



SCDNT Case Study

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Basic Conditioning Factors

- 83 year-old Caucasian Woman - Margie
- Developmental: Severe Alzheimer's
- Lives with daughter & son-in-law
- Granddaughter lives near; son and 2 daughters 800 – 1500 miles away
- Attended adult day care until 9 months before death; then private home care



BCF's continued

- Health State: Osteoarthritis knees, hip, spine; new DM-II with NCS diet control; pacemaker > 10 years with > 75% battery available.
- Health System Elements: Primary physician every 3 months & prn; previous home health care nurse, PT/OT; private home health aids/CNA




BCF's Continued

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- Resources for Dependent-Care & Health Care:
 - Hospital bed (fully electric/privately owned)
 - W/C; bedside commode; shower chair
 - Bed/chair monitor/alarm
 - Hoyer lift (privately owned)
 - Barton Medical Transfer Chair (Medicare provided)



Universal Self-Care Requisites

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- Maintain an adequate intake of Air;
 - Water;
 - Food
 - Provide for Elimination & Hygiene
 - Maintain a balance between Activity & Rest;
 - Social Interaction & solitude
 - Prevent Hazards
 - Promote Normalcy - spirituality



Developmental SCR's



■ Maturational:

- Alzheimer's & "controversy" about regressive decline and "infantilization" of the older adult vs acceptance of regression and comfort care

■ Situational:

- Hospitalization for UTI & pneumonia /w new dx of DM-II & stress of different care-giving
- Daughter undergoing chemotherapy for breast cancer: Family decisions



Health-Related SCR's

Seek & secure approp. Health/medical assist.	Aware/take care of side-effects of prescribed care
Aware/take care of pathological conditions	Modify self-concept in acceptance of self, health, need for care
Effectively carry out dx, therapeutic & rehab measures	Learn to live with effects of health state and care needs/ EOL



Therapeutic Self-Care Demands

- Totally in dependent in all activities of daily living (Katz = 0); incontinent of urine; continent of bowels with routine; transfers from w/c or bed to BSC with assistance of 1 or 2 (daughter alone); has to be fed; assisted to turn (does “wiggle” in bed with alternating pressure air mattress: no skin prob!



Self-Care Agency

- Developed: declining/absent
- Operable: at one time; had four children and disabled husband; was LPN and foster parent for over 55 newborns until “retirement” at age 70!
- Adequate: declining/absent
- *Therefore: Dependent-Care Agency*




Dependent Care Agency

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- Son and 3 daughters discuss/make decisions regarding living arrangements
- Daughter with whom Margie lives is primary care-giver
 - Daughter undergoing chemotherapy for breast cancer; will have radiation therapy
 - Hired home health aids/C.N.A.'s to assist with care and light housekeeping




Self-Care Limitations

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- Margie has severe cognitive impairments with total limitations for knowing, judging/deciding and doing self-care
 - ***Began feeding herself again after therapeutic level of new anti-Alzheimer's medication; began some vocalization again!





DCA - Limitations

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- Daughter knows mother's needs
 - Daughter able to make judgments and decisions about need for home care assistance while at work and on chemotherapy and lab days
 - Daughter continued to be able to provide care, including transfers -> EOL



Self-Care Deficits

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- Margie is totally dependent for care, including decisions/judgments and knowledge of care needed and carrying it out




Dependent-Care Agency

- Knowledge: daughter sought resources for bed pads/wheelchair pads and used “baby diapers” like a peri-pad for urinary incontinence; purchased hoyer lift for any falls/slips to floor; purchased in-bed bath tub (“E-Z bathe”); had lift-seat installed in car for trips to church services, physician, outings




DCA continued

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- Judgments/Decisions: daughter planned with home care aides for light meal preparation, careful feeding with “nectar-thickened” liquids, safe transfers with or without the Barton Medical Chair
 - Acting/Doing: capable/competent/compassionate care




Nursing System Design

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- In-hospital: daughter continued as DCA; Margie required “wholly compensatory” care by nurses for food, water, elimination and hygiene, activity/rest and social interaction, prevention of hazards, etc.
 - At home: daughter needed supportive-educative & partially-compensatory



Evaluation of Design

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- In-hospital: sadly, nurses let this family down by not feeding Margie, keeping her mobile/transferring her to wheelchair and keeping her socially and emotionally cared for; hence let daughter down also
 - At-home: HHC nurse obtained Barton Medical Chair; supported daughter



Re-plan/Re-design

- At-home: care continued for Margie. New anti-Alzheimer's drug and continued care, Margie began feeding herself, reaching for glass of iced tea; continued with transfers to w/c and used w/c as walker for rest of spring and summer; Margie was a mother to her daughter until Margie's unexpected but peaceful death.