

Functional Health Patterns

STUDENT NAME_ Chelsea Youngman_ DATE_9-28-2010

*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): A 78 year old widow was admitted to a long-term care facility on 8/12/2010. The patient was admitted from an acute care facility for rehabilitation of a right femur fracture and atrial fibrillation. The patient has a history of type II diabetes, coronary atherosclerosis, and hypertension. The patient also had an ORIF (open reduction internal fixation) surgery.

DATABASE

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. Pt stated that even though she has other health issues (hypertension, diabetes, and atherosclerosis), they are completely under control.	Pt. seemed to be interested in her health. Pt tolerated head to toe and all other necessary procedures well.	Pt. chart shows a Hx of hypertension, diabetes, atherosclerosis.	Pt has a potential barrier in this area. Pt has hypertension, diabetes, atherosclerosis.

AREA OF HEALTH	SUBJECTIVE DATA	OBJECTIVE DATA	INDIRECT DATA	INTERPRETATION (effective patterns or barriers/potential barriers)
<p>NUTRITIONAL –METABOLIC (patterns of food and fluid consumption, weight, skin turgor, nails, hair, etc.)</p>	<p>Pt. stated that she enjoyed her supper tonight (9-29-10). She stated that she ate all of the mashed potatoes with hamburger gravy and all of her corn. Pt stated that she watches what she eats because of her diabetes but she occasionally has a candy bar. Pt stated that her weight has stayed the same.</p>	<p>Pt looked very well for her age. She had a full head of hair. She was not too skinny or too large. Her skin turgor was normal. Capillary refill was <3 sec.</p>	<p>Pt chart shows a weight of 125 lbs. Chart also shows a Hx of hypertension, atherosclerosis, and diabetes.</p>	<p>Pt demonstrates effective patterns in this area.</p>
<p>ELIMINATION (patterns of excretory function and elimination of waste; relevant labs, medications, impacting, etc.</p>	<p>Pt stated that she usually has 1 bowel movement a day. They are a normal amount and it is formed. Pt stated that she has to urinate several times a day but has no problems doing so. Pt stated no nausea, vomiting, or diarrhea.</p>	<p>Pt got up to go the bathroom on her own. Pts BSx4. Did not have a BM while I was present.</p>	<p>Pt MAR showed that the patient was taking no laxatives or diuretics.</p>	<p>Pt has effective patterns in this area.</p>

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<p>ACTIVITY-EXERCISE (patterns of exercise and daily living, self-care activities include major body systems involved such as cardio, respiratory, musculoskeletal)</p>	<p>Pt. stated she is very active. Pt stated that she enjoys going for walks. Pt stated that she has been a little unhappy about her femur fracture since it has impaired her being able to walk like she used to. Pt stated that she has a little bit of pain when she works with PT but it is nowhere near as bad as it was. Pt stated she can do whatever is asked of her with little difficulty.</p>	<p>The pt appeared to be in good health and physically fit. Pt had a tendency to guard her right leg. Pt also grimaced when trying to put the right leg over the left.</p>	<p>Pt. chart showed weight of 125 lbs. Hx of hypertension, diabetes, atherosclerosis.</p>	<p>Pt has a potential barrier in this area d/t femur fracture.</p>

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SLEEP-REST (patterns of sleep, rest, relaxation, fatigue)	Pt stated she goes to bed around 9 every night. Pt stated that she usually sleeps between 10-12 hours a night. Pt stated she wakes up several times during the night while she has been in the long term rehabilitation facility but when she is at home she usually wakes up only once if that. Pt stated that she feels rested when she wakes up. Pt stated she does not think she has insomnia. Pt stated she does not usually take naps during the day.	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 while staying in the long-term care facility.
COGNITIVE-PERCEPTUAL (patterns of thinking and ways of perceiving environment, orientation, mentation, neuro status, glasses, hearing aids, etc.)	Pt wears glasses. 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 not slurred. Pt was able to recall what she ate and anything else that was asked of 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.

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<p>SELF-PERCEPTION SELF-CONCEPT (patterns of viewing and valuing self; body image and psychological state)</p>	<p>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.</p>	<p>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.</p>	<p>Pt chart showed no medications for anxiety or depression.</p>	<p>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.</p>
<p>ROLES-RELATIONSHIPS (patterns of engagement with others, ability to form and maintain meaningful relationships, assumed roles; family communication, response, visitation, occupation, community involvement)</p>	<p>Pt stated that she is a widow. Pt stated she lives with a relative and has 4 children and 6 grandchildren. Pt stated that she has a very good family interaction. Pt stated that her family gets along well and gets together frequently. Pt stated she enjoys going to her grandkids assemblies at school and enjoys watching them play sports. Pt stated she retired from Hoovers.</p>	<p>Pt was very happy to talk about her family. She is very proud of her children and grandchildren.</p>	<p>Pt chart showed all family information.</p>	<p>Pt has effective patterns in this area. Pt wanted to talk about her family and seems to have a good family life.</p>

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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.
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 stated that when she does feel stressed she talks with her church family and her daughter.	Pt seemed very calm. Pt was happy that she was being discharged on Thursday and she would get to return home and return to her normal life.	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.
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. Pt stated she is a Methodist.	Pt seemed happy to talk to me about her religion.	Pt. chart showed she was a Methodist.	Pt has no barriers to religion or values. Pt was very happy to talk about her religion.