

HOLISTIC CARE

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Introduction

In the business of health system, geriatric patients are the central. Majority of nurses are involved in offering health care to older patients, irrespective of their settings. Unluckily, very few nurses are competent in gerontology, specifically in geriatric emergency care. Generally, it is believed that older people cost better when treated at their place. Nonetheless, a few conditions need more intense managements, which could be offered in their locality. Getting elders admitted to hospital, their specific treatment and successive treatment could be challenging. At the same time as, self-sufficiency relies on numerous underneath conditions, providing a care package to an appropriate standard can create distinctiveness of standards among those who is a self-financing individual of the community and the one who is dependent and disabled (Callahan, Boustani, Unverzagt, Austrom, Damush, Perkins & Hendrie, 2006).

Discussion

The case illustrates that, 67 years old Helen has multiple medical complains and is admitted in intensive care of a hospital. In the case of Helen, it is recommended to follow the given eleven guidelines of geriatric emergency when assessing elder patients. Those patients aging around 65 generally present as complex patients due to numerous reasons, which expand to physical illnesses, as it can be observed in the case of Helen. In the case, it might be challenging to identify which symptoms are the main complains of her. In actual, the clinician may be feeling overwhelmed because of the cascade of complains. Digging out vital information may take much time and effort.

Many a time, like Helen, older patients present atypically. Because diseases of older patients are much complicated because of multiple chronic conditions, aging, majority of patients do not exhibit usual symptoms or signs of illness, unlike Helen. For example, typical symptoms, including Helen's may exhibit fever, cough, chills, chest pain, ulcer, fatigue, labored breathing etc. Due to multiple medical conditions, patients may display symptoms of depression. In the case of Helen, it is significant for nurses to conduct thorough assessment in order to consistently identify unclear signs of disease and ensure suitable and early treatment.

Like Helen, most of the older patients contend with two or more chronic illnesses known and comorbidity. These chronic conditions are mostly reported in elder patients. The chronic illness of Helen may prevent her to maintain quality of life. Some common examples of comorbidity include cardiovascular disease, Alzheimer's disease, cancer, hypertension, arthritis and chronic obstructive pulmonary disease (COPD). In the case Helen is diagnosed pneumonia, UTI, pressure ulcer, and dehydration and stroke.

The older patients are more inclined to take multiple medicines. Studies have shown that an average older citizen takes four or five prescribed drugs as well as two over-the-counter (OCT) drugs. Since older patients take more medications as compare to young individual, they, therefore, are at higher risks of adverse reactions. Therefore, in the case of Helen the physician must take into account the number of medicines Helen is taking. In addition, he should consider which medicines she should continue with or which should be stopped.

According to an estimate, about 40% of older patients exhibit some sort of cognitive impairment including delirium and dementia. In the case, due to multiple severe medical conditions and aging factor Helen is unable to communicate with family or other. Elder patients having cognitive impairments are more vulnerable, because they possibly are incapable of

making decisions for themselves (McDaniel, Campbell, Hepworth & Lorenz, 2005). Moreover, they may become unable to function independently, like Helen. This situation may pose challenges for nurse and physician while assessment, treatment and admission. In the case of Helen, correctly recognizing cognitive impairment is vital for medical care and assessment and for facilitating realistic and secure planning of discharge. . A simple strategy would be to contrast the exhibiting signs and symptoms with the normal baseline of Helen, which preceded this happening. Medical history of Helen would provide significant clues as to what is abnormal and normal to her and what might be primary causes of the present symptoms and sign (Leslie, Marcantonio, Zhang, Summers & Inouye, 2008).

It is significant to identify that elder patient's baseline health status in order to discern functional and cognitive decline and help in treatment, assessment and diagnosis (Boyd, Boulton, Shadmi, Leff, Brager, Dunbar & Wegen, 2007). In the case Helen's significant other reported that she is enroll to some 'New Age Religion Believes Program' which makes her stick to vegetarian diet, believing that the power of prayer and crystals to heal body imbalance. This is something crucial for the physician and nurse to identify and take into consideration. Helen's poor health would be due to her imbalance diet. At her age, it would be significant to add healthy diet in her daily routine.

Conclusion

Some particular areas nurses should emphasis on encompass a more comprehensive approach towards assessment and planning of discharge. In addition, effective communication to Helen's caregivers would be helpful. In ability to take abuse and neglect into consideration would mean that the correct diagnosis is not made and the patient has returned to unsafe environment. Some danger signs could be dehydration, weight loss, over dose or under dose of

medication injury, accidents, forgetfulness injury marks, bizarre behavior extreme suspiciousness, disorientation, and fires in the house.

Nurses of emergency department are challenged to fulfill the requirements of elder patients who have complex presentation and need comprehensive assessment. Problems may include complicate diagnosis altered cognitive state, chronic health conditions, atypical presentation, and management. The above suggestions can help physicians and nurses in meeting the challenges and assist in ensuring that elder patients receive suitable health care services.

References

Boyd, C. M., Boulton, C., Shadmi, E., Leff, B., Brager, R., Dunbar, L., & Wegener, S. (2007).

Guided Care for Multimorbid Older Adults Kathleen Walsh Piercy, PhD, Editor. *The Gerontologist*, 47(5), 697-704.

Callahan, C. M., Boustan, M. A., Unverzagt, F. W., Austrom, M. G., Damush, T. M., Perkins,

A. J. & Hendrie, H. C. (2006) Effectiveness of collaborative care for older adults with Alzheimer disease in primary care. *JAMA: the journal of the American Medical Association*, 295(18), 2148-2157 Data Retrieved from:

<http://jama.jamanetwork.com/article.aspx?articleid=202837>

Leslie, D. L., Marcantonio, E. R., Zhang, Y., Leo-Summers, L., & Inouye, S. K. (2008). One-

year health care costs associated with delirium in the elderly population. *Archives of internal medicine*, 168(1), 27

McDaniel, S. H., Campbell, T. L., Hepworth, J., & Lorenz, A. (2005) *Family-oriented primary care*. Springer Publishing Co.