Norquest College

NFDN 1002

Assignment 1: Teaching Plan

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Teaching Plan

The client for this teaching project is a 72 year old female that presently is in moderate health. The teaching focus ultimately is to improve her quality of life, increase mobility and maintain medication compliance. With a achievable, specific plan with instructions on medication, increasing mobility and improving diet will hopefully result in a improved state of overall health and wellness.

This clients past medical history is vast: arthritis, hypertension, ankylosing spondylosis, cerebral aneurysm (with repair), and more recently COPD, macular degeneration, obesity and cellulitis (lower right leg). She has a smoking history (30 years), but quit approximately 7 years ago prior to her brain aneurysm surgery. This focus will concentrate on lack of regular exercise, mild exercise intolerance, shortness of breath and medication avoidance.

Assessment Data

This client is in her retirement years, starting retirement early because of her ankylosing spondylosis and spinal correction surgery. Her income is adequate and sometimes lean, leaving her a merger retirement. She has grown, raised her adopted child, worked and retired all in a small coastal town in the Sunshine Coast of British Columbia. This has allowed her a vast support system including life long friends since grade school. This group provides grocery and home support when needed, ill or times of great stress (divorce or bereavement) as well as weekly social outings. This client has had a moderate life with not much extravagance, some traveling and visits to family inn her younger years.
Education basics were achieved through the public school system having received a Grade 12 diploma. Work experience was on the job at the local City Office or provided by small courses through weekend retreats. This population hailed from a small town in Italy, therefore the people retained their heritage and language, both spoken and written.

This client has struggled with weight gain and loss for the better part of her midlife. She has belonged to two weekly weight loss groups for the better part of twenty years. These groups both meet weekly to which she is a regular attendance participant. This participation in weight loss groups has given her the education about exercise and nutrition for weight loss, which will aid and reinforce some of the principles of this teaching plan.

At present she is struggling with the decreased activity level because of her shortness of breath which is resulting in additional weight gain. She is eager to try this teaching plan, not only for a structured approach to activity, but ultimately some weight loss. The only barrier to learning, might be memory loss, so the information about her medication and walking schedule will be provided in a written format. This is be easily accessed for reinforcement and schedule maintenance.

Chronic pain is difficult to handle as well as the medications prescribed to treat. This client has had a long history with difficult and increasing back/neck pain and is treated with many anti-inflammatories and narcotic based analgesics. “Many elderly patients suffer cognitive impairment, confusion or memory loss, either from pathology or medication, which can be compounded by sight and hearing impairment.” (Potter and Perry, 2014, p. 1023)
Although this patient has an extensive health history and a long standing relationship with her current physician, she remains non-compliant with her COPD medication, specifically Combivent and Simbacort MDI. This is one focus area for teaching and implementation.

**Goal Setting**

This goal setting session is initiated as a one-on-one setting in her home, which fits well with the clients learning style. Instructional material includes font samples, two example of style and documentation options and medication information both on computer access and typed index cards.

This client is a visual learner and prefers a written schedule that she can refer to and “check” when completed. This will help with the memory and evaluation of this teaching plan. She would prefer a one page reference that she could mount to her fridge as a reminder. Headings and check boxes with be in 20 New Times Roman Font and in bold for ease of reading.

“Bold type or underlining emphasizing important information”, as stated in Critical Thinking in Nursing, (Lipe and Beasley, 2004, p, 177). The client also prefers the typed index cards instead of “favouriting” the medication information page on her computer. Reese (2202) stated that visual verbal learners preferred the written language - pictures and charts charts.

There are no cultural beliefs or restrictions to goal setting. In fact a plump “Nona” figure is quite prominent in the Italian stereotype. This client is seeking change to improve her wellness and her ability to continue an active lifestyle, because she is facing real restrictions because of her shortness of breath.
This client has much education on this subject and chooses her eating pattern more based on a social need as compared to a nutritional one. A elderly women on her own, eating and cooking have been replaced with evening get togethers with other widowed or single friends. This is fulfilling her social need and therefore will not be altered at this time. She is adamant that she remain in charge of her eating habits and does not wish to alter her food choices at this time. As she states “this is one pleasure I have left”.

The client is only interested in participating in exercise that is indoors. The weather there is temperamental so a indoor place that can be safe for seniors to walk is at the local mall.

“Patients with known cardiac disease and those with multiple risk factors should be cautioned to avoid exertion incl. weather…can precipitate chest pain and bronchospasm.” (Potter, 2014, p. 901) There is additional walking support, because she enjoys walking with a shopping cart. Her height (5’2”) is easily supported by a cart and she finds it comfortable, something that she already does and enjoys. The client suggests this as a place for exercise because of the increasing fear of falls and inclement weather.

The two learning goals for this teaching plan are COPD medication compliance and a regular exercise program. “Dyspnea is difficult to quantify and to treat. Treatment modalities need to be individualized….and more than one therapy is usually implemented.” (Potter and Perry, 2014, p. 901) The merit of both will vastly improve quality of life and aid in ease of daily activities. “Exercise is the key factor in promoting and maintaining a healthy heart and lungs. Patients should be encouraged to exercise 3-4 times a week for 20 - 30 min.” (Potter and Perry, 2014, p. 901).
A cognitive goal with this client is to provide background information about her medications and the rational why she is to take as prescribed. A demonstration of how to administer MDI medications with a spacer will be provided and then the client will display the correct administration of the MDI. She will define her medication schedule and the expectations.

**Teaching Strategies and Rationale**

The teaching strategies for this client are taking from page 175 of Critical Thinking in Nursing. They state for a client of this age group, this plan will follow using visual aids placed on the fridge where there is adequate light and no glare. It is also suggested to have large font black print on plain white paper. Phone calls will reinforce with verbal instruction and provide feedback for a better chance of behaviour modification again as suggest. This will help establish and maintain independence, which is a underlying fear. Written instructions are provided on a calendar based information sheet, along with medication instructions and reminder check boxes.

**Teaching Plan**

First week: MDI’s (both) taken 20 minutes prior to walking activity at the mall

Ten minutes of continuous walking with a shopping cart for support (timed with a watch). This is repeated three times a week - Monday, Wednesday and Friday. (Days chooses by client so that she could remember).

Second week: MDI’s (both) taken 20 minutes prior to walking activity at the mall.

Thirteen minutes of walking with a shopping cart for support (timed). Repeated three times a week.
Third week: MDI’s (both) taken 20 minutes prior to walking activity at the mall. Fifteen minutes of walking at the mall with a shopping cart for support (timed). Repeated three days per week.

Fourth week: MDI’s (both) taken 20 minutes prior to walking activity at the mall. Seventeen minutes of walking at the mall with a shopping cart for support (timed). Repeated three days per week.

Evaluation includes reviewing the compliance “check box” on working calendar form, overall wellbeing on scale of 1 - 10 and evaluation of shortness of breath with walking again using the scale of 1 - 10 and times client had to stop walking to catch her breath.

Expected outcome: Client does all assigned exercise as planned, MDI with spacer will be taken daily as prescribed, wellness scores are five or greater and shortness of breath while exercising is measured seven or above. Reports of colds, flu or chest pain will cause immediate reduction of activity in plan.

Initial assessment indicates that client states a 2/10 for shortness of breath while walking during a shopping experience. and average stopping is approximately 2-4 times per experience (usually noted by inability to talk). Overall client feels 1 - as poor and 10 as very well or no complaints, she states an average feeling day is approximately a 6/10. MDI compliance is noted by check marks indicating that the medication was taken daily as directed.

One month evaluation will measure the shortness of breath while exercising is reported as 6/10 (probably inaccurate), overall wellness on scale 1 - 10 and the determination self administered the MDI with spacer daily. Daily MDI with spacer administration was adhered to.
and exercise was completed one to two times a week, which is a increase in mobility and exercise than previously.

**Evaluation of Teaching Plan**

The teaching plan strengths are the daily monitoring of medication administration, it is easy to follow and acts as a reminder for the client. This client is now medication compliance with her COPD MDI medications.

The exercise program provided a good place for exercise and socialization for the elderly. However, three days a week were too ambitious only obtaining one to two exercises periods per week at most. the client prefers one to two days as for after the one month teaching plan.

Timing the exercise was useful, but not accurate with a hand based watch. Increasing the time by two minutes was achievable by the client, but only if they participated two times per week, otherwise no increase was tolerated.

Evaluation of well being using the scale 1- 10 did not evaluate as well as expected. Instead a sticker based system (face profiles) would have been a better indicator of overall health and well being. Client felt that this was too hard to determine and then abandoned completely.

Evaluation of shortness of breath using the scale 1 -10 was too difficult for the client to use. Instead a scale of mild, moderate and severe would have been a better choice to monitor.

A fridge based calendar, with easy check boxes worked well for this client. It was a daily reminder for medications and exercise and the client liked the visual cues and ease of use.
Conclusion

This teaching plan was a partial success. In reviewing the nursing diagnosis, this plan did educate the client about her COPD medications and the importance of taking them daily and as prescribed. The clients activity tolerance did increase with daily medication administration and activity planning and execution. Activity was decreased to one to two walking exercises for 15 min after the four weeks of the teaching program.

The activity and monitoring calendar on the fridge was enjoyed by the client. She could follow it with ease. She found it easy to read and she used it as a reminder for her medication administration.

Altering the teaching plan for future teaching will aid in the success. Relying on a more simplistic evaluation process will lower the confusion for the client and provide a better assessment tool. Sticker with the face representation instead of a scale would be easier to use for the wellness determination. Changing the evaluation of shortness of breath would have lessened the frustration, descriptions (cannot speak while walking, have to stop to catch breath, or able to speak whole sentences while walking) for determination in a legend on the side would help maintain the consistency.

There was no cost involved in the implementation of this teaching plan and follow up was done via phone calls. Personal follow up or having another connected person follow up in could have reenforced the program and the continuation of exercise. A older persons activity program in which a nurse could organize, tract, supervise and access would have merit and show
a better evaluation and outcome for clients. This enforces the need for face-to-face evaluation and the support of personal care program for the older client.
Nursing Care Plan

Nursing Diagnosis

1) At risk for activity intolerance, related of her COPD, AEB non-compliant medication administration and SOB while walking.

2) Readiness for enhanced knowledge, related to her COPD, AEB interest and asking for aids/help.

3) Risk for ineffective activity planning, related to her COPD, AEB shortness of breath with mild exertion.

Assessment:

Ask client how long she has been short of breath while walking (Shopping).

Ask client why they are reluctant to take the MDI medication for her COPD.

Observe resting and ex傍rtional breathing rates.

Auscultate apecies and bases bilaterally

Findings:

Client states “For a year or more”.

Client states “That I only take them when I feel really short of breath and never carry them in my purse”.
Client is free from shortness of breath during a sitting assessment and is able to speak full sentences.

Bases are clear on auscultation, fine wheezes to species bilaterally.

Planning

Client will administer with a spacer both MDI twice per day as directed.

Client will administer her Ventolin MDI as needed for shortness of breath and wheezes.

Client will be able increase her ability to walk without stopping because of shortness of breath.

Expected Outcomes

Administration of MDI will be tracked on calendar.

Compliance use of Ventolin for shortness of breath in addition to regular doses.

Walking assessment will have a respiratory rate of 12-20, not cough and able to speak at least 6-10 words together.

Clients lungs will be clear on auscultation

Interventions

Written instruction of medication routine/schedule.

Teaching rational for medication compliance.
Teaching Plan

Exercise to maintain heart and lung health.

Rational

“Visual-non-verbal learners prefer pictures….charts and diagrams.” (Reese, 2002)

For the older adult: “Provide written instructions for reinforcement.” (Lipe, 2004, p. 175)

Basic medication theory, medication administration simulation and client administration. “…a patient performs the activity following the course of lessons, summative evaluation determines whether the education truly altered patient behaviour.” (Lipe, 2004, p. 181)

“Exercise is the key factor in promoting and maintaining a healthy heart and lungs. Patients should be encouraged to exercise 3-4 times a week for 20 - 30 min.” (Potter and Perry, 2014, p. 901).

Evaluation

Ask Client to evaluate speaking while walking and at rest.

Assess lung sounds by auscultation.

Assess respiratory rate walking and at rest.

Assess MDI compliance on chart.
Patient Response and Findings

Client able to speak full sentences at rest, 4-6 words while walking.

Clear on auscultation.


Respiratory rate at rest: 16-18.

Partial MDI compliance - No additional use of Ventolin for shortness of breath and 4 days missed regular dosage.

Achieved Outcome

Chest auscultation is clear.

Client able to speak full sentences while at rest.

Improved MDI compliance.
References

Williams & Williams

