

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:
Hx of hypertension. No medications taken for one year. Persistent headache for one week and blurred vision. Productive cough with blood-tinged yellow mucus for a few weeks. BP: 188/96 Dirty clothes, strong body odor and missing teeth/poor oral hygiene.	The client has not been compliant with any of his medications for the past year and this is causing his hypertension to become worse. His initial BP is 188/96 which is high. His hypertension could be causing him to have a headache and blurred vision. The productive cough with blood-tinged yellow mucus could be from a possible respiratory infection and from his smoking history. His lack of personal hygiene is a factor that may be affecting his health.
RELEVANT Data from Social History:	Clinical Significance:
War veteran. History of alcohol abuse. No alcohol use in past year. He has been homeless for a decade after he lost his job and lives in his car with his dog. Not married and no close family/friends. Smokes a pack of cigarettes daily.	Due to the client being a war veteran, he may have trauma from his military past that could have triggered the alcohol abuse. The client states he has been sober for one year, however, it is difficult to confirm this. Being homeless, living in a car, and having no close friends/family could cause depression and feelings of isolation. The client also smokes a pack a day and has recently had a productive cough.

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:
BP: 182/90 O2: 90% on rm air Pain: headache, 7/10, continuous	The client has a high blood pressure which could be causing him to have a headache. His O2 saturation is also low at 90% on room air which could be caused by his history of smoking and possible infection.

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:	Potential high risk due to the client's social history
SLEEP ASSESSMENT:	The client is homeless, living in his car, and may not be sleeping well.
NUTRITIONAL ASSESSMENT:	The client may be nutritionally deficient due to him living in his car and not having a job, both of these may contribute to having insufficient funds for proper meals.
ETOH ABUSE:	The client denies alcohol use in the past year but has had a history of alcohol abuse in the past.
DEPRESSION ASSESSMENT:	The client may be depressed due to his living situation and his past in the military.

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

RELEVANT Assessment Data:	Clinical Significance:
Soiled clothing, unkept appearance, foul body odor, poor dentition/missing teeth, coarse rhonchi in bilateral bases, harsh cough with blood tinged yellow mucus, toenail fungus, persistent itch on feet, moist/swollen/macerated feet	The client is homeless and does not have the means to care for his hygiene. The blood tinged yellow mucus with hoarse cough and lung sounds could be due to an infection and from his smoking history. His itchy feet could also be due to an infection from excess moisture and poor hygiene.
RELEVANT SUBJECTIVE Assessment Data:	Clinical Significance:
Suicidal, depression, alcohol assessment Sleep assessment	These assessments are significant to the client's safety. His sleeping schedule, if not healthy, could also contribute to his headache.

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
Uncontrolled hypertension, blood-tinged mucus, poor personal hygiene	His hypertension has become uncontrolled due to poor medication compliance which is causing him to have other symptoms. He may have an infection as evidenced by the blood tinged yellow mucus. The client is homeless and does not have the means to care for his personal hygiene.
Psychosocial Problem(s)	Cause and/or Pathophysiology
Homelessness	The client lost his job a decade ago and has been homeless since then.

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?
Uncontrolled hypertension	Persistent headache and blurred vision
Psychosocial Problem(s)	What then Developed?
Homelessness, no close friends/family Smoking	Possible depression, poor self-hygiene Productive cough

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

PRIORITY Problems:	PRIORITY Nursing Assessments:
Uncontrolled hypertension Productive cough Poor self-hygiene Homelessness	Respiratory, skin, general appearance, suicide/depression

*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)

The nurse should educate the client on hypertension and the importance of taking his medications as prescribed. Information on what can happen in hypertension is not controlled should also be included. The client should also be educated on smoking cessation and the health consequences that smoking can lead to. The client should also be educated on self-hygiene and immunizations.

Secondary Prevention Level:

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

Take hypertension medications
Perform self-hygiene
Try to have a low sodium diet
Avoid alcohol
Smoking cessation

Tertiary Prevention Level:

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

Provide the client with resources to different homeless shelters to help with food and personal hygiene supplies.
Provide resources for getting blood pressure checks or where/how to get a blood pressure cuff to check himself
Educate on how to perform self-blood pressure check
Stress importance of medication compliance

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?

Exacerbation of diseases like hypertension due to poor compliance of medications or unavailability to afford medications. Poor self-hygiene due to no access to hygiene supplies and/or bathrooms. Skin infections due to the poor self-hygiene could possibly be seen.

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	Could provide the client with blood pressure checks, medication information, hypertension information, immunizations	Education of medications and hypertension Administer immunizations/educate on importance of immunizations
Forensic		
Clinic		
School		
Occupational		
Faith-Based		
Home Health/hospice		
Senior Center	Socialization with other older adults that the client could potentially become friends with. Activities to keep the client occupied and mobile.	
Homeless shelter	Provide the client with somewhere to sleep, meals, personal hygiene supplies	

Transcultural:

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

Race/Ethnicity:	The client is African-American and could have factors that he may have/want to include in his care.
Environmental Health	The client is homeless and doesn't currently have a job therefore the type of care and medications/supplies he may need he may not be able to afford.
Vulnerable Population:	The client is also an older adult and is vulnerable to illnesses. Because of this, preventative care/education should be included in his care plan.