Nursing Process Paper - Adults

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Client Profile

A 78 year old female admitted to an acute care facility for abdominal pain, weakness, nausea, and diarrhea. The patient was diagnosed with celiac disease. The patient has a history of hypertension, lactose intolerance, and vitamin D deficiency.

Admission Medical Diagnosis and Chief Complaint

Patient admitted with abdominal pain, weakness, nausea, and diarrhea. Patient was diagnosed with celiac disease.

Primary Medical Diagnosis

Celiac Disease

Celiac disease is a type of autoimmune disorder. It is a result of gluten, immune, genetic, and environmental factors. Gluten comes from wheat, rye, and barely. Celiac disease is induced by the ingestion of foods that contain gluten. Once the gluten is ingested, it is not digested properly in the gastrointestinal tract (GI tract). (Catassi & Alessio, 2008)

Celiac disease only occurs in about 1% of the population and occurs in both adults and children. Children with celiac disease usually have diarrhea, abdominal distention, failure to thrive, vomiting, irritability, anorexia, and constipation. Adolescents usually have a short stature, neurological symptoms, and anemia. Celiac disease in different in adults than children. In adults, three times as many women have celiac disease than men do. Diarrhea is the main symptoms of celiac disease in adults but abdominal pain

or discomfort, constipation, weight loss, neurological symptoms, hypoproteinemia, hypocalcemia, and elevated liver enzymes are prevalent. (Green & Cellier, 2007)

The best way to treat celiac disease is to modify the diet to a gluten free diet. Many products on the market are now gluten free. Corticosteroids may be needed if a gluten free diet does not clear up the patients symptoms. (Black & Hawks, 2009, p. 720)

Other Medical Diagnoses

Hypertension

Hypertension is when your blood pressure stays in the high blood pressure range (usually 140/90). When your blood pressure is not under control it can cause damage to your blood vessels, heart, and kidneys. It can cause stroke and/or MI. HTN doesn't usually have signs or symptoms while it is doing the damage. There is no exact cause of HTN but being overweight, eating unhealthy, smoking, drinking, too much Na in your diet, family history of HTN are all risk factors. Very high blood pressure can cause headaches, blurry vision, nausea, and vomiting. Most people are diagnosed with HTN when they go to the doctor for their routine visit. You must have a blood pressure of 140/90 three consecutive times and usually it is 1 to 2 weeks apart (Staff, 2010).

Lactose Intolerance

Lactose is the sugar found in mainly dairy products such as milk and ice cream. It can also be found in breads, cereal, and salad dressings. It is also found in products that contain a milk base including dry milk. Lactase is the enzyme that is produced by the small intestine that digests lactose. Being lactose intolerant means the body cannot properly digest the lactose that is contained in these foods. Symptoms of lactose intolerance include abdominal pain, discomfort or distention, nausea, bloating, and diarrhea. Lactose intolerance is more common in people with an African American, Asian, Hispanic, or Native American background. Lactose intolerance generally occurs as one ages. People with crohn's disease and celiac disease are more likely to have problems with lactose intolerance (Staff, Lactose Intolerance, 2010). Vitamin D deficiency can also cause lactose intolerance.

Surgical History

Cholecystectomy

A cholecystectomy is the removal of the gall bladder. The gall bladder collects and stores bile which is an enzyme produced by the liver. A gall bladder removal is done if you are experiencing pain from gallstones. Gallstones can affect the flow of bile causing bile to back up into the liver and cause pain. A cholecystectomy is usually done as an outpatient procedure and carries very little risks and complications. A gall bladder removal is done by what is called laparoscopic surgery. This is where the physician inserts a tiny camera into the abdomen and uses surgical tools to remove the gall bladder.

Left Total Knee Replacement

A total knee replacement surgery consists of replacing the diseased or damaged joint surfaces of the knee with metal and plastic components shaped to allow continued motion of the knee. It involves the load bearing parts of the knee. During the surgery

part of the femur and part of the tibia are cut, the end of the femur bone is removed and replaced with a metal shell. The end of the tibia is also removed and replaced with a piece with a metal stem. The PCL is either repaired or replaced with a polyurethane post.

The main cause for this surgery is osteoarthritis, rheumatoid arthritis, or traumatic arthritis. Osteoarthritis usually occurs in people 50 years of age and older and often in individuals with a family history of arthritis. The cartilage that cushions the bones of the knee softens and wears away. The bones then rub against one another, causing knee pain and stiffness. Rheumatoid arthritis is a disease in which the synovial membrane becomes thickened and inflamed, producing too much synovial fluid that overfills the joint space. This chronic inflammation can damage the cartilage and eventually cause cartilage loss, pain, and stiffness. Traumatic arthritis can follow a serious knee injury. A knee fracture or severe tears of the knee ligaments may damage the cartilage over time, causing knee pain and limiting knee function.

The patient may be experiencing are pain when walking, constant pain, stiffness, difficulty in doing ADLs. The patient may also have knee inflammation and swelling that does not get better with rest, or knee deformities such as bowing.

Colonoscopy

A colonoscopy uses a flexible scope to visually view the entire lining of the colon. Usually a colonoscopy is done in clients with diarrhea, constipation, rectal bleeding, and lower abdominal pain. It is also done in patients who have a risk of colon cancer (Black & Hawks, 2009, p. 661). A colonoscopy is recommend every ten years for patients (especially males) after the age of fifty (Black & Hawks, 2009, p. 267).

Esophagogastroduodenoscopy

An esophagogastroduodenoscopy (EGD) is when a flexible scope is inserted down a patient's throat to examine the esophagus, stomach, and upper part of the small intestine (duodenum). A physician may order an EGD to be perform to figure out the cause of signs and symptoms of digestive problems the patient may be experiencing or to diagnose and/or treat digestive problems the patient may be experiencing (Staff, Endoscopy: Why it's done, 2010). Most of the time an EGD is done if the patient is not responding to the treatment and/or medications they are on (Black & Hawks, 2009, p. 610).

Medications

Medication (Generic /or Trade)	Classification & Action	Why is your patient taking this drug?	Nursing Implications	Side Effects
Sodium Chloride 10ml PRN IV	Therapeutic: mineral and electrolyte replacements/supplements Replacement in deficiency states and maintenance of homeostatsis	IV maintenance	Assess fluid balance (intake and output, daily weight, edema, lung sounds) throughout therapy. Assess pt for symptoms of hyopnatremia (headache, tachycardia, lassitude, dry mucous membranes, nausea, vomiting, muscle cramps) or hypernatremia (edema, weight gain, hypertension, tachycardia, fever, flushed skin, mental irritability) throughout therapy. Sodium is measured in relation to its concentration to fluid in the body, and symptoms may change based on pt's hydration status. Monitor serum sodium, potassium, bicarbonate, and chloride concentrations and acid-base balance periodically for pt's receiving prolonged therapy with sodium chloride. Monitor serum osmolarity in pt's receiving hypertonic saline solutions.	CHF, pulmonary edema, hypernatremia, hypervolemia, hypokalemia, IV – extravasation, irritation at IV site.
Metoclopramide HCl	Therapeutic: antiemetics	c/o nausea and vomiting	Assess pt for nausea, vomiting, abdominal distention, and bowel sounds before and after	Drowsiness, extrapyramidal reactions, restlessness,

5 mg TID PO	Decreased nausea and vomiting. Decreased symptoms of gastric statsis. Easier passage of nasogastric tube into small bowel.		administration. Assess pt for extrapyramidal side effects (difficulty speaking or swallowing, loss of balance control, pill rolling, mask-like face shuffling gait, rigidity, tremors, muscle spasms, twisting motions, twitching, inability to move eyes, weakness of arms or legs) periodically throughout course of therapy. May occur weeks to months after initiation of therapy and are reversible on discontinuation. Monitor for tardive dyskinesia (uncontrolled rhythmic movement of mouth, face, and extremities, lip smacking or puckering; puffing of cheeks, uncontrolled chewing, rapid or worm-like movements of tongue). Monitor for neuroleptic malignant syndrome (hyperthermia, muscle rigidity, altered consciousness, irregular pulse or BP, tachycardia, and disphoresis). Assess pt for signs of depression periodically throughout therapy. May alter hepatic function test results. May cause elevated serum prolactin and aldosterone concentrations.	neuroleptic malignant syndrome, anxiety, depression, irritability, tardive dyskinesia, arrhythmias, hypertension, hypotension, constipation, diarrhea, dry mouth, nausea, gynecomastia, methemoglobinemia, nneutropenia, leukopenia, agranulocytosis
Floranex 2 tab q6h PO	Helps restore the normal balance of intestinal bacteria Used to treat diarrhea	Diarrhea d/t newly diagnosis of celiac disease	Instruct pt to alert the doctor if diarrhea lasts more than 2 days (especially if accompanied by a fever) or if they have other intestinal problems. Instruct pt that some herbal medications can interact with this	Rash, itchiness, swelling, dizziness, trouble breathing

			medication.	
Vitamin D 1 cap q14d PO	Therapeutic: vitamins Pharmacologic: fat-soluble vitamins Treatment and prevention of deficiency states, particularly bone manifestations. Improved calcium and phosphorous homeostatsis in patients with chronic kidney disease.	Hx of vitamin D deficiency	Assess for symptoms of vitamin deficiency prior to and periodically during therapy. Assess pt for bone pain and weakness prior to and during therapy. Observe pt for evidence of hypocalcemia (paresthesia, muscle twitching, laryngospasm, colic, cardiac arrhythmias, and Chvostek's or Trousseau's sign). Protect symptomatic patient by raising and padding side rails; keep bed in low position.	Headache, somnolence, weakness, dizziness, malaise, conjunctivitis, photophobia, rhinorrhea, dyspnea, arrhythmias, edema, hypertension, bradycardia, palpitations, pancreatitis, abdominal pain, anorexia, constipation, dry mouth, liver function test elevation, metallic taste, nausea, polydipsia, vomiting, weight loss, albuminuria, azotemia, decreased libido, nocturia, polyuria, pruritus, hypercalciema, hyperthermia, bone pain, muscle pain, arthralgia, metastatic calcification, pain at injection site, allergic reactions, chills, fever

Atenolol 50 mg qod @ 1800 PO	Therapeutic: antianginals, antihypertensives Pharmacologic: beta blockers Decreased blood pressure and heart rate. Decreased frequency attacks of angina pectoris. Prevention of MI.	Hx of hypertension	Monitor BP, ECG, and pulse frequently during dosage adjustment period and periodically throughout therapy. Monitor I&O ratios and daily weights. Assess routinely for CHF (dyspnea, rales/crackles, weight gain, peripheral edema, jugular venous distention). Monitor frequency of prescription refills to determine adherence. Assess frequency and characteristics of angina periodically throughout therapy. May cause elevated BUN, serum lipoprotein, potassium, triglyceride, and uric acid levels. May cause increased ANA titers and increase in blood glucose levels.	Fatigue, weakness, anxiety, depression, dizziness, drowsiness, insomnia, memory loss, mental status changes, nervousness, nightmares, blurred vision, stuffy nose, bronchospasm, wheezing, bradycardia, CHF, pulmonary edema, hypotension, peripheral vasoconstriction, constipation, diarrhea, liver function abnormalities, nausea, vomiting, erectile dysfunction, decreased libido, urinary frequency, rashes, hyperglycemia, hypoglycemia, arthralgia, back pain, join pain, drug-induced lupus syndrome.
Zofran 4 mg q6h PRN IV	Therapeutic: antiemetics Pharmacologic: 5-HT, antagonists Decreased incidence and	c/o nausea and vomiting	Assess patient for nausea, vomiting, abdominal distention, and bowel sounds prior to and following administration. Assess patient for extrapyramidal effects (involuntary movements, facial grimacing, rigidity,	Headache, dizziness, drowsiness, fatigue, weakness, constipation, diarrhea, abdominal pain, dry mouth, increased

	severity of nausea and vomiting following chemotherapy or surgery.		shuffling walk, trembling hands) periodically during therapy. May cause transient increase in serum bilirubin, AST, and ALT levels.	liver enzymes, extrapyramidal reactions
Loperamide HCl 2 mg q6h PRN PO	Therapeutic: antidiarrheals Relief of diarrhea	c/o diarrhea	Drowsiness, dizziness, constipation, abdominal pain/discomfort/distension, dry mouth, nausea, vomiting, allergic reactions	Assess frequency and consistency of stools and bowel sounds prior to and during therapy. Assess fluid and electrolyte balance and skin turgor for dehydration.
Olmesartan 40 mg qd @1900 PO	Therapeutic: antihypertensives Pharmacologic: angiotension II receptor antagonists Lowering of blood pressure. Slowed progression of diabetic nephropathy (irbesartan and losartan only). Reduced cardiovascular death and hospitalizations due to CHF in patients with CHF. Decreased risk of cardiovascular death in patients with left ventricular systolic dysfunction who are post-MI. Decreased risk of stroke in patients with hypertension and left ventricular hypertrophy (effect may be less in black pts).	Hx of hypertension	Assess BP (lying, sitting, standing) and pulse periodically during therapy. Monitor frequency of prescription refills to determine adherence. Assess patient for signs of angioedema (dyspnea, facial swelling). May rarely cause angioedema. Monitor daily weight and assess patient routinely for resolution of fluid overload (peripheral edema, rales/crackles, dyspnea, weight gain, jugular venous distention). Monitor renal function and electrolyte levels periodically. Serum potassium, BUN, and serum creatinine may be elevated. May cause elevated AST, ALT, and serum bilirubin. May cause increase uric acid, slight decrease in hemoglobin and hematocrit, neutropenia, and thrombocytopenia.	Dizziness, anxiety, depression, fatigue, headache, insomnia, weakness, hypotension, chest pain, edema, tachycardia, rashes, nasal congestion, pharyngitis, rhinitis, sinusitis, abdominal pain, diarrhea, drug-induced hepatitis, dyspepsia, nausea, vomiting, impaired renal function, hyperkalemia, arthralgia, back pain, myalgia, angioedema

*Medication information obtained from Davis's Drug Guide for Nurses 11th edition

Laboratory Analysis

Test Date	Test Name	Normal Range	Clients Results	Interpretation of Abnormal Results
10/28/2010	Chloride	95-105 mg/dl	109	d/t diarrhea r/t newly diagnosis of celiac disease
10/28/2010	Calcium	9.0-10.5 mg/dl	7.5	d/t age and lactose intolerance
10/28/2010	Carbon Dioxide	19-25 mg/dl	16	d/t diarrhea r/t newly diagnosis of celiac disease

***** Normal range values and interpretation obtained from Nurse's Manual of Laboratory and Diagnostic Tests 4th

Braden Risk Assessment Scale

Sensory Perception	**1 - Completely Limited**	**2 – Very Limited**	**3 – Slightly Limited**	**4 – No Impairment**	**Score**
Ability to respond meaningfully to pressure-related discomfort	Unresponsive (does no moan, flinch or grasp) to painful stimuli, due to diminished level of consciousness or sedation OR limited ability to feel pain over most of the body surface.	Responds only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness. OR has a sensory impairment which limits the ability to feel pain or discomfort over half of body.	Responds to verbal commands, but cannot always communicate discomfort or need to be turned OR has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.	Responds to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.	4
Moisture	**1 – Constantly Moist**	**2 – Very Moist**	**3 – Occasionally Moist**	**4 – Rarely Moist**	
Degree to which skin is exposed to moisture	Skin is kept moist almost constantly be perspiration, urine, etc. Dampness is detected every time patient is moved or turned.	Skin is often, but not always, moist. Linens must be changed at least once a shift.	Skin is occasionally moist, requiring an extra linen change approximately once a day.	Skin is usually dry. Linen only requires changing at routine intervals.	4
Activity	**1 – Bedfast**	**2 – Chairfast**	**3 – Walks Occasionally**	**4 – Walks Frequently**	
Degree of physical activity	Confined to bed.	Ability to walk severely limited or non-existent. Cannot bear own weight	Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	Walks outside the room at least twice a day and inside room at least once every 2 hours during waking hours.	4

		and/or must be assisted into chair or wheelchair.			
Mobility	**1 – Completely Immobile**	**2 – Very Limited**	**3 – Slightly Limited**	**4 – No Limitations**	
Ability to change and control body position	Does not make even slight changes in body or extremity position without assistance.	Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently.	Makes frequently though slight changes in body or extremity position independently.	Makes major and frequent changes in position without assistance.	3
Nutrition	**1 – Very Poor**	**2 – Probably Inadequate**	**3 – Adequate**	**4 - Excellent**	
Usual food intake pattern	Never eats a complete meal. Rarely eats more than 1/3 of any food offered. Eats 2 services or less of protein per day. Takes fluids poorly. Does not take a liquid dietary supplement OR is NPO and/or maintained on clear liquids or IVs for more than 5 days.	Rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 services of meat or dairy products per day. Occasionally will take a dietary supplement OR receives less than	Eats over half of most meals. Eats a total of 4 services of protein each day. Occasionally will refuse a meal, but will usually take a supplement if offered. OR is on a tube feeding or TPN regimen which probably meets most of nutritional needs.	Eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.	4

		optimum amount of liquid diet or tube feeding			
Friction and Shear	**1 – Problem**	**2 – Potential Problem**	**3 – No Apparent Problem**		
	Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures or agitation leads to almost constant friction	Moves feebly or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair restraints, or other devices. Maintains relatively good position in chair or bed most of the time, but occasionally slides down.	Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.		2
Total Score					21

Patients with a total score of 16 or less are considered to be at risk of developing pressure ulcers. (15 or 16=low risk; 13 or 14-moderate risk; 12 or less=high risk)

Retrieved from *www.stjohnhealthsystem.com/upload/file/Hospice/Braden%20Risk%20Assessment%20Scale.doc*

Nursing Care Plan

Diagnosis: Celiac Disease

Nursing Diagnosis I	Nursing Diagnosis II
Risk of Deficient Fluid Volume r/t diarrhea	Hypocalcemia r/t ineffectively digesting lactose AEB…
Supporting Data	**Supporting Data**
c/o diarrhea, pt stated "I do not feel like eating much or drinking", treatment of encouraging fluids ordered	Low calcium level (7.5), hx of lactose intolerance, low lactose diet ordered
STG & LTG	**STG & LTG**
The pt. will have an oral intake of 1500 to 2500 ml or more in 24 hours. The pts body weight will increase by no more than 1 pound daily.	The pt will consume at least one form of calcium a day. The pts calcium level will increase within a month.
Interventions	**Interventions**
Keep fluids fresh and within reach at all times. R: Helps restore fluid intake. (pg.	Order a calcium supplement for the pt as needed. R: A calcium supplement will help increase the body's calcium level since the pt cannot

134) Give pts medicines one at a time whenever giving meds. R: Increases the amount of fluid comsumed while taking medications (pg 134) Use fluids that provide some nutrient value such as juice as needed. R: Not only helps with fluid deficit but also with malnourishment. (pg 134) Administer IV fluids to people with a fluid deficit or potential deficit as needed. R: Helps to give clients the fluid they need (pg 134)	have milk products (pg. 160) Instruct client to take Vitamin D medication as prescribed and get as much sunlight as possible as needed. R: Vitamin D helps absorb calcium in the body (pg 161) Instruct client to talk to the doctor about lactose pills as needed. R: Lactose pills help reduce the side effects of consuming food containing lactose. (pg 161) Teach client about foods that are high in calcium and low in calcium as needed. R: Giving a client choice of food helps them consume different foods that they like in order to get the supplement they need. (pg 160)
EBP Citation Black, J. & Hawks, J. (2009). Medical-Surgical Nursing: Clinical Management for Positive Outcomes. 8th Ed.	**EBP Citation** Black, J. & Hawks, J. (2009). Medical-Surgical Nursing: Clinical Management for Positive Outcomes. 8th Ed.

Evaluation Goal not met. Pt consumed less than 1500 ml in 24 hours. Will continue with care plan and will continue to monitor.	**Evaluation** Goal not met. Pt was not able to consume one form of calcium. Will continue with care plan and will continue to monitor.

Functional Health Patterns

STUDENT NAME_ Chelsea Youngman_ DATE_10-29-10

*Include client's admission date, occupation, diet, religion, activity, allergies, current meds, treatments, surgery, and diagnostic test results under the appropriate functional health pattern.

Client Profile (summarize events leading to day you cared for client):

AREA OF HEALTH	SUBJECTIVE DATA	OBJECTIVE DATA	INDIRECT DATA	INTERPRETATION (effective patterns or barriers/potential barriers)

AREA OF HEALTH	SUBJECTIVE DATA	OBJECTIVE DATA	INDIRECT DATA	INTERPRETATION (effective patterns or barriers/potential barriers)
HEALTH-PERCEPTION HEALTH-MANAGEMENT (general survey, perceived health and well-being, self-management strategies, utilization of preventative health behaviors and/or services.	Pt stated that she feels her health is fairly well. She said she has had no other problems besides hypertension (which is controlled well) and this new celiac disease. Pt. stated she was happy to find out that all that was wrong was celiac and not anything more and that it can be controlled by just modifying her diet. Pt. stated that she is very	Pt. seemed to be very interested in her health. She asked a lot of questions regarding what to do to modify her diet. Pt. does not wear dentures.	Pt. chart shows a Hx of hypertension, vitamin D deficiency, and lactose-intolerance.	Pt has a potential barrier in this area. Pt has hypertension, lactose-intolerance, vitamin D deficiency, and newly diagnosed celiac disease.

AREA OF HEALTH	SUBJECTIVE DATA	OBJECTIVE DATA	INDIRECT DATA	INTERPRETATION (effective patterns or barriers/potential barriers)
NUTRITIONAL – METABOLIC (patterns of food and fluid consumption, weight, skin turgor, nails, hair, etc.)	Pt. stated for supper 10/28/10 she had a few red skin potatoes and 2-3 peach slices. For breakfast she had ¾ of cholesterol free eggs and ½ breakfast potatoes and drank ginger ale, sprite, and water. Pt. stated for the last 2 months she has not had her normal appetite. Pt stated that she was an avid coffee drinker but	Breakfast was ¾ gone when I entered the room to remove the tray. Pt. did not seem to be overweight, but you could tell she had lost a lot of weight, her skin was baggy. Pts skin turgor was normal, capillary refill was <3 sec. Pt had bilateral +3 pitting edema. Pt. drank 1 glass of water, ½ glass of ginger ale, and a can of sprite while I was with her. Pt stated that her weight was normally	Pt chart shows a weight of 133 lbs. Chart also shows a Hx of hypertension, vitamin D deficiency, and lactose intolerance.	Pt has a potential barrier is the area. Pt has not been eating correctly d/t not feeling well. Pt also has to modify her diet d/t diagnosis of celiac disease.

AREA OF HEALTH	SUBJECTIVE DATA	OBJECTIVE DATA	INDIRECT DATA	INTERPRETATION (effective patterns or barriers/potential barriers)
ELIMINATION (patterns of excretory function and elimination of waste; relevant labs, medications, impacting, etc.	Pt stated that she usually has 2 bowel movements/day. It has been more frequently in the past 2 months d/t being sick. Pt stated she urinates frequently throughout the day. The amount of times depends on how much coffee and water she drinks throughout the day.	Pt was up to the bathroom when I entered her room. I also helped her to the bathroom two more times while I was in there.		Pt has a potential barrier in this area. Pt has had diarrhea on and off for the past couple of months.

AREA OF HEALTH	SUBJECTIVE DATA	OBJECTIVE DATA	INDIRECT DATA	INTERPRETATION (effective patterns or barriers/potential barriers)
ACTIVITY-EXERCISE (patterns of exercise and daily living, self-care activities include major body systems involved such as cardio, respiratory, musculoskeletal)	Pt. stated she is very active. Pt stated she mows her own yard, tends to her flowers, cleans her house, cooks, drives, grocery shops, etc all independently.	The pt appeared to be in good health and physically fit.	Pt. chart showed weight of 133 lbs. Hx of hypertension, vitamin D deficiency, and lactose-intolerance.	Pt has a potential barrier in this area. Pt has lost a fair amount of weight in the past two months d/t to being sick.

AREA OF HEALTH	SUBJECTIVE DATA	OBJECTIVE DATA	INDIRECT DATA	INTERPRETATION (effective patterns or barriers/potential barriers)
SLEEP-REST (patterns of sleep, rest, relaxation, fatigue)	Pt stated she goes to bed between 8 and 10 every night depending on what she is doing. She usually wakes up at 6 am and then falls back asleep until 8 or 9 am. Pt stated she has no problems going to sleep and she only wakes up to use the restroom. She stated after going to the restroom she can fall right back asleep. Pt stated she feels rested	Pt seemed well rested and not very tired. Pt was very alert and oriented.		Pt has effective patterns in this area. She is able to fall asleep well and feels rested on awakening. She has potential barriers with awakening during the night to use the restroom.

AREA OF HEALTH	SUBJECTIVE DATA	OBJECTIVE DATA	INDIRECT DATA	INTERPRETATION (effective patterns or barriers/potential barriers)
COGNITIVE-PERCEPTUAL (patterns of thinking and ways of perceiving environment, orientation, mentation, neuro status, glasses, hearing aids, etc.)	Pt wears glasses for reading. Pt stated she had no memory or recent mental status changes recently. Pt stated she learned best by actually performing the task.	Pt was A&Ox3. She answered all questions clearly. Her speech was no slurred. Pt was able to recall what she ate and what happened with the colonoscopy. Pt was able to recall what the doctor told her.	Pt chart showed she was A&Ox3 from date of admission with good demeanor and speech.	Pt has effective patterns in this area. She is A&Ox3 at all times. She has no memory problems.

AREA OF HEALTH	SUBJECTIVE DATA	OBJECTIVE DATA	INDIRECT DATA	INTERPRETATION (effective patterns or barriers/potential barriers)
SELF-PERCEPTION SELF-CONCEPT (patterns of viewing and valuing self; body image and psychological state)	When the pt was asked to describe herself she said she was carefree and active. Pt stated she had a good heart and was happy with herself and her life.	Pt seemed to think about the question before answering. She seemed kind of unsure how to answer the question. Pt was willing to talk about anything and everything. She seemed to enjoy my company.	Pt chart showed no medications for anxiety or depression.	Pt has effective patterns in this area. Pt has very little stress in her life and is able to cope with it without being on medications.

AREA OF HEALTH	SUBJECTIVE DATA	OBJECTIVE DATA	INDIRECT DATA	INTERPRETATION (effective patterns or barriers/potential barriers)
ROLES-RELATIONSHIPS (patterns of engagement with others, ability to form and maintain meaningful relationships, assumed roles; family communication, response, visitation, occupation, community involvement)	Pt stated that she is a widow. Her husband passed away in '99 d/t diabetes and heart problems. Pt stated she has 1 living daughter and 1 deceased daughter who died in '92 d/t breast cancer. Pt also stated she has 1 living brother and 3 deceased brothers and 6 living sisters and 1 deceased sister. Pt stated she has a grandson and a	Pt was very happy to talk about her family. She showed me a picture of her grandson and his girlfriend at the football homecoming. She is very proud of her daughter and grandchildren. The pts daughter visited while I was there and the pt seemed to perk up a little when her daughter was there.	Pt chart showed all family information.	Pt has effective patterns in this area. Pt wanted to talk about her family and seems to have a good family life.

AREA OF HEALTH	SUBJECTIVE DATA	OBJECTIVE DATA	INDIRECT DATA	INTERPRETATION (effective patterns or barriers/potential barriers)
SEXUALITY-REPRODUCTIVE (testes, breasts, abdominal-genitourinary; satisfaction with present level of interaction with sexual partners)	Pt stated she did not feel comfortable talking to me about this.	I did not push this issue because the pt was widowed.		Pt has a barrier to discussing this issue.

AREA OF HEALTH	SUBJECTIVE DATA	OBJECTIVE DATA	INDIRECT DATA	INTERPRETATION (effective patterns or barriers/potential barriers)
COPING (stress tolerance, behaviors, patterns of coping with stressful events and level of effectiveness, depression, anxiety)	Pt stated she has very little stress in her life because she believes in not letting things bother her. Pt also stated she is too busy to have stress. When she does feel stressed she talks with her church family and her daughter.	Pt seemed very calm. Pt was very happy when the doctor came in and told her that she did not have cancer she just had celiac disease. Pt was pleased that she could just modify her diet and her symptoms should subside.	Pt showed no anxiety or stress. Pt chart showed no medications for anxiety or depression. Pt had no hx of smoking or alcohol abuse.	The pt has no barriers to coping. She has little stress in her life and is very happy.

AREA OF HEALTH	SUBJECTIVE DATA	OBJECTIVE DATA	INDIRECT DATA	INTERPRETATION (effective patterns or barriers/potential barriers)
VALUES-BELIEF (patterns of belief, values, and perception of meaning of life that guide choices or decision; includes but is not limited to religious beliefs)	Pt stated she goes to church and has a very good church family.	Pts pastor came into the hospital to visit her while I was there. The pt was very happy to see her pastor.	Pt. chart showed she was a Methodist.	Pt has no barriers to religion or values. Pt was very happy to talk about her religion.