

## N324 Concept Map

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### Pertinent Demographic Data

- ❖ Client Initials: L.I.
- ❖ 79 years old
- ❖ Caucasian
- ❖ Female
- ❖ 5 feet 4 inches tall
- ❖ 230 pounds
- ❖ Single
- ❖ Education: high school diploma
- ❖ The client has been in the facility for two years because she was unable to mobilize.
- ❖ Allergies: betadine, Mary K makeup products, wool and cannot remember the others.
  - Develops a rash with difficulty breathing
- ❖ Client was experiencing a 5/10 on the pain scale during the interview

### Assessment Findings

#### Neurological

- ❖ The client did not show any signs of confusion or cognitive issues however, she did state that she suffers from anxiety.

#### Cardiac

- ❖ The client stated that she has cardiac issues especially during surgeries when she develops atrial fibrillation.

#### Respiratory

- ❖ The client stated that she has asthma.

#### Peripheral vascular

- ❖ The client stated that her legs develop edema from remaining in her bed daily with limited movement.

#### Skin

- ❖ The client stated that she bruises and gets cuts easily.

#### Gastrointestinal

- ❖ The client has had a hernia repair and now has another hernia. She also states that she has a sensitive stomach and certain foods irritate it.

#### Genitourinary

- ❖ The client states that she has had incontinence for the past three years.

#### Endocrine

- ❖ The client could not think of any problems related to endocrine disorders or problems.

#### Pertinent past medical history for the client:

- ❖ hypertension, diabetic, anxiety and restricted mobility
- ❖ Claims to never use alcohol, drugs and smoke
- ❖ Medications: unable to remember medication names but could explain that she takes medications for her anxiety, hypertension, pain and a sleep aid.

#### Pertinent past surgical history for the client:

- ❖ Hysterectomy
- ❖ Gallbladder removal
- ❖ Bowel obstruction
- ❖ Strangulated hernia

Nursing concerns or interventions for the client.

1. Concern: social isolation - the client stated that she does get lonely and feels like she does not have people to speak with. Intervention: the client should consider attending support groups or game days in the activity rooms to improve her social life.
2. Concern: pressure injury - the client does not leave her bed since she is completely immobilized. Intervention: the use of pillows on bony prominences may help reduce the pressure for her.
3. Concern: skin integrity - since the client is immobilized she may be at risk for pressure injuries on bony prominences. Intervention: the skin should remain clean and dry to protect the skin integrity especially since the client has incontinence.
4. Concern: inadequate nutrition - the client has a BMI of 39.5 resulting in obesity which contributes to the presence of a minimal healthy nutrition. Intervention: oral nutritional supplements and eating a balanced diet of protein, fruits and vegetables may improve the overall nutrition of the client.
5. Concern: inadequate activity - the client is immobilized which does not allow the client to get the proper exercise and movement during the day. Intervention: daily exercise in bed may improve activity levels such as band strength training.

What education topics might be pertinent for this client?

- ❖ Nutrition and Weight Management: Teach about the importance of a balanced diet rich in protein, fruits, and vegetables, and how it impacts wound healing, diabetes management, and overall health. If the client has a full understanding of proper nutrition she may have motivation to change and make a difference in her life.

- ❖ Mental Health and Social: Address feelings of loneliness and encourage participation in facility-based social activities to improve mental health. Having a healthy social life is important for mental health and the client should engage in activities to not feel as isolated.
- ❖ Pressure Injury Prevention: Educate on the importance of regular repositioning, skin inspection, and keeping the skin clean and dry to prevent breakdown. The client is immobal resulting in limited movement so proper education is needed to prevent possible skin breakdown.

What was learned from this assignment?

- ❖ I learned that it is important to look at the whole client, not just their physical health, but also their emotional and social needs. It showed the importance of planning care that fits each client's unique situation, especially for older adults who may have many health issues and need help with daily activities.