

Discussion 1 Week 1

1. There are several factors influencing society's willingness to provide assistance to and display positive attitudes toward older individuals. Thankfully, many families prioritize caring for their more senior members. However, each case is different. "The main factors affecting positive attitudes toward older people and knowledge about aging are education levels, years of experience, social contact with healthy people aged 65 years or older, and ethnic and cultural background (Alamri & Xiao, 2017)."

2. When analyzing financial issues that may arise for specifically women of older age, the wage gap is a big concern. With women typically earning less, it is more difficult to save for retirement, and receiving care is costly. Therefore women may face financial problems when seeking care as older adults in the future. This issue is even greater for current older adults. The book states "Unlike many of today's younger women, who have greater independence through careers and changed norms, most of today's older women have led family-oriented lives and have been dependent on their husbands. Their age, limited education, lack of skills, and long history of unemployment while raising their families are limitations in a competitive job market (Eliopolous, 2021)." This strengthens my statement that financial difficulties arise for older women.

3. Differences between people of different cultural backgrounds include but are not limited to appearance, beliefs and opinions, and communication styles. These differences can create barriers, but discussing them can limit their negative effects. For example, if people of different backgrounds came together and discussed their beliefs, and respectfully inquired about others' beliefs, there would surely be more of an understanding moving forward.

4. a. Referring to the reading of Ridgway et al. (2018). Visual perceptions of aging; A longitudinal mixed-methods study of UK undergraduate student nurses' attitudes and perceptions towards older people, the article states: "However, nurse education appears to discourage careers in older peoples nursing with younger adults or acute care being preferred career choices (Happell, 2002; Rathnayake et al., 2015). There seems to be agreement in the literature that older peoples' nursing is uninteresting and mundane, for

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example Evers et al. (2011) established students perceived the speciality as not challenging (Ridgway, Mason-Whitehead, & McIntosh-Scott, 2018)." This shows that the students viewed caring for older populations as unexciting and therefore not a top choice.

b. The students views can improve nursing care because, "The study established 75% of participants had moderately positive attitudes towards older people when the programme began, at the programme end this had increased to 98% (Ridgway, Mason-Whitehead, & McIntosh-Scott, 2018)." It is always a good thing to have a positive attitude in nursing. Through my research on this discussion it is evident that it is sorely needed.

c. The students views can impair nursing care because many stereotypes were shown which hinder the experience of both the nurse and patient in the care process. These preconceived notions that older adults are "grumpy" hinder the caregiver from getting to know the patient with an open mind and blank slate. This can be frustrating for the older adult because stereotypes can be felt by the person on the receiving end.

5. After reading Britten et al. (2018), it seems the core competencies the student views as most important were: living well for older people across communities and groups, maximizing health outcomes, communicating effectively, facilitating transitions in care, facilitating choices within legal and ethical frameworks, partnering with family carers, promoting mental health and psychological wellbeing, providing evidence-based dementia care, providing optimal pain management, providing palliative care, and enabling access to technology.

6. One of the competencies the textbook lists is to "identify and reduce risks (Eliopolous, 2021)." This implements into daily nursing because caregivers should be constantly identifying anything that can risk their patients' health. For older adults, falls risks are plentiful. Therefore, the caregiver should assess what objects in the room could be a potential fall hazards to the patient and remove that objects. Also, to reduce the risk of falls the caregiver should assist the patient when transferring from the bed to the wheelchair to the bathroom etc. Another example of how caregivers identify and reduce risks for their patients every day is by taking blood glucose in the morning and adjusting what they feed

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the patient based on those results. This reduces risks because if a patient has high blood sugar, and the caregiver feeds the patient foods high in sugar, that can lead to dangerously high blood sugar levels. Therefore, I would consider identifying and reducing risks one of the most important functions of a caregiver.

7. A reason for poor status in gerontological nursing includes ethical dilemmas that may arise in nursing. An example of this pertaining to gerontological nursing is when a patient has trouble with memory and cognitive processes they may rely on their family members to make decisions in their interest. If the family and patient have differing statements, it can be difficult to determine what should actually be done for this patient. Although in nursing it is clear autonomy should be applied when the patient's cognitive abilities have been diminished and family steps in to decision-making, it can be hard to judge what to do. This is especially difficult in the event of a patient who is in and out of delirium. Another issue is that older adults may not receive the care they need and this can be due to a lack of personnel. For example, my grandfather is currently in need of care and our family has had much trouble in finding a at-home caregiver for him. In fact, as I am writing this discussion, I am also taking care of my grandfather. Everyone in our family takes care of him when we can. For families who do not have this option, this can bring a lot of stress to the family and older adult and risks to the older adult when they are left alone.

8. The nursing role of healers in gerontological nursing is the maintenance of the patient's overall health. This includes monitoring their patients closely, assessing their findings, and preventing illnesses in the process. Older adults need more attention and caution pertaining to their health.

9. I believe a topic that will require further research is the impact of baby boomers on the gerontological nursing profession. The book talks about baby boomers being the current/next senior population and is a highly diverse group. This generation no doubt holds differing opinions than previous senior populations. For example, the book states, "They favor more casual dress codes than do previous generations of older adults. They are enamored with 'high-tech' products (Eliopolous, 2021)." These facts will no doubt impact the gerontological nursing community and research will need to be done as to exactly what

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these effects will look like. In my speculation, from working in a senior living community, I would suggest major remodeling and changes in activities done with older adults will take place. For example, currently, activities in senior living facilities include bingo and word games. I predict a demand for technology-based games and entertainment will occur. Also, although I would not deem this the main priority, I would predict remodeling will be in want as many facilities are outdated in interior design.

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Part 2 Kahoot:

<https://create.kahoot.it/details/e800f1b4-2af6-4c5f-9df7-83ea0c1eb258>

Discussion 2 Week 3

Transient Ischemic Attacks vs. Cerebrovascular Accidents



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<p>CVA</p> <p>A stall of blood flow into the brain, causing cell death.</p>	<p style="text-align: center;">Education points</p> <p style="text-align: center;">TIA</p> <ul style="list-style-type: none"><input type="checkbox"/> TIAs can be caused by cigarette smoking, standing up suddenly, and taking diuretics (Eliopolous, 2021). TIAs are also caused by a sedentary lifestyle and consuming foods high in cholesterol.<input type="checkbox"/> TIAs are often called mini-strokes<input type="checkbox"/> Symptoms: weakness, numbness, or paralysis in the face, arm, or leg, typically on one side of the body; slurred or garbled speech or difficulty understanding others; blindness in one or both eyes or double vision, vertigo or loss of balance or coordination <p style="text-align: center;">CVA</p> <ul style="list-style-type: none"><input type="checkbox"/> Causes necrosis in the affected part of the brain (Sheth, 2023).<input type="checkbox"/> Older Adults that experience TIAs are at high risk for CVAs<input type="checkbox"/> Most CVAs in older adults are caused by complete cerebral thrombosis<input type="checkbox"/> Once cerebrovascular accident is recognized, maintain a patent airway, provide adequate nutrition and hydration, monitor neurologic and vital signs, and prevent complications associated with immobility (Eliopolous, 2021).<input type="checkbox"/> CVAs are referred to as strokes<input type="checkbox"/> Symptoms of CVA include numbness and issues speaking and seeing.<input type="checkbox"/> Cerebrovascular accidents cause permanent damage to the brain <p style="text-align: center;">Both</p> <ul style="list-style-type: none"><input type="checkbox"/> Age is a non-modifiable risk factor<input type="checkbox"/> Can be traced back to blockage in the cerebral artery	<p style="text-align: center;">Conclusions</p> <p>How is this information important to nursing ?</p> <p>Nurses should be able to recognize when a TIA or CVA is occurring or has occurred and know the correct course of action. Nurses should know the difference between transient ischemic and cerebrovascular accidents. This poster informs nurses and patients about the causative agents of both TIA and CVAs as well as highlights ways to differentiate them.</p>
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<p style="text-align: center;">Discussion</p> <p>This information can help our patients because they should seek medical treatment immediately if they notice any signs of a TIA listed previously. The information is also helpful because knowing the risk factors that lead to these attacks may lead to patients modifying their behavior appropriately.</p>	<p style="text-align: center;">References</p> <p>Hippelink, C. (2023). Gerontological nursing (10th ed.). Stitzer Klassik. Mayo Clinic Staff. (2022, March 26). Transient ischemic attack (TIA) - Symptoms and causes. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/transient-ischemic-attack/symptoms-causes/syc-20355579 Sheth, M. (2023, May 17). Differences between a stroke and a TIA. Love Star Nursing. https://www.lovestar.com/brain-attack-and-tia-differences/</p>
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1. Circulatory - Arteriosclerosis, Atherosclerosis, varicose veins

- Arteriosclerosis - Arteriosclerosis is caused by a buildup of plaque in the inner lining of an artery. Treatment includes bedrest, warmth, Buerger-Allen exercises, and vasodilators (Eliopolous, 2021). As you age, your arteries may naturally build up plaque such as when cholesterol builds up therefore, older adults are at risk.
- Atherosclerosis - Atherosclerosis is a buildup of fats and other substances in artery walls. This problem can occur anywhere in the body. High blood pressure, high cholesterol, tobacco use, and obesity are contributing factors to developing atherosclerosis. Atherosclerosis in the arteries leading to the brain can cause a TIA. Treatment of atherosclerosis is medication (MayoClinic Staff, 2022).
- Varicose Veins - Varicose veins are a common problem seen in older adults. This is a loss of vessel elasticity and strength. This can be caused by inactivity, excessive standing, and aging. A symptom is dizziness that occurs due to poor circulation. Treatments include calf raise exercises and walking.

2. Digestive - Constipation, flatulence, colorectal cancer

- Constipation- Constipation is the inability to pass stool regularly. This often brings discomfort to the affected individual. The reason constipation affects older adults is due to the slowing of peristalsis, inactivity, side effects of drugs, and reduced fiber in the diet. Fluids, vegetables, and activity should be initiated to improve the issue. Laxatives should only be used when other treatments do not receive the desired results (Eliopolous, 2021).

- Flatulence - An accumulation of gas within the body due to the inability to expel flatus. This is caused by constipation which is why older adults are commonly affected. To solve this problem, constipation should be relieved by drinking plenty of fluids, eating fruits and vegetables, etc. Another treatment option is to attach a flatus bag to prevent the entry of air (Eliopolous, 2021).
 - Colorectal Cancer - Colorectal cancer refers to cancer of the large intestine. This is seen in older adults. Some common signs of this include bloody stools, anorexia, nausea, etc. This is caused by a lack of physical activity, low-fiber diets, obesity, tobacco use, etc (CDC, 2022).
3. Urinary - Urinary tract infection, urinary incontinence, bladder cancer
- Urinary Tract infections - The most common infection seen in older adults is UTIs. E.coli is the most frequently seen cause of a urinary tract infection. This may be due to improper wiping after using the bathroom. Specifically, women need to wipe front to back to avoid E.coli entering the urethra. Many older adults use indwelling catheters which increase a person's risk of developing a UTI. Indications that a patient has a urinary tract infection include burning with urination, urgency, foul-smelling urine, and fever. Treatment includes forcing fluids, drinking cranberry juice, taking Phenazopyridine or other medications to treat the symptoms, and antibiotic therapy (Eliopolous, 2021).
 - Urinary Incontinence - More than half of nursing home patients deal with urinary incontinence, yet it is not a natural part of aging. Different types of incontinence include stress incontinence, urgency incontinence, overflow incontinence, and functional incontinence (Eliopolous, 2021). The cause varies from patient to patient and can include weak pelvic floor muscles or urinary tract infections.
 - Bladder Cancer - The likelihood of having bladder cancer increases with age. Causes include cigarette smoking and using dyes. Hematuria (blood in the urine) is the primary indication of bladder cancer. Treatment includes surgery, chemotherapy, immunotherapy, and radiation (Eliopolous, 2021).
4. Neurological - Parkinson's disease, transient ischemic attacks, cerebrovascular accidents.
- Parkinson's Disease - a disease that affects the central nervous system when dopamine becomes impaired. When the body's dopamine levels are impaired, motor function declines. A tremor, slow movement, and shuffling gait are common signs of Parkinson's disease. Medications and active range-of-motion exercises help maintain joint mobility in the face of Parkinson's disease. The cause is primarily unknown, but links have been made to exposure to toxins. Older adults are affected because this disease commonly occurs after age fifty—
 - Transient Ischemic Attacks - Temporary neurological events that lead to a stroke occurring. The cause is poor cerebral circulation which means a lack of blood flow to the brain. Indications a TIA is happening are hemiparesis, loss of vision, nausea, etc. The treatment is to treat or correct the underlying cause, which may be a sedentary lifestyle and high cholesterol (Eliopolous, 2021).

- A cerebrovascular Accident - is also termed a stroke. The cause of a stroke may be hypertension, diabetes, TIAs, and cigarette smoking. For older adults, this is the third leading cause of death (Eliopolous, 2021). Suffering a cerebrovascular accident can also lead to a disability that was not present before. Many patients suffer lasting effects such as trouble speaking, vision loss, and memory problems. Treatment includes treating the last effects as a CVA leaves permanent damage due to cell necrosis in the brain. Unconscious patients need to be turned frequently, bathed, provided oral hygiene and should be using a catheter.
5. Endocrine - Diabetes mellitus, hypothyroidism, hyperthyroidism
- Diabetes Mellitus - (Type 2) is the sixth leading cause of death in older adults, and "Hypothyroidism can be either primary, resulting from a disease process that destroys the thyroid gland, or secondary, caused by insufficient pituitary secretion of thyroid-stimulating hormone (TSH) (Eliopolous, 2021)." Other people at risk include African Americans and Mexican Americans. (Eliopolous, 2021). This condition occurs when the pancreas does not make enough insulin or when the body does not respond properly to insulin (Cleveland Clinic, 2023). Therefore, your glucose will be too high. With diabetes mellitus, monitoring blood sugar levels, eating healthy, and exercising are all important aspects of management.
 - Hypothyroidism - Hypothyroidism is the lack of thyroid hormone in the body and is common among older adults. A patient with hypothyroidism may include fatigue, depression, constipation, cold intolerance, etc. "Hypothyroidism can be either primary, resulting from a disease process that destroys the thyroid gland, or secondary, caused by insufficient pituitary secretion of thyroid-stimulating hormone (TSH) (Eliopolous, 2021)." Treating hypothyroidism includes using synthetic T4, medication, and monitoring.
 - Hyperthyroidism - The thyroid gland secretes excess thyroid hormones. When seen in older patients, a possible cause is the use of the drug amiodarone. With hyperthyroidism, the patient may experience diaphoresis, and tachycardia, hypertension, diarrhea, heat intolerance, etc. The healthcare team should determine the cause of hyperthyroidism in order to determine the correct course of treatment. Medications can be used to manage the condition (Eliopolous, 2021).
6. Skin - pruritus, keratosis, pressure injury
- Pruritus - Pruritus is the most common integumentary problem seen in older adults. Atrophic changes and drying of the skin can cause pruritus. When a patient itches the affected area, this can lead to the breaking of the skin and infection (Eliopolous, 2021). Creams and lotions may offer relief to those affected.
 - Keratosis - Small light-colored lesions on the skin that are exposed. Close monitoring is needed due to the precancerous nature of these lesions. "Keratin may be accumulated in these lesions, causing the formation of a cutaneous horn with a slightly reddened and swollen base (Eliopolous, 2021)." Treatment for this condition includes freezing off or surgically removing the lesions.

- Pressure Injury - A pressure injury is classified by stages. Stage 1 is a persistent area of redness without breakage in the skin. Stage 2 is partial thickness loss of skin layers. Stage 3 is a full-thickness loss exposing subcutaneous tissues. Stage 4 is a full thickness of skin and subcutaneous tissue is lost which exposes muscle. These lesions develop from prolonged sitting or laying which causes pressure to constantly be on the area of the skin that the injury develops. Older adults are at increased risk for this due to fragile skin, reduced sensation to pain/pressure, etc. These injuries can also indicate neglect when developed on a patient in the care of another. This is because to avoid these injuries, the patient should be rotated/turned every two hours.
7. Respiratory - chronic obstructive pulmonary disease, lung cancer, pneumonia
- Chronic Obstructive Pulmonary Disease- includes a group of diseases including asthma, chronic bronchitis, and emphysema. This can develop as a result of cigarette smoking, old age, infection, immobility, and more. Breathing exercises are important for these patients. Moisturizing lotions and oils are beneficial in treating this condition.
 - Lung cancer - Lung cancer is most common in older adults. Smoking cigarettes is the biggest causative agent. As an example, cigarette smokers have twice the chance of getting lung cancer than non-smokers. Getting screened regularly is important for high-risk patients. High-risk patients include older adults, cigarette smokers/tobacco users, patients with a family history of lung cancer, and women. Treatment can consist of surgery and chemotherapy.
 - Pneumonia - Pneumonia is one of the leading causes of death in older adults. Pneumonia caused by *Streptococcus pneumoniae* is the most common type of pneumonia seen in older adults. It is recommended that older adults get vaccinated against pneumonia. Close observation is important for these patients is necessary (Eliopolous, 2021).

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Discussion 3 Week 5

1. What are three causes/contributing factors that affect nutrition as a client ages?

1. A decrease in activity can cause the food intake to decrease for older adults (Baylor University, 2019).
2. Preparing and eating food may be taxing for older adults due to the loss of muscle mass. Therefore, lacking muscle mass may cause some older adults to eat less (Case, 2021).
3. A cause of decreased nutrition as the client ages could be difficulty chewing foods. Difficulty chewing can be attributed to years of subpar oral care, leading to mouth pain or loss of teeth (Case, 2021).

2a. A solution to lack of activity leading to decreased appetite is to increase daily activity. Going for a walk is an example of a daily activity suitable for most older adults.

2b. A solution to difficulty preparing foods is to enroll in a meal preparation program. A program such as this decreases the work needed to prepare food for the older adult.

2c. A solution if a client has difficulty chewing foods is preparing drinkable meals or soups.

Education points for each of these factors:

3a. Educate that loss of mobility in older adults can have many possible causes. These causes include strength and balance impairment, obesity, chronic disease, and fall risks (Baylor University, 2019). When older adults increase their activity, it prevents heart disease and improves mental health. Educate the client on the importance of daily activity related to nutrition.

3b. Educate that age-related muscle loss is termed sarcopenia. Eating the proper amount of calories and protein combats the loss of muscle mass. Eating foods like salmon and walnuts increases an individual's omega-3s. Omega-3s improve the rate of muscle protein synthesis (Landmark, 2020). Educate the client on high-protein foods and their positive effects on muscle mass.

3c. Educate that many issues arise in oral health when proper oral care gets neglected. Gum disease is common in people over the age of sixty-five. Tooth loss is present in

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one in five older adults. One in five adults above sixty-five has untreated tooth decay (CDC, 2021). These all lead to permanent tooth loss. When people lose their teeth, consuming proper food becomes harder. Provide education on the importance of dentistry and local services that are available.

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health | Basics | Division of oral health | CDC.

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Landmark. (2020, May 26). *Five ways to maintain muscle mass as you age*. Landmark Health. [5](#)

[Ways to Maintain Muscle Mass as You Age | Landmark Health](#)

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Discussion 4 week 7

1) Describe the group's "deficit" used and why the group selected the "deficit."

Alot of older adults expirence hearing loss.

2) Expand on each group's lived experience as a person with sensory deficits common to older populations.

The sensory deficit common to older populations we chose to explore today is a hearing deficit. Having done a zoom meeting with a hearing deficit has opened my eyes to how difficult it can be for a person with hearing impairment to participate in this type of daily activity. Having communication over a video meeting takes away a lot of nonverbal communication cues such as body language.

3) Reflect on the experience or what it was like to see day-to-day activities "through the patient's eye."

This experience was frsutrating. Hard to communicate and hear.

4) Did anyone feel left out or rather not participate because of the "deficit"? Could this be linked to how a patient might feel?

Yes, in a meeting such as this, the person with a hearing deficit may be disinclined to speak up because they will have difficulty communicating through a Zoom-like setting.

5) What strategies, as health care providers, could be used to promote patient-centered care for a patient with sensory deficits?

Care providers can promote patient centered care for a patient with sensory deficit by communicating clearly by enunciating your words, eliminating background noise, use non-verbal communication such as gestures. Make sure your patient understands what has been said,

6) How did the "deficit" affect the groups' communication if completed together? If the student completed the tasks independently, how did the group assume the "deficit" could affect communication?

Discussion 5 Week 9

1. Develop a plan of care for an older adult diagnosed with one of the discussed cancers in the textbook. Be sure to integrate conventional and CAM therapies.

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Smoking is a highly identified causative agent of lung cancer. Smokers have twice the incidence of lung cancer (Elipolous, 2021). Smoking cessation is a proactive way to avoid lung cancer. For lung cancer, chemotherapy is a conventional treatment. A CAM therapy that could be used for an older adult with lung cancer is a comfort to release the patient from stress and discomfort. An example of this is massage (Eliopolous, 2021).

Nursing Problem: The patient is experiencing shortness of breath due to lung cancer

Goal: The patient is cancer free

Intervention: Chemotherapy (conventional) and Comfort therapy such as massage (CAM therapy)

2. Describe questions and observations that could be used in an interview to uncover mental health problems.

To uncover mental health issues, a nurse may observe that a patient has started to take less care of their hygiene and grooming. The patient may shower less and not brush their teeth and hair. This can be an indication of poor mental health. If a patient is becoming self-deprecating, this is also a sign they may be battling depression (Eliopolou, 2021). When interviewing a patient, assess their mood by noting their tone of voice, body language, and responses. Specific questions an interviewer might ask are, “How do you feel about yourself? Would you say others would say you are a good or bad person?” and “Do you have many friends? How do you get along with people?” (Eliopolos, 2021, p. 406).

3. What risks would an older adult with mild dementia face if they lived alone in the community?

A person with dementia living alone in the community runs risks such as inappropriate and sexual behavior, wandering, and misconceptions about their environment

(Eliopolous, 2021). An older adult with dementia is also at risk for falls, becoming lost, and injuring themselves when living alone.

4. Identify resources to assist persons in the community who have aphasia, blindness, bilateral amputation, and alcoholism. Expand on why it is essential to know these resources as a nurse.

A resource to help someone who has aphasia is Response Elaboration Training. This is because many people with aphasia struggle with communication, and this training can aid them in expanding their phrases. Nurses need to know about resources for aphasia because their patients deserve the patience of their nurse in order to communicate to the best of their abilities, and a nurse should be able to recommend options. A resource to help someone with blindness is a white cane. This resource can assist the visually impaired with safety during mobility. In a bilateral amputation, more than one limb is removed. A resource for these patients includes prosthetics and rehabilitation. The nurse should be aware of this so they may assist the patient as a knowledgeable confidant. These resources can assist the patient in becoming increasingly mobile and independent. To provide a resource to a patient struggling with alcoholism, a nurse may suggest Alcoholics Anonymous (Eliopolous, 2021). Alcoholics Anonymus, or AA, can allow patients to work through their struggles in a group setting.

5. Describe actions nurses can take to improve long-term care facilities.

To improve long-term care facilities, a nurse can ask patients and staff what they believe to be detrimental to the facility. The nurse may then either bring this information to management or, if they can, better this aspect on their own. An example would be creating a more positive environment. While this can be brought to management, a nurse can improve this aspect personally as well. The nurse can make an active effort to stay positive, be kind, and encourage patients in the long-term care facility.

6. Pick a CAM therapy. Describe this therapy and important client education points for using this therapy.

CAM therapies are focused on treating the whole person (Eliopolous, 2023).

Comfort: Many CAM therapies are high touch (i.e., “hands-on” therapies such as massage, therapeutic touch, healing touch) and relieve stress and discomfort.

Practitioners provide psychological comfort as they take the time to listen, to reassure, and to be emotionally available (Eliopolous, 2021, p. 399).

Massage therapy can reduce stress, lessen pain, and improve the immune system (Mayo Clinic, 2023). Chronic conditions can be physically, mentally, and emotionally draining. Massage therapy is a CAM therapy that promotes relaxation.

7. Identify nursing interventions for giving pain medication to an older adult client.

Pain medication is beneficial to older adults to reduce pain. An important aspect of pain management for older adults is at night. Chronic pain such as arthritis can interfere with the patient’s ability to get adequate sleep (Eliopolous, 2021). Medication can aid this. The Wong-baker pain scale should is a tool to assess the amount of pain a patient is experiencing. This helps the nurse assess what should be done. The pain scale ranges from zero to ten. Ten being the highest amount of pain. The patient should also be asked to describe the type of pain experienced. This may be stabbing or aching. A client’s pain should always be the primary concern.

8. Identify barriers to pain management for an older adult client.

A barrier to pain management for older adults includes staffing shortages. In the long-term care facility of my workplace, while there are multiple care managers, there is usually only one nurse. The nurse is able to properly assess the client’s pain and provide pain management including medication. Several times, a client has complained of pain and has to wait a long period of time to relieve a proper evaluation and treatment.

Mayo Clinic. (2021, February 12). *Massage therapy*. Mayo Clinic - Mayo Clinic.

[Massage therapy - Mayo Clinic](#)

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(Response elaboration training (RET)). (2022, December 28). The Aphasia Community.

[Response Elaboration Training \(RET\) | Lingraphica](#)

Part 2: Biggest takeaway from this class is understanding how older adult care is similar and different than other healthcares. For example, diseases such as alzhimers and dementia are more present.

Favortie topic: My favorite topic was in unit one when we were discussing attitudes and perceptions of older adults. This was a great way to start off the course.

The most challenging topic: I think the most challenging unit was unit two because it felt like a large workload. The poster presentation specifically may have been the most challenging.

How will the student integrate the Older Adult concepts into future nursing practice?

I will integrate older adult concepts in future nursing practice by always being patient and respectfull as well as taking what I have learned as far as signs and symtoms of diseases commonly seen in older adults.

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ATI reflections:

Palliative and Hospice Care Reflection

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N324: Older Adult

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6/16/2023

Palliative and Hospice Care Reflection

How can the nurse ensure that a client receiving palliative/hospice care is kept comfortable? What are some ways that the nurse could provide for the psychosocial and spiritual comfort of the client?

The nurse can ensure that a client receiving palliative/hospice care is comfortable by managing their pain. If the client wishes, implement medications into their care. The nurse could provide for the psychosocial comfort of the client by being there for the patient emotionally. Psychosocial care involves offering a listening ear to the patient, empathizing with the patient, or offering the patient companionship. The patient's spiritual comfort may be feeling safe to practice their religion and pray. Spiritual comfort can also come about by supporting the patients' spirituality by being aware and taking cues from the patient about how they would like to be treated and cared for.

How can the nurse provide support for the family/loved ones of the dying client?

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The nurse can support the dying clients' family/loved ones by listening to their thoughts and being honest and respectful towards them. The nurse should remember that this is a highly delicate and emotional time for many loved ones, and their feelings must be considered, although not above the patients. For example, the nurse should avoid frustration and remain professional throughout the conversations with family/loved ones.

What feelings occurred when interacting with a person with a life-limiting illness?

There are many different emotions a caregiver or loved one may feel when interacting with someone with a life-limiting illness. I felt peace and content. Initially, I had not thought of working with patients with life-limiting illnesses. However, my opinion has changed since working at a senior living center.

Were the feelings or emotions adequately handled?

Yes, the feelings were adequately handled. A normal, positive interaction took place.

Was there adequate communication with the ill person?

Yes, there has been adequate communication with the ill person. Yes, the patient has no difficulty speaking and only slight hearing problems. Therefore, the communication was seamless.

How did the person with the life-limiting illness feel during their interactions?

The person with the life-limiting illness felt upbeat and happy during their interactions. The patient has a positive outlook on life.

Could the interactions have been improved in any way? How?

The interactions could be improved by getting more familiar with the patient. This could assist in providing better psychosocial and spiritual care. When a caregiver has more experience with a patient, they may know how to anticipate their needs.

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-Client Comfort and End of Life Care Reflection

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N324: Older Adult

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Client Comfort and End of Life Care Reflection

What was learned from this scenario?

In this scenario, I learned how to be mindful of what I say to a patient's family as a nurse. I learned the different types of communication, such as assertive and therapeutic. Knowing when to respond to each is a skill a nurse should possess. I also learned how family members might sway a patient's autonomy influence.

Identify the biggest takeaways.

Explain the factors that influenced this decision.

The biggest takeaway from this scenario is that a patient's family may have differing opinions on the care plan for their loved one. Dealing with this decision has to be done professionally and unbiasedly. For many families, knowing their loved one is in a fragile way puts them in an emotional state. When emotions are high, the nurse must exemplify composure and respectfully convey facts to the family. I made this decision because I foresee this situation arising within nursing practice.

What are some of the main problems or key issues expressed in the scenario?

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One of the critical issues is the family's acceptance that Mrs. Longly is nearing the end of her life. Denial takes root when a family member cannot accept that there is nothing more to be done to cure an illness. Mrs. Longly's daughter's denial is causing arguments among the family. Mrs. Longly's daughters and sister are arguing about what care should occur. This argument is likely creating stress for Mrs. Longly, and a decision is better made peacefully.

What were some of the challenging decisions the nurse needed to make?

a) Describe the rationale behind these decisions.

The nurse needed to decide whether to bring in Dr. Donovan to reiterate his teachings. The nurse did decide to do so. I believe this was the right decision because the family is emotional therefore it may be beneficial to go over the facts again. Another challenging decision the nurse had to make was how to respond to Mrs. Longly's daughters concerns about the pain medication she is taking. The nurse decided to listen to what the daughters had to say and ultimately refer to Mrs. Longly to allow her autonomy. This was the correct decision because it is ultimately the decision of the patient to decide what type of care they would like.

What factors influenced the nursing decisions and responses during the scenario?

a) Explain the response.

b) How will a nurse respond if this scenario presents again in the future?

Many factors influence nursing decisions and responses. When the nurse recruited Dr. Donovan to help explain the situation to the family, the nurse had much to consider. The nurse had to consider how the family would react to Dr. Donovan, reinforcing what he had already stated. Would they be grateful for the clarification or offended by the notion of his repetition? Also, the nurse must consider what type of doctor Dr. Donovan is. Does he have good bedside manners and care about his patients, or does he not deal with families well? When the nurse decided to turn the conversation about medication to Mrs. Longly, there was much to consider. The nurse

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decides to insert this therapeutic communication technique to redirect the conversation from an argument to the sole choice of Mrs. Longly. The nurse had to consider the reactions of the family and Mrs. Longly. The nurse also had to consider Mrs. Longly's ability to decide for herself. If a patient is able, they should be making their own decisions.

Have similar situations been experienced in current clinical rotations?

- a) **How did nursing or others respond to the situation? Please explain.**
- b) **Describe successful communication strategies used or experienced in the clinical setting.**

I did not experience this type of situation in my clinical rotation. However, I have experienced differing opinions while working as a caretaker in an assisted living home. The patient has dementia, and their children have many questions and concerns regarding their mother's care. The issue was that they found it unnecessary and cruel not to allow their mother to be in her room alone during the day. I listened to their concerns and explained to them that with her history and as she is a fall risk, she should not be left unattended for long periods for her safety. This situation required delicacy as my patient's children were emotional and intended to advocate for their mother. However, this patient has had multiple falls in recent months by attempting to walk when unable. I used assertive communication to explain their mother's needs and assure the family that we had her best interest in mind. This approach proved effective for the scenario.

Discuss the advantages and disadvantages of having families discuss treatment options, including end-of-life decisions before a loved one becomes ill or early in a terminal illness.

The advantage of having families discuss treatment options includes the patient exploring different options and getting advice from the people that know them best. Knowing they have explored and discussed the options with their family can help to put a patient's mind at ease with their decision. The disadvantages include arguing over the decision. For most people, arguments

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bring on stress and are not how they want to spend their days. Stress is not suitable for the patient, and many patients in end-of-life care want to die in peace.