Assessment According to Human Response Patterns

Refer to Chapter 2 “Assessment,” p. 66: Care Plan Developed According to the Human Response Patterns

Activity 1
Examine each care plan as it relates to each of the Human Response Patterns (Concepts 1–9). Determine if each care plan addresses the specific concept under consideration and can therefore be considered as individualized.

Activity 2
Write a scenario for a client that might have led to the development of each care plan according to the concepts. Draw a graphic outline (pathoflow sheet) to show the cause and effect relationships for the medical diagnoses of concepts 1, 2, 3, 6, 7, 8, and 9. Determine correlations between each section of each care plan.
### Care Plan Developed after the Human Response Patterns

**Concept 1—Exchanging (Nutrition, Elimination, Circulation, Oxygenation)**

**MEDICAL DIAGNOSIS: Obesity**

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<tbody>
<tr>
<td>Subjective data: Client states, &quot;I am so overweight. Please help me to do something about this.&quot;</td>
<td>Nutrition more than body requirements. Defining characteristics: Eats at night Habitual ingestion between meal snacks Most foods eaten at fast food restaurants Lack of exercise Associates food with other activities such as reading and watching television Food used as pacifier such as in anxiety situations Hereditary—obesity in both parents</td>
<td>Short term: Client will exchange feelings about being overweight. Client will discuss the benefits of maintaining her weight. Long term: Client will exchange ideas about current eating habits. Client will exchange ideas about a dietary plan conducive to weight loss.</td>
<td>• Provide atmosphere for good communication. • Have client exchange ideas about current weight and the benefits she will derive from loosing weight: normal blood sugar (avoiding diabetes) good mobility (aiding in antiarthritic state), good cardiac function, positive self-esteem, enhanced socialization, and normal blood pressure. • Have client exchange information about eating habits. • Perform 24-hour diet recall. Assist in planning diet according to food guide pyramid and eliminating empty calories in between-meal snacks, night eating, fattening foods, and high sugar intake. • Discuss exercise plan (should lose 5 lbs. per week).</td>
<td>• A conducive atmosphere builds trust. • Verbalization provides data for intervention. Understanding the benefits should increase motivation for action. • Information helps client to gain insight into behavior; enhances lifestyle changes. • Comprehensive review of eating habits and written information aids in thorough evaluation of past actions.</td>
<td>Short-term and long-term goals met: Client talks freely of eating mostly at fast food restaurants and at nights. Client expressed desire to control her hypertension and prevent other complications of diabetes. Client stated she was financially able to join the YWCA exercise program and would do so. Client stated she would work on losing about 5 lbs. a month. Client expressed satisfaction with the plan of care.</td>
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<td>Objective data: Height 5’3” Weight 350 lbs. Ideal body weight 127 lbs.</td>
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### Care Plan Developed after the Human Response Patterns

**Concept 2—Communicating**

**MEDICAL DIAGNOSIS: Cerebrovascular Accident**

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<tr>
<td><strong>Subjective data:</strong></td>
<td>Communication, impaired verbal</td>
<td>Short term: Client will communicate needs through alternate means of communication.</td>
<td>• Use good observational and listening skills to detect nonverbal cues such as pain, discomfort, and need for elimination. Have client confirm this by writing on a slate or nodding head.</td>
<td>• Active listening and empathy will build trust and reassurance.</td>
<td>• Alternate means of communication will build trust sharing and decrease anxiety.</td>
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<tr>
<td>Client mutters at verbal commands; no positive response when assessed for orientation.</td>
<td>Defining characteristics: Disorientation in time, place, and person Cannot speak Absence of eye contact and difficulty in attending</td>
<td>Long term: Client’s needs will be met holistically after they are communicated.</td>
<td>• Attend to client’s needs as soon as the message is understood.</td>
<td>• This communicates belonging and satisfaction.</td>
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<tr>
<td><strong>Objective data:</strong></td>
<td>Client stares into space, no eye contact.</td>
<td></td>
<td>• Teach significant others effective ways of communicating to client.</td>
<td>• This prepares family to meet long-term needs.</td>
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<td>• Have speech therapist assist client with speech training.</td>
<td>• Speech therapist provides education and rehabilitation.</td>
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<td></td>
<td>• Provide client and significant others with list of community resources.</td>
<td>• Resources can provide long-term assistance and support.</td>
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**Short-term goal met:**
Client nodded head for yes and no as directed—provided clear understanding of needs.

**Long-term goal met:**
Client was later able to write needs on slate. Behavior demonstrated satisfaction with the care.
### Care Plan Developed after Human Response Patterns

#### Concept 3—Relating (Family Relationship)

**MEDICAL DIAGNOSIS: Impotence**

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</table>
| Client verbalized inability to get sexually aroused and to maintain erection. | Altered sexuality | Short term: Clients will verbalize their perception of the problem on day 1 of encounter. | • Allow time for each partner to express feelings about the problem.  
• Have partners recall times and approaches when sex was a satisfying encounter.  
• Have partners identify incidences that brought about negative experiences.  
• Discuss alternate approaches to sexual activity:  
  — Vacation together resuming sex at that time  
  — Foreplay before sex  
  — Assuming different positions  
• Provide reading material about successful sex. | • Expression provides data for intervention and understanding of intimate thoughts of each partner.  
• Recall provides reflection and data for rebuilding relationships. | Short-term goal met: Each partner verbalized freely and talked about their commitment to make things work. Recalled times when “sex was really satisfying.” |
| Client verbalized frustration with activity. | | Long term: Client will discuss ways to regaining sexual prowess by day 3. | | | |
| Client verbalized abstinence for several months. | | | | | |

**MEDICAL DIAGNOSIS: Impotence**

### MEDICAL DIAGNOSIS: Impotence

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• Have partners recall times and approaches when sex was a satisfying encounter.  
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• Discuss alternate approaches to sexual activity:  
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  — Foreplay before sex  
  — Assuming different positions  
• Provide reading material about successful sex. | • Expression provides data for intervention and understanding of intimate thoughts of each partner.  
• Recall provides reflection and data for rebuilding relationships. | Short-term goal met: Each partner verbalized freely and talked about their commitment to make things work. Recalled times when “sex was really satisfying.” |
| Client verbalized frustration with activity. | | Long term: Client will discuss ways to regaining sexual prowess by day 3. | | | |
| Client verbalized abstinence for several months. | | | | | |
Client complained of emptiness in her life. “I was brought up knowing God but I have wandered away from Him. I need God, I need spiritual help.”

**Spiritual distress, actual**

**Short term:**
- Client will verbalize intimate feelings of religious emptiness during first interview.

**Long term:**
- Client will identify ways of realizing religious satisfaction.

**Interventions**
- Provide quality time for client to explore spiritual past and to verbalize several past encounters in detail.
- Determine client’s spiritual affiliation.
- Discuss ways of regaining spiritual satisfaction, offer to have spiritual/religious advisor visit client.

**Rationale**
- Discussion provides time for meditation on past satisfying encounters.
- Affiliation provides data for rebuilding previous commitment and relationships.
- Discussion determines a plan of action. It also provides for sharing and interaction in common grounds and similar interests.

**Evaluation**
- Short-term goal met: Client expressed joy in the special time spent by the nurse to hear her concerns and story.
- Long-term goal met: Client agreed to pastoral visit. Client provided with spiritual literature. Client recalled enjoying spiritual literature in past. Client was happier each time the nurse visited and stated, “I surely will be sharing with my friends.”

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### Care Plan Developed after Human Response Patterns

**Concept 4—Valuing (Caring)**

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<tr>
<td>Client complained of emptiness in her life. “I was brought up knowing God but I have wandered away from Him. I need God, I need spiritual help.”</td>
<td>Spiritual distress, actual</td>
<td>Short term: Client will verbalize intimate feelings of religious emptiness during first interview. Long term: Client will identify ways of realizing religious satisfaction.</td>
<td>• Provide quality time for client to explore spiritual past and to verbalize several past encounters in detail. • Determine client’s spiritual affiliation. • Discuss ways of regaining spiritual satisfaction, offer to have spiritual/religious advisor visit client.</td>
<td>• Discussion provides time for meditation on past satisfying encounters. • Affiliation provides data for rebuilding previous commitment and relationships. • Discussion determines a plan of action. It also provides for sharing and interaction in common grounds and similar interests.</td>
<td>Short-term goal met: Client expressed joy in the special time spent by the nurse to hear her concerns and story. Long-term goal met: Client agreed to pastoral visit. Client provided with spiritual literature. Client recalled enjoying spiritual literature in past. Client was happier each time the nurse visited and stated, “I surely will be sharing with my friends.”</td>
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# Care Plan Developed after Human Response Patterns

## Concept 5—Choosing (Decision Making)

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<th>Evaluation</th>
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</table>
| Client states, “I supported my daughter until she was 24 years old. She has an education; now she should support me.” | Coping, ineffective  
Defining characteristics:  
Dependence on others  
Inability to problem solve  
Self pity  
Impaired concentration  
Change in health status  
Verbalization of inadequacies  
Blaming  
Insomnia  
Lack of insight | Short term:  
Client will rehearse her perception of the situation.  
Long term:  
Client will identify coping skills that can be used to remedy her situation. | • Select an environment conducive to rest and relaxation.  
• Teach methods of relaxation before starting the interview: tactile communication and deep breathing exercises  
• Listen attentively.  
• Use all appropriate communication techniques to help client to talk about all aspects of the problem in one or two sessions.  
• Help client gain insight —Commend for care of daughter  
—Show that daughter is an individual with own expectations and needs  
—Help client to realize that she is still in her productive years  
—Assist to get temporary financial help  
—Explore strengths and past successes  
—Explore work possibilities  
—Refer to social worker | • The environment decreases anxiety  
• Listening demonstrates caring.  
• Discussion provides data for assisting and client exploration of current and past developments.  
• Insight aids planning, problem solving, and setting of goals. | Short-term goal met: Client talked freely of the daughter’s lack of responsibility, “after all I have done for her.”  
Long-term goal met: Client explored possibilities of returning to work and even helping her daughter with her own “woes.” Temporary help provided after discussion with social worker. Client agreed to take a cooking job. |
Subjective data: Client states, “I am too sick to move, please don’t turn me, I am in pain, I could never get out of bed today.”

Self-care deficit

Short term:
Client verbalizes the importance and benefits of moving (turning in bed, ambulating to chair, and walking) between the first and the second postoperative days.

Long term:
Client will walk in hallway with assistive devices and aid of physical therapist by the second postoperative day.

Interventions
- Teach client the advantages of early mobility after surgery:
  - Makes joints more flexible (for example operated knee)
  - Maintains and improves muscle strength
  - Increases blood supply to the heart (works more efficiently)
  - Prevents pooling of secretions in the lungs (prevents pneumonia)
  - Aids return of peristalsis (aids digestion)
  - Eliminates waste products
  - Decreases fat accumulation
  - Helps urine to pass freely (prevents stasis)
  - Improves sleep quality
  - Improves overall outlook on life
- Assist client to turn q1–2 hours.
  - Administer pain medication frequently, enough to keep pain level low
  - Assist out of bed postoperative day 1
  - Assist to walk on postoperative day 2

Rationale
- Understanding underlying principles will enhance knowledge base and encourage active participation in the regimen of care.
- Performance of tasks improves body image and emotional state and reassures goal achievement.

Evaluation
Short-term goal met: Client verbalized understanding of the many benefits of activity.
Long-term goal met: Client cooperated with the progressive mobility efforts (turning and ambulation).

Subjective data: Client states, “My back is broken, I will never be well again. What will happen to my family? My wife does not work, I have a mortgage to pay, I have 3 small children. I want to commit suicide.”

Objective data: High anxiety state. Fidgeting.

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<tr>
<td>Subjective data:</td>
<td>Hopelessness,</td>
<td>Short term: Client will verbalize his concerns.</td>
<td>Encourage client to talk freely about his current state of health and related issues.</td>
<td>Long-term planning for further emergencies.</td>
<td>Short-term goal met: Client talked distressingly about his “dilemma.”</td>
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<tr>
<td>Client states, “My</td>
<td>powerlessness</td>
<td>Long term: Client will discuss benefits of surgery:</td>
<td>Share information about the plan of care:</td>
<td></td>
<td>Long-term goal met: Client verbalized understanding of the medical regimen, cooperated freely, was discharged on the third postoperative day.</td>
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<tr>
<td>back is broken, I will</td>
<td>related to trauma</td>
<td>• Recovery period</td>
<td>—Surgery—to be done the next day</td>
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<td>Social worker assisted in long-term planning before discharge.</td>
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<td>never be well again.</td>
<td>evidenced by</td>
<td>• Resumption of work</td>
<td>—Rehabilitation—ambulation the following day, gait training</td>
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<td>What will happen to</td>
<td>client’s verbali-</td>
<td>• Procurement of temporary assistance</td>
<td>—Discharge by third day</td>
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<td>my family? My wife</td>
<td>zation of inadequa-</td>
<td>• Long-term planning for the future</td>
<td>—Precautions to take to aid healing (no lifting, bending, reaching)</td>
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<td>does not work, I have</td>
<td>cies and suicidal</td>
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<td>—Follow-up care, wound care (avoid contamination)</td>
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<td>a mortgage to pay, I</td>
<td>thoughts.</td>
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<td>—Eat balanced diet—Drink 6 to 8 glasses of water a day</td>
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<td>have 3 small children.</td>
<td>Defining</td>
<td></td>
<td>—Return to work in 6 weeks with limited activity</td>
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<td>I want to commit</td>
<td>characteristics:</td>
<td></td>
<td>—Discuss temporary relief (social worker’s visit)</td>
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<td>suicide.”</td>
<td>Negative</td>
<td></td>
<td>• Discuss long-term plan for further emergencies.</td>
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<td></td>
<td>comments about</td>
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<td>Objective data:</td>
<td>the state of</td>
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<td>High anxiety state.</td>
<td>illness. Client</td>
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<td>Fidgeting.</td>
<td>recounts</td>
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<td>responsibilities</td>
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<td>and inability to</td>
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<td>meet them.</td>
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<td>Poor problem</td>
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<td>solving skills.</td>
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<td>Lack of strategic</td>
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<td>plans. Suicidal</td>
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<td>thoughts. Lack</td>
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<td>of desire to eat.</td>
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<td>High anxiety.</td>
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</table>
Client admitted with a pulse rate of 38, states he “has no energy and cannot move about house.”
Taking digoxin .25 mg daily
Admits taking medication even when pulse is very low and that he had no knowledge of the side effects.

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</table>
| Client admitted with a pulse rate of 38, states he “has no energy and cannot move about house.” | Knowledge deficit related to lack of patient teaching evidenced by patient statement. | **Short term:** Client will discuss cause for his weakness  
• Abnormal pulse rate  
• Inappropriate times of taking digoxin  
• Side effects of drug (in first day of admission)  

**Long term:** Client will discuss all other medications being taken, their side effects, and conditions to report to his doctor by second day of admission. | • Tell client:  
• Digoxin slows the heart rate  
• Medication should not be taken if pulse rate is below 60 beats per minute  
• Signs of a very slow pulse (weakness, dizziness, falls)  
• Teach how to take the pulse  
• Review all other medications being taken by client: dosage, side effects, compliance.  
• Provide written information for client to take home. | • Knowledge will foster compliance and self-worth and prevent complication. | Short-term goal met: Client demonstrated readiness to learn; was able to take pulse for full minute by second demonstration.  
Long-term goal met: Client taking antihypertensive and diuretic drugs. Time to take diuretic discussed (early morning) signs of elevated and low blood pressure discussed. Written information provided. |

**Care Plan after the Human Response Patterns**

**CLIENT:** Male  
**Concept 9—Feeling (Loss, Sorrow, Aggression, Mental and Physical Distress)**  
**AGE:** 46  
**MEDICAL DIAGNOSIS:** 3rd Degree Burns over Body to Include Legs and Feet. Face and Hands not Badly Burned (1st and 2nd Degree)

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| Pain, acute Grieving Post-trauma syndrome | Defining characteristics: Verbal description, demonstrated behavior (guarding, grimacing, crying, moaning) Facial mask Sleep disturbance Preoccupation with pain Lack of interest in activities of daily living Preoccupation with previous status Regression Anger and or aggression Lack of desire for food Diminished sleep time Disturbing dreams Palpitations | Short term: Client will rate pain at 2–3 on day 1 of initiation of treatment. Long term: Client will rate pain at no more than 2 (on scale of 1–10) by day 2 of the treatment regimen. Signs of dysfunctional behavior will grow less. | • Communicate feelings of understanding, warmth, and caring.  
• Have client rate pain on scale of 1–10 (10 highest).  
• Administer pain medication lowest dose that keeps client comfortable around the clock 1 to 3 hours as ordered.  
• Administer drugs in combination such as morphine with Midazolam (versed) before dressing change to create amnesic effect.  
• Use nonpharmacological approach to pain relief (collaborate with the client): —Guided imagery —Music, meditation (use these techniques in conjunction with medication especially during dressing change).  
• Show empathy during outbursts of anger and hostility. | • This communicates feelings of trust.  
• Pain is subjective, provides for cooperative effort in pain management.  
• Smaller doses of pain medication given every 1–2 hours, may have more lasting effect than q 3–4 hours.  
• Drugs in combination such as versed provides amnesic effect.  
• Use empathy to demonstrate understanding and insight into the pain experience. | Short-term goal met: Client rated pain between 2 and 3 and pain was continuous but bearable. Long-term goal met: Nurse and client agreed that drugs should be given in combination every 1 to 2 hours. Administration of medication later converted to PCA morphine. Outburst of anger and hostility grew less. |