

Homelessness

Community Health Reasoning



George Mayfield, 68 years old

Primary Concept
Health Promotion
Interrelated Concepts (In order of emphasis)
<ul style="list-style-type: none">• Collaboration• Patient Education• Communication• Addiction• Clinical Judgment

History of Present Problem:

George Mayfield is a 68-year-old African American male with a past history of hypertension, but has not taken his meds the past year because it was too much bother and he felt fine. He is seen at a clinic that serves the homeless in a large metropolitan community.

George came to the clinic because of a headache that has been persistent the past week and blurred vision. His clothing is dirty and he has a strong body odor as well as smelly feet. His shoes are shabby and he has lots of callouses on his feet. George is missing many teeth and those that remain are yellow and brown with dental decay. When the nurse reviewed the health screening questions, George admitted that he has had a productive cough with occasional blood-tinged yellow mucus the past couple weeks. His initial BP is 188/96.

Personal/Social History:

George is veteran who served in Vietnam. He has struggled with alcohol abuse in the past but denies ETOH use in the past year. He has been homeless since he lost his job as a mechanic ten years ago and currently lives in his car, a 1980 Cadillac, with Milo, his white poodle.

He has never married and has no close friends or relatives with whom he stays in contact. He smokes one pack of cigarettes a day.

What data from the histories are RELEVANT and must be interpreted as clinically significant by the nurse?

RELEVANT Data from Present Problem:	Clinical Significance:
RELEVANT Data from Social History:	Clinical Significance:

Patient Care Begins:

Current VS:	P-Q-R-S-T Pain Assessment:	
T: 97.6 F/36.4 C (oral)	Provoking/Palliative:	Nothing/nothing
P: 90 (regular)	Quality:	Dull ache
R: 18 (regular)	Region/Radiation:	head
BP: 182/90	Severity:	7/10
O2 sat: 90% room air	Timing:	continuous

What VS data are RELEVANT and must be interpreted as clinically significant by the nurse?

RELEVANT VS Data:	Clinical Significance:

Current Objective Assessment:	
GENERAL APPEARANCE:	Clothing soiled, hair and beard unkept. Has foul body odor, shabby shoes and smelly feet with callouses. Teeth are yellow stained and many are missing with obvious poor dentition
RESP:	Breath sounds clear bilaterally upon inspiration, coarse rhonchi heard in bases bilaterally upon expiration, occasional harsh productive cough with blood-tinged yellow mucus
CARDIAC:	Pink, warm & dry, no edema, heart sounds regular with no abnormal beats, pulses strong, equal with palpation at radial/pedal/post-tibial landmarks
NEURO:	Alert & oriented to person, place, time, and situation (x4)
GI:	Abdomen flat, soft/nontender, bowel sounds audible per auscultation in all four quadrants
GU:	Voiding without difficulty, urine clear/yellow Voids three times during the night
SKIN:	Dirt on hands and under fingernails, fungal toenails present on both feet, feet persistently itch, are swollen, macerated and moist with peeling of the skin layers between toes on both feet.

Current Subjective Assessment:	
SUICIDAL RISK:	
SLEEP ASSESSMENT:	
NUTRITIONAL ASSESSMENT:	
ETOH ABUSE:	
DEPRESSION ASSESSMENT:	

*What assessment data is **RELEVANT** and must be interpreted as clinically significant by the nurse?*

RELEVANT Assessment Data:	Clinical Significance:
RELEVANT SUBJECTIVE Assessment Data:	Clinical Significance:

1. *List the physical and psychosocial problems that are adversely impacting his health? What are the physiological OR psychosocial causes of the problem?*

Physical Problem(s)	Cause and/or Pathophysiology
Psychosocial Problem(s)	Cause and/or Pathophysiology

2. *Is there a RELATIONSHIP between his social history and physical/psychosocial problems that may have contributed to the development of another problem?*

Physical Problem(s)	What then Developed?
Psychosocial Problem(s)	What then Developed?

2. *What are the priority physical/psychosocial problems and resultant assessments?*

PRIORITY Problems:	PRIORITY Nursing Assessments:

*What are the nursing interventions at the primary, secondary and tertiary level of care?
(Nursing roles to consider are the following: educate, advocate, manage, collaborate, leadership)*

Primary Prevention Level:

Keep disease or injury from occurring. (Educate)

Secondary Prevention Level:

Detect and treat existing disease or injuries. (Screen and treat)

Tertiary Prevention Level:

Reduce the disease or injury to lowest level to minimize disability. (Rehabilitation).

High Incidence Problems in Homeless Population:

Start by considering all the information you have regarding this client who is homeless. What are the problems most frequently seen in a homeless population?

Practice Settings/Community Resources:

Pick the practice settings that might offer resources to the patient. Describe the resources offered and/or the nursing role for the selected settings. Only choose the relevant practice settings.

Practice Setting	Community Resources	Role of Nurse
Public Health		
Forensic		
Clinic		
School		
Occupational		
Faith-Based		
Home Health/hospice		
Senior Center		
Homeless shelter		

Transcultural:

Describe how the cultural factors relate to the care of this patient in the categories listed below.

Race/Ethnicity:	
Environmental Health	
Vulnerable Population:	