

Assessment of Client/Family (5 points)	Nursing Diagnosis & Goal of Teaching (5 points)	Interventions (5 points)	Methods/Teaching Tools (2 points)	Evaluation (3 points)
<p>Level of motivation for learning: Mr.MAT is a 48-year-old male admitted for right hip pain. He is in a relationship and is employed by a hospital as he works EVS. He just previously had a back issue that had progressed to getting a nerve block a few days before the hip issue began. He is very eager to get better and get back to work.</p> <p>Barriers to effective learning:</p> <p>A barrier to effective learning that our patient has is his emotional state. The patient denies having a true support system besides his friend, who is an LPN, and his girlfriend, who lives in Indiana. The patient was emotional and cried a few times when telling</p>	<p>Nursing Diagnosis:</p> <p>Risk for infection related to the central line as evidenced by positive staph aureus bacteria in hip debridement.</p> <p>Goal of Teaching: Pt should be able to avoid infection spreading as well for taking care of PICC care if discharged to home. Pt able to do dressing changes without irritating the skin or messing with the placement of the PICC line.</p>	<p>Intervention 1:</p> <p>Wash your hands and use an aseptic technique for nursing tasks involving non-intact skin or invasive lines (Phelps, 2023).</p> <p>Intervention 2:</p> <p>Teach patients signs and symptoms of infection and when to contact a healthcare provider (Phelps, 2023).</p> <p>Intervention 3:</p> <p>Assess pulses in the cast above and below</p>	<p>Method 1: Discussion</p> <p>The client was informed of the official diagnosis and was provided information on the possibility of infection from PICC insertion. Also, information on the prevention of complications of phlebitis and thrombus</p> <p>Method 2: Handout</p> <p>The client was given a handout covering the risks of PICC insertion, how to care for PICC, the disposal of supplies, and when to get help if complications arise.</p>	<p>Discuss how the client/family received the teaching:</p> <p>The patient received the teaching without hesitation and was open to learning, was not being taught before insertion. The client relayed any concerns, which were addressed with research</p> <p>Identify strengths/weaknesses of the client or family in receiving teaching:</p> <p>Strengths were that the patient was able to understand teaching and was receptive to the care needed to prevent any complications regarding the PICC line. Also, the pt wanted to learn since could be a long-term placement of</p>

<p>the nurse the situations that led up to getting the infection in his hip. He had just previously injured his back before the hip pain had started</p> <p>Health beliefs/values:</p> <p>The client has not outlined or stated any health beliefs that could minimize teaching effectiveness. Also, the client wanted information on their PICC line, as care to apply a dressing and avoid infection.</p> <p>Psychosocial development: Generativity vs. Stagnation</p> <p>Cognitive development: Formal operation (Hinkle et al., 2022). the patient lives at home alone and is employed as an EVS at a hospital.</p>		<p>the extremity, edema, coolness, inability to move digits, paleness or cyanosis, and numbness of areas distal to the cast or PICC (Phelps, 2023).</p>		<p>the PICC line to fight against hip infection.</p> <p>Suggest modifications to improve teaching plan (what would have improved the plan?):</p> <p>Modifications that could be included in the teaching could be interactive methods. As showing how to properly clean the site and apply a new dressing, to not irritate the site or accidentally move the placement of the PICC line. After insertion, an X-ray is done to confirm placement.</p>
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References (2) (APA):

Hinkle, J. L., Overbaugh, K. J., & Cheever, K. H. (2022). Brunner and Suddarth’s textbook of medical-surgical nursing. Wolters Kluwer.

Phelps, L. L. (2023). Nursing diagnosis reference manual. Wolters Kluwer.

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