

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>The elderly female patient arrived at the hospital with a new onset of shortness of breath and chest pain. I gave the client information regarding pneumonitis. The client was educated about the causes of pneumonitis, when to notify the healthcare practitioner, how to treat it, how to follow at-home instructions, and what symptoms and warning signs to look out for. Although the patient was excited and involved in the lecture, they periodically became distracted and lost concentration. The customer was upbeat about their physical, mental, and emotional well-being. The patient is making a concerted effort to prioritize their own needs and welfare. This implies that the client needs to exercise, take their medications as prescribed, and follow the provider's directions. Since the customer is older than 65, their psychosocial growth would be integrity vs. despair. When</p>	<p>Nursing Diagnosis: Activity Intolerance related to decreased oxygenation and general weakness as evidenced by fatigue, dyspnea on minimal exertion, and reluctance to engage in physical activities.</p> <p>Goal of Teaching: Pneumonitis warning signs and symptoms, how to watch for signs and symptoms, how to watch for a drop in oxygen flow, and how to prevent pneumonitis by avoiding certain environmental factors, exercising regularly, and taking their medications as directed were all part of the patient's effective education.</p>	<p>Intervention 1: “Assist the patient to develop and adhere to an appropriate exercise regimen” (Phelps, 2023)</p> <p>Intervention 2: “Promote rest and improve tolerance to activity” (Phelps, 2023).</p> <p>Intervention 3: “Implement regular physical activity” (Phelps, 2023).</p>	<p>Method 1: Teach-back was one of the methods I used to instruct my patient. The information I provided about pneumonitis was repeated back to me by the patient. The client was able to explain what I had taught them in their own words. The comprehension of the lesson was then evaluated, and any issues or queries were addressed. The client was able to accurately recall the material by the end of the lesson.</p> <p>Method 2: I also employed discussion as a teaching strategy. I was able to have a back-and-forth conversation with the client regarding pneumonitis, including its dangers, symptoms, and when to call the provider in the event of the pneumonitis worsening. I gave the client some ideas for staying active at night,</p>	<p>Discuss how the client/family received the teaching: The instruction was favorably accepted by the client. The customer was in the room alone; no family members were present. The client was allowed to ask questions about the subject and provide a summary of the instruction. The customer was able to provide instances of how they will apply the lessons learned to their everyday lives.</p> <p>Identify strengths/weaknesses of the client or family in receiving teaching: Throughout the educational term, the client demonstrated several strengths. As we talked about throughout instruction, the client was keen to recover and return home to begin exercising. When it came to receiving</p>

<p>people look back on their lives in the integrity versus despair stage, they either feel satisfied by a life well lived or overcome with regret and despair for a life poorly lived (Verywell Mind, 2023). The client would be in formal operational for their cognitive growth based on Piaget's levels of cognitive development. Logical mental functions, especially the capacity to comprehend theories and abstract concepts and forecast potential solutions to hypothetical situations, are formed during the formal operational stage (Simply Psychology, 2024). The patient was awake and cognizant of time, place, people, and events.</p>			<p>including taking a stroll or tending to the garden. After that, the client and I talked about how the client may stay away from environmental elements that can cause pneumonitis.</p>	<p>the instruction, the client didn't exhibit many weaknesses. The customer occasionally veered off subject during the lesson because of their love of sharing stories. Additionally, the client was ready to depart and for the education to end because they were about to be discharged.</p> <p>Suggest modifications to improve teaching plan (what would have improved the plan?): I would like to be more hands-on the next time I deliver a lesson on pneumonitis or any other illness. For instance, I could have taught and shown deep breathing techniques to the client during this lesson so they would have an easier time at home if they began to experience dyspnea.</p>
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References (2) (APA):

Cherry, K. (2023, February 28). *Integrity vs. Despair in Psychosocial Development*. Verywell Mind. [https://www.verywellmind.com/integrity-versus-despair-2795738#:~:text=back%20on%20life-,What%20Is%20Integrity%20vs.%20Despair%3F,and%20missed%20opportunities%20\(despair\).](https://www.verywellmind.com/integrity-versus-despair-2795738#:~:text=back%20on%20life-,What%20Is%20Integrity%20vs.%20Despair%3F,and%20missed%20opportunities%20(despair).)

McLeod, S. (2024, January 24). *Piaget's stages: 4 stages of cognitive development & theory*. Simply Psychology. <https://www.simplypsychology.org/piaget.html>

Phelps, L.L. (2023). *Nursing Diagnosis Reference Manual* (12th ed.) Lippincott Williams & Wilkins.