

Assessment 4: Case Presentation

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Case Presentation

Today, I, Ida Robinson, will be discussing Mrs. Snyder's case with all of you. This presentation will give you an overview of the care plan, the transitional care plan, a brief background of the patient, the nature of care given to the patient, details of patient assessment, medical and diagnostic reports, factors affecting patient outcomes, the role of an interdisciplinary team and nurse's intervention. After the completion of this presentation, you all will have a clear understanding of Mrs. Snyder's case.

The Goals, Elements, and Overall Scope of a Plan for Continuing Care

Before jumping on the goals and scope of a plan, I will give a brief overview of the importance of a transitional care plan. Transitional care plans are to ensure that a patient is transitioning smoothly from one care environment to the other. This type of plan is essential for the delivery of the best care to the patient.

As Mrs. Snyder is suffering from 4th stage of ovarian cancer, with poorly controlled diabetes Mellitus, hypertension, hypercholesterolemia, anxiety, and obesity, the goal is to give her good care and to transition her safely from the hospital to a hospice, where she can have appropriate end-of-life care. The aim is to give her full life with minimal pain, discomfort, and restrictions, minimize anxiety, depression, and sadness among her family members, manage complications, and provide her with good kosher food, hospice must accommodate her religious needs. In short, the goal is to make her happy in these last days of her life.

The Role of the Inter-professional Care Team in Delivering High-Quality Patient Outcomes.

As Mrs. Snyder is obese due to her uncontrolled DM, nurses monitored her blood glucose level after every meal (QAC) and her blood glucose level at bedtime (HS). Identifying if the patient's current course of care is successful or not, it is essential to keep an eye on the patient's blood sugar levels. United States Association for Diabetes encourages patients to maintain blood sugar levels of less than 180 mg/dL two hours after a meal and ranging from 80 to 130mg/dL before a meal (American Diabetes Association, 2021). The team checked for symptoms and indications of hyperglycemia. They explained to her the importance of monitoring her blood glucose level. After monitoring, the team of nurses consulted with a nutritionist to evaluate the patient's dietary habits. The team informed her about the importance of maintaining a good diet. The nutritionist could provide the patient with a specialized eating plan. The meal plan will be developed taking into account the patient's routine and any particular needs related to their diabetes. Physicians would certainly want to consult with a nutritionist because many of them are certified public healthcare providers and are experts in both dietary recommendations and the treatment of diabetes (Gray & Threlkeld, 2019).

The patient was educated by the team on the significance of regulating blood pressure. Patients need to be informed that a number of chronic conditions, such as diabetic eye disease and kidney disease, can be brought on by high blood pressure. (Hardy et al., 2021)

As the patient had acute pain and nausea due to chemotherapy, she was given painkillers and anti-emetics which made her more tired. She was concerned about not performing her daily tasks like cleaning, cooking, etc. which made her more depressed and anxious. She was concerned about her family's future following her demise. To help her cope with depression and

anxiety, nurses gave Mrs. Snyder accurate information about her diagnosis and treatment to make her relax and to encourage her to talk about all the anxiety issues she was having. Nurses assisted her in making informed decisions and also verified the availability of the patient's support system. Learning coping mechanisms like acceptance and constructive interpretation might help people feel more purposeful in their lives (Torti et al., 2022).

The patient was really anxious about her family's well-being after her death so, nurses determined the level of stress she had. The team acknowledged her that she is not alone, they helped her in indulging herself in activities that can lower her stress and can make her happy. If anxiety is not under control, that becomes fatal. Cognitive behavioral therapy is a type of psychotherapy used to treat anxiety. Patients who get this type of therapy develop new ways to behave, think, and react to situations that cause anxiety (Salari et al., 2020)

Factors Affecting Outcomes of a Patient

What type of outcomes do we want for Mrs. Snyder? We want her to have good end-of-life care at a palliative facility where she can spend a painless time, can have active communication with her family and pets, can have kosher food, and can practice her orthodox religion. But what are the factors which can affect these outcomes? Psychological factors include stress, anxiety, and depression. Stress, anxiety, or depression can affect a patient's ability to heal and cope with the illness, or to enjoy the last days of their life. In Mrs. Snyder's case, she experienced depression and anxiety at the idea of not being able to carry out her daily activities, which made her wonder how her family would fare without her. Stress affected her overall health so the team monitored her stress levels and helped her learn new techniques which can lower her stress.

Physiological factors include nausea and vomiting, and pain due to cancer. Anti-cancer therapies lead to nausea and vomiting with pain and hair loss. Mrs. Snyder explained that due to feeling nauseated all the time, she is not able to sleep as well as she does not feel like eating which consequently affected her overall health. To reduce nausea and vomiting, anti-emetics with painkillers were given which helped her in the continuation of her kosher diet.

Social Factors include isolation and function loss. The deteriorating health and hair loss after chemotherapies lead to the social isolation of the patient. The patient needs to be encouraged that communicating with family and friends will improve their overall health, and will keep them happy.

Resources Needed to Implement Continuing Care

The staff at the Hospice facility will be responsible for providing care and medications (anti-emetics, anti-hypertensives, and painkillers) to the patient when needed. The hospice facility will make sure that patient is regularly going to the hospital for her doctor's appointments for the check-up for diabetes, hypertension, hypercholesterolemia, and obesity. The palliative care facility will make sure that she is having her counseling session for depression and anxiety. A palliative care facility will make sure there is an ambulance service if there is any kind of emergency. Hospice will be responsible to accommodate all of her religious requirements. Hospice will make sure to fulfill all of her dietary requirements. Before meals and before going to bed, blood sugar levels will be routinely checked at the hospice using a glucometer to monitor. Similarly, staff will check her blood pressure regularly at the hospice with a sphygmomanometer.

Conclusion

Reaching a resolution regarding Mrs. Snyder's case. Mrs. Snyder, who is 58 years old, has uncontrolled diabetes, hypertension, hypercholesterolemia, and anxiety in addition to having ovarian cancer in its fourth stage. Our main objective is to safely transfer her from the hospital to the hospice where she can get end-of-life care. We also ensure that she receives essential health care, such as daily blood pressure monitoring and routine glucose monitoring. In accordance with her Jewish beliefs, we will also make sure she is eating kosher food and managing her stress and anxiety. We'll make sure she has access to all of the essential services, including an ambulance in case of emergency. She will visit the doctor for her regular exams and see a therapist to help her recover from depression.

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