resting in bed. Daughter at bedside. Poor personal hygiene noted. Strong body odor noted, hair matted and not combed. Clothes appear soiled.

- BP: 102/60
- HR: 90
- Resp: 20
- Temp: 37°C (98.6°F)

**RESP:** No airway obstruction visible, lung sounds clear in all lobes, respirations even, no accessory muscle use or pursed lip breathing.

**CARDIAC:** Skin pale, warm and dry to touch. Capillary refill <3 seconds. Normal S1 and S2. Peripheral pulses palpable X4 at +2. Mild edema to left foot.

**NEURO:** Responds to verbal stimuli, oriented to person, place, time, and situation. Speech is clear and understandable. Does not answer all questions appropriately and is slow to answer when asked questions.

**GI:** Abd soft, non-distended. NABS X4. Jan is supposed to have dentures but her daughter said she did not bring them. Jan's daughter stated she "doesn't need them." Halitosis noted.

**GU:** No urine output noted at this time. Denies dysuria or polyuria.

**Musculoskeletal:** Able to move all extremities, equal grips bilaterally. Complains of pain to left foot, rate 5/10.

**Integumentary:** Skin warm and dry to touch. Mild tenting and dry mucous membranes noted. No lacerations or lesions noted. Bruising noted to back at varying degrees of healing. Dirt under fingernails.

- Jan is showing signs of dehydration: BP 102/60, Pulse 90, mild tenting and dry mucous membranes noted.
- Does not answer all questions appropriately and is slow to answer when asked questions.
- Poor personal hygiene and strong body odor noted, hair matted. Clothes appear soiled.
- Jan is supposed to have dentures but her daughter said she did not bring them. Jan's daughter stated she "doesn't need them." Halitosis noted.
- No urine output noted at this time.
- Bruising noted to back at varying degrees of healing.
- Dirt under fingernails.
- Jan's daughter is the primary caregiver and has three young children.
- Jan's daughter answer all your assessment questions.
- Jan won't make eye contact nor answer questions.

**What do you suspect? Why do you suspect this?**

- Dehydration.
- Abuse, mistreatment or neglect.
  - Physical Abuse**
    - Bruises, bilateral injuries, repeated injuries in various stages of healing over sedation, utilization of several emergency departments.
  - Neglect**
    - Untreated or infected pressure ulcers on sacral area, heels; loss of body weight; laboratory values showing dehydration or malnutrition ( ↓ serum protein)
  - Psychologic Abuse**
    - Depression, withdrawn behavior; agitation; ambivalent attitude toward caregiver/family member.

**What factors could be contributing to the situation?**

Jan's daughter has three young children, she works from home.  
Patients with dementia can require a lot of care.

**What are your next steps? What resources are available?**

- Abuse must **always** be reported.
  - It is also important to recognize Jan's daughter lacks support. Jan and her daughter may benefit from education, the identification of additional resources or support groups.
- Resources:
  - <https://ncea.acl.gov/index.html>
  - <https://www.aarp.org/caregiving/>

### Case Study Communication-Practice SBAR

#### You call the physician. Practice SBAR

**S**-I am concerned about Jan Anderson.

**B**-She was admitted today for a fracture of her left foot and has surgery scheduled for later today. She also has a history of dementia.

**A**-During my assessment I noticed that her daughter answered all of the questions and Jan would not make eye contact with me nor respond when I asked her how she fell. I found evidence of bruising on her back. She has poor hygiene. Her mucous membranes are dry and I noted mild tenting. Her heart rate is 90 and her BP is 102/60.

**R**-First, do you want to give her any IVF's? Also, I'm concerned for Jan's safety at home and I've placed a call to the social worker. Do you want to examine Jan and speak to the social worker?

### References

- Lewis, S. L., Dirksen, S. R., Heitkemper, M. M., Bucher, L., & Camera, I. M. (2011). *Medical-surgical nursing: Assessment and management of clinical problems* (8th ed.). St. Louis, MO: Elsevier.
- LeMone, P., Burke, K. M., Bauldoff, G., & Gubrud-Howe, P. M. (2015). *Medical-surgical nursing: clinical reasoning in patient care*. Sixth edition. Boston: Pearson.