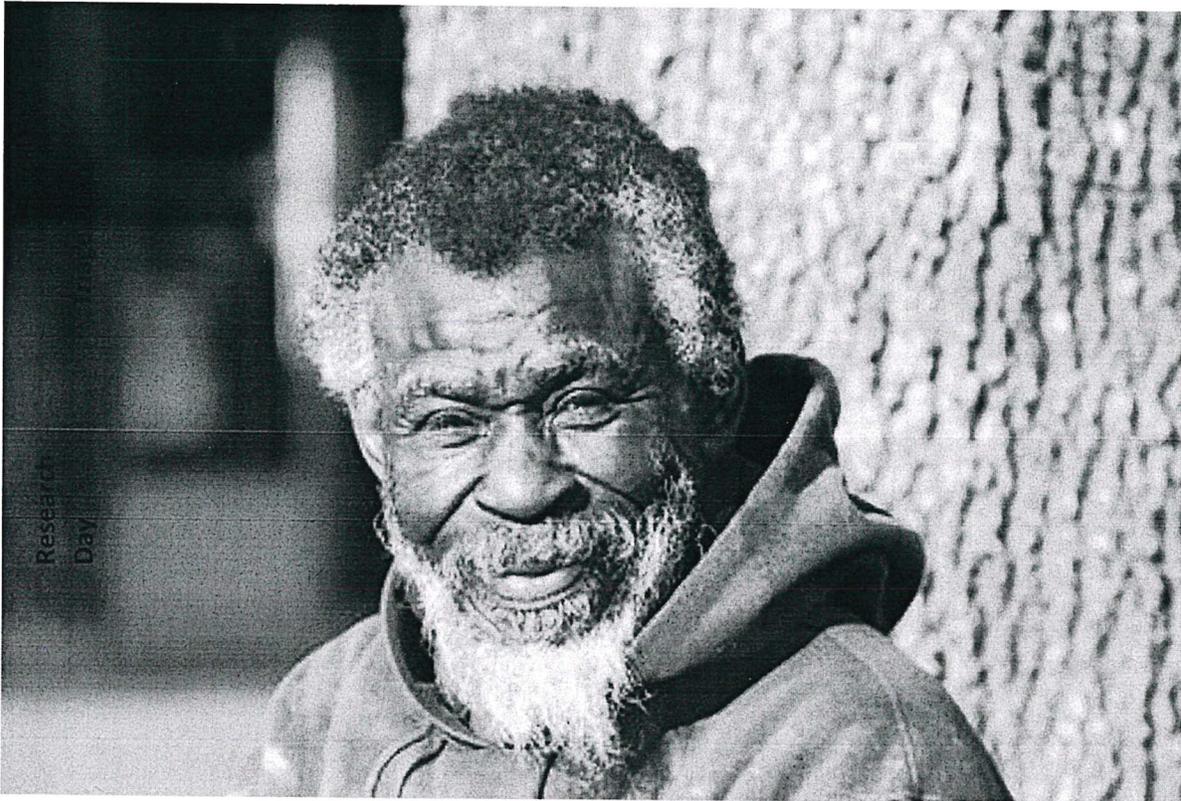


Homelessness

Community Health Reasoning



George Mayfield, 68 years old

Spring Break	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:
The patient has high BP. He has long lasting headache, blurred vision. He stops his BP meds 1 yr. ago. He has dental problems.	Clinically the patient has HYPERTENSION. His hygiene is bad.
RELEVANT Data from Social History:	Clinical Significance:
The patient used alcohol in the past. Currently he is smoking 1pk/day. He is homeless.	This could damage internal organs like liver and pancreas. His life is disorganized, no family, living in his car. Smoking is bad for his health.

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 saturation: 90% on room air.	The patient has HYPERTENSION which is probably causing HEADACHE. Low VO2 can be due to heart problems.

Current Objective Assessment:	
GENERAL APPEARANCE:	Clothing soiled, hair and beard unkempt. 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:	the patient is homeless w/o family, with many problems. suicidal ideation is possible.
SLEEP ASSESSMENT:	the patient probably does not have a good quality sleep in the car.
NUTRITIONAL ASSESSMENT:	It is probable that the patient does not get nutritious food. He has no money and has dental problem.
ETOH ABUSE:	the patient used alcohol in the past but he could start using it again.
DEPRESSION ASSESSMENT:	Depression should be assessed using depression tests, because the patient is

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

RELEVANT Assessment Data:	Clinical Significance:
Productive yellow bloody cough. Rhonchi bilaterally. Fungal toe nails.	Clinically the cough should be checked by lung x-ray. Fungus can be treated w/ antifungal creams and better hygiene.
RELEVANT SUBJECTIVE Assessment Data:	Clinical Significance:
The patient has had body odor. He looks destitute. Shoes are bad. He has dental problems.	His body hygiene need improvement and he need better outfit and shoes.

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

Best regards,
Illinois Department of Financial and Professional Regulation

Physical Problem(s)	Cause and/or Pathophysiology
HTN, vision problem. Cough (productive) Dental problems.	HTN causes headache and changes on eye blood vessels (blurred vision) Dental problems can cause infections of internal organs.
Psychosocial Problem(s)	Cause and/or Pathophysiology
no family, homeless, alcoholism in the past Smoker. Veteran	No support in life. Possible PTSD, depression. Smoking can cause pathological changes in the body

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?
HTN, headache, blurred vision. Dental infections	Can lead to circulatory problems in the head and eyes. → Can cause respiratory infections
Psychosocial Problem(s)	What then Developed?
Homelessness, no job. Alcoholism, smoking.	Alcoholism → may cause loss of job No regular home → may cause depression. He does not see a way out of this situation.

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

PRIORITY Problems:	PRIORITY Nursing Assessments:
Blood pressure causing headache and blurred vision. Feet fungus, Low O2 Homelessness	management of hypertension. He needs to get O2 therapy. He need to be checked for vision problems. He needs anti fungal therapy. Homelessness problem needs to be addressed.

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)

It is important to educate patient about the importance of BP medications, so that he does not stop taking it. Patient needs to be connected with resources in the community and find a place to live like a shelter where he can take of his hygiene to prevent infections.

Secondary Prevention Level:

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

The patient needs a treatment for his fungal feet infection. He also has respiratory infection w/ "whooping" and productive cough. that needs investigation and treatment.

Tertiary Prevention Level:

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

The patient needs to be placed in a shelter where he can be cleaned. He needs to be directed to places where he can get food, because he is probably malnourished.

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?

Homeless people can not take good care of themselves. They are exposed to infections living on the streets. They are turning to drugs, alcohol, and criminal activities.

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	Public Health Department	Nurse can help homeless to find place where to get help
Forensic	N/A	N/A
Clinic	clinics	Nurse can assess the pt. provide medications (free)
School	N/A	N/A
Occupational	Patient is a veteran he could get help from VA	Nurse can recognize PTSD symptoms
Faith-Based	Some churches help homeless people with donations.	Nurse can help as a volunteer.
Home Health/hospice	N/A	N/A
Senior Center	Pt is a senior person and could find help there.	Nurse can direct the patient to a senior center
Homeless shelter	Temporary housing	Pt needs somewhere to live until gets better

Transcultural:

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

Race/Ethnicity:	The patient is an african american and may be discriminated for that reason.
Environmental Health	Living environment is not healthy. He lives in the car.
Vulnerable Population:	the patient is vulnerable because of being a homeless person, older, and some mental problems