Evaluation of Nursing Care

Introduction

It is the prime role of health care professionals to provide adequate health services to their patients. Nursing care requires them to handle patients from different ages and health backgrounds. Medical nurses should consider the particular needs of their patients. Different age groups need special medical treatment. Children and elderly patient sometimes are neglected and not been given enough medical attention.

Providing immediate medical attention to the patients is very important to ensure the health safety and chances for survival. There are times when medical nurse or a care giver should learn to handle complex situations. Sometime there is a need to deal with multiple or complicated health issues.

Providing the necessary nursing care means being patient and responsive to the specific medical needs of the patient. To identify their needs one must understand the medical history of the patient after making an accurate diagnosis. Patient management is an important aspect of medical services. The nurse should have complete knowledge of the health condition, treatment and medication the patients need. Nursing care covers a wide scope of concern which has to be carefully assessed and efficiently provided.

The different issues regarding the patient should be properly addressed and monitor. There should be cooperation between the doctor and the medical staff to give appropriate medical assistance to a patient in need. In evaluating nursing care one must consider the factors like the need for monitoring devices, oxygenation and ventilation, nutritional need of the patient, elimination processes and problems like renal failure, colostomy etc., environmental impact or hospital acquired infection, environmental management and also special care for dying patient.

Analysis and Discussion

An 83 year old male patient was admitted to the ward via emergency department. He was brought after vomiting dark colored brown fluids with blood clots. The patient has medical history of Parkinson’s disease, community acquired MRSA, depression, renal calculi, osteoporosis, recurrent UTI, constipation, dysphagia, depression, multiple skin tear and conjunctivitis. The patient's UTI led to renal calculi.
Parkinson’s disease

Parkinson’s disease is a disease of the basal ganglia characterized by slowing down in the initiation and execution of movement (bradykinesia), increased muscle tone (rigidity), tremor at rest and impaired postural reflexes. It is the most common form of Parkinsonism (a syndrome characterized by similar symptoms). The pathological process of Parkinson’s disease involves degeneration of the dopamine producing neurons in the substantial nigra of the midbrain which in turn disrupts the normal balance between dopamine and acetylcholine Ach in the basal of ganglia. DA is a neurotransmitter essential for normal functioning of the extra pyramidal motor system including control of posture, support and voluntary motion. Symptoms of PD do not occur until 80% of neurons in the substantial nigra are lost.

Many complications of Parkinson’s disease are caused by the progressive deterioration and loss of spontaneity of movement, Swallowing may become very difficulty (dysphagia) in severe cases like in this patient, leading to malnutrition or aspiration. General debilitation may lead to pneumonia, urinary tract infections and skin breakdown. Mobility is greatly decreased. The gait usually consists of rapid, shuffling ministeps. The posture is that of the old man image, with head and trunk bent forward and the legs constantly flexed.

The lack of mobility can lead to constipation, ankle oedema and more seriously, contractures. Orthostatic hypotension may occur in some patients along with loss of postural reflexes, may result in falls or other injury. Troublesome complications include seborrhea (increased oily secretion of the sebaceous glands of the skin), dandruff, excessive sweating, conjunctivitis, difficulty reading, insomnia, incontinence and depression. Due to dysphagia in this patient, he was on PEG feeds. Dysphagia is associated with a wide range of medical and surgical conditions. It frequently goes unrecognized and can occur as a result of damage to the central nervous system or muscles of the head and neck. Dysphagic patients are at high risk of developing serious complications such as under nutrition, dehydration and aspiration. The multi-disciplinary approach is crucial in appropriate patient care.

Drug Therapy

Drug therapy aimed at correcting an imbalance of neurotransmitters within the CNS. Anti parkinsonian drugs either enhance the release or supply DA (dopaminergic) or antagonize or block the effects of the overactive cholinergic neurons in the striatum (anticholinergic) Levodopa with carbidopa is often the first drug used. However diet is of major importance to the patient with Parkinson’s disease because malnutrition and constipation can be serious consequences of inadequate nutrition.
Nutritional Management of Dysphagia

Patients who have dysphagia and bradykinesia need appetizing foods that are easily chewed and swallowed. The diet should contain adequate roughage and fruit to avoid constipation. Food should be cut into bite size pieces before it is served and it should be served on a warmed plate to preserve its appeal. Eating six small meals a day maybe less exhausting than eating three large meals a day. Ample time should be planned for eating to avoid frustration and encourage indolence. In addition, absorption of levodopa can be impaired by protein ingestion.

The aim of nutritional management is to provide a suitable nutritious diet which will prevent aspiration and help make eating a pleasant experience. Other than texture modification, crucial elements in effective nutritional management of dysphagia are appropriate food choice, food fortification and the use of dietary supplements. The key player from the multi-disciplinary team here is the dietitian, who will monitor the patient's nutritional status and intake and advise accordingly. If the patient's nutritional intake is insufficient, alternative feeding may need to be considered. In fact, in severe cases of dysphagia or aphagia (complete absence of swallow), the patient may be put nothing by mouth but the swallow assessor, and have to be entirely fed via a naso-gastric or gastrostomy tube. Parenteral fluids may also be initiated to ensure adequate hydration.

PEG (Percutaneous Endoscopic Gastrostomy) Feeding

In this case however the patient was commenced on PEG feed. A PEG is a feeding tube that goes into the stomach directly through the abdominal wall. It involves having an endoscopy (the insertion of a flexible tube via the mouth into the stomach) and a small cut on the skin over the abdomen. It is a simple and safe way of receiving food when there are problems with swallowing or eating. PEG stands for Percutaneous (through the skin) Endoscopic (via an endoscope) Gastrostomy (to the stomach). It is a hole specially created in the stomach to allow insertion of feeding tubes through the abdominal wall directly into the stomach.

Nursing care of this patient on PEG feeds requires checking the tube placement before feeding and before drug administration, assesses bowel sounds before feeding, if it is necessary to use tablets, be sure to crush drugs to fine powder to avoid clogging feeding tubes (not for sustained release or enteric coated or microencapsulated forms). Assess regularly for complications (for example aspirations, diarrhea, abdominal distension, hyperglycemia, constipation and fecal impaction). Some of the common problems of patients on PEG feeds are vomiting and or aspiration which could be caused by improper placement of tube, delayed gastric emptying, and increased residual volume.

A nurse is to check for proper placement of the tube before commencing feeds and every 8
hours if continuous feed. Diarrhea maybe due to feeding too fast, hypertonic formula or medications and or contamination of formula or tubing. If this occurs, decrease rate of feeding, change to continuous drip feedings, check for drugs that may cause diarrhea (e.g. antibiotics). Consult the dietician for change in formula if lactulose intolerant. Change tubing every 24 hours, allow for 8 hours formula at a time, taking into account not to exceed the manufacturer’s guidelines.

Constipation could be due to formula components. Consult the doctor for change of formula to one with more fiber content, and check the drugs that cause constipation. Dehydration is as a result of excessive diarrhea and or vomiting, if this happens decrease rate of the formula, check drugs that patient is receiving especially antibiotics. Take care to prevent bacterial contamination of formula and equipment and also check blood glucose levels frequently.

**Urinary Elimination and UTI**

Urinary elimination depends on the function of the kidneys, ureters, bladder and urethra. Urinary tract infection is the term given to any infection of part of the urinary system. The urinary system consists of the kidneys, the bladder, the ureters (tubes that connect the kidneys to the bladder) and the urethra (tube connecting the bladder to the outside world), and is responsible for excreting some liquid wastes from the body.

The kidneys act as filtration units to remove some of the body’s wastes from the blood, such as urea and ammonia, which are then passed from the kidney as urine. The urine passes through the ureters into the bladder and then leaves the body through the urethra. Normally, urine is sterile. It is usually free of bacteria, viruses, and fungi but does contain fluids, salts, and waste products. An infection occurs when tiny organisms, usually bacteria from the digestive tract, cling to the opening of the urethra and begin to multiply.

The urethra is the tube that carries urine from the bladder to outside the body. Most infections arise from one type of bacteria, Escherichia coli (E. coli), which normally lives in the colon. In many cases, bacteria first travel to the urethra. When bacteria multiply, an infection can occur. An infection limited to the urethra is called urethritis. If bacteria move to the bladder and multiply, a bladder infection, called cystitis, results. If the infection is not treated promptly, bacteria may then travel further up the ureters to multiply and infect the kidneys. A kidney infection is called pyelonephritis. Microorganisms called Chlamydia and Mycoplasma may also cause UTIs in both men and women. The urinary system is structured in a way that helps ward off infection.

The ureters and bladder normally prevent urine from backing up toward the kidneys, and the flow of urine from the bladder helps wash bacteria out of the body. In men, the prostate gland produces secretions that slow bacterial growth. In both sexes, immune defenses also prevent
infection. But despite these safeguards, infections still occur.

Recurrent UTI in this patient lead to renal calculi and therefore had permanent indwelling catheter IDC. Due to renal calculi his urine was haematuric. Any abnormality of the urinary tract that obstructs the flow of urine (a kidney stone, for example) sets the stage for an infection. An enlarged prostate gland also can slow the flow of urine, thus raising the risk of infection. A common source of infection is catheters, or tubes, placed in the urethra and bladder. A person who cannot void or who is unconscious or critically ill often needs a catheter that stays in place for a long time. Some people, especially the elderly or those with nervous system disorders who lose bladder control, may need a catheter for life. Bacteria on the catheter can infect the bladder, so hospital staff takes special care to keep the catheter clean and remove it as soon as possible.

Pain control is one of the nurse’s responsibilities in patient with UTI. A nurse performs a comprehensive assessment of pain including location characteristics onset, duration, frequency, quality, intensity or severity and precipitating factors. A nurse provides optimum pain relief by administering urinary alkalinisers as ordered to promote comfort. Monitoring for urinary elimination including frequency, consistency odour, colour as appropriate to assess elimination status. Administer antimicrobial drugs as ordered to eliminate symptoms by inhibiting bacterial growth. Residents with UTI should be assessed every shift by trained nursing staff for signs and symptoms suggesting progression of infection and/or worsening of overall condition like rigours (indicate ongoing bacterial sepsis) ongoing dysuria, frequency or haematuria, fever, and dehydration.

Conclusion

Nursing care for elderly patients with Parkinson disease can be very challenging. Parkinson’s disease can result into various complications that can aggravate and worsen the situation. Like in this patient, complications like dysphagia and UTI make the medical situation and treatment more complex. If the patients appear thin or malnourished because of dysphagia a dietician for example can order a calorie count and suggest lab tests, such as prealbumin level to determine his nutritional status (Smith, 2003).

Additionally, wearing off can also occur after a few years using levodopa to treat Parkinson’s disease. Parkinson disease is a slowly progressive disease, so the symptoms they experience will change and evolve over time. Nursing care should manage wearing-off by changing the
treatments. Patients with Parkinson’s disease require detailed attention to their speech, nutrition, drug therapies, physical capabilities and complications. Nursing care involved listening carefully to their speech and other needs. By using the best nursing care plan one can advise the medical staff about the best way to treat and help their patients.

References