NSG 3300: Case Study Analysis
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NSG 3300: Case Study Analysis Template

Introduction

Both open and surgical wounds usually have different forms of drainage. Purulent drainage refers to a particular kind of fluid that gets released into the wound. The fluid described as a milky appearance, and its appearance is an indication of an existing infection. If one is healing from a given wound, it is essential to close a close eye on the drainage process. Moreover, it is significant to note the type of fluid that usually oozes and the ones that require an examination. According to the case study, the 58-year-old patients admitted to the emergency room have purulent drainage that is originating from the incision site. He is reported to be one-week post CABG.

Further, the cardiologist has reported that the existence of blood cultures. Despite the medical condition, the patient does not have medical insurance and will, therefore, find it difficult to pay for his medication. This paper will discuss the pathology of the disease and the implications for self-care. Further, the paper will discuss the patient education strategy and interdisciplinary collaboration.

## Pathophysiology of the Disease

Purulent drainage is a particular type of fluid that usually oozes out of a given wound. In the case study, the fluid was oozing out of the incision site. The fluid is milky in appearance and has a thick consistency. Further, it is usually yellow, green, white, or brown and has a distinct smell. Some thick and pale liquid seeping out of the wounds are considered normal. Some odor characterizes the purulent drainage. Different types of bacteria usually have different kinds of odors, colors, and consistencies. Additional bacteria often introduced into the area that is affected in case there is dead tissue. Drainage is likely to become purulent in case the particular liquid increases, or there is the consistency of particular liquid changes. The other causes that should be of concern are the changes that exist regarding odor and color.

## Implications for Self-Care

Maslow's hierarchy of needs has appropriate inferences, which are extensive. One clinical application is the management of heart failure. Visualize a 58-year-old male suffering a myocardial infarction causing in severe heart failure. This patient would be unable to breathe satisfactorily and is most probably suffering severe chest pain. It is a severe stage of physiologic stress where nothing matters but aid and sustaining life. This kind of patient has lost motivation for anything, but the reduction of this severe stress is needed.

Moreover, in this stage, it is not possible for the patient to understand education, and it is ineffective for the medical practitioner to instruct day-to-day weight records. Then the patient should be rushed to the cardiac catheterization laboratory where a stent is placed on the patient to return the heart function. The patient can resume some focus on basic physiologic desires

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(Water, food, elimination, and rest). Safety will still be vague since medical practitioners describe the patient's heart function as afraid and unsafe. The patient may retain some body functions. After a period of maybe one week, the patient may be discharged from the hospital with an undefined future. Some education is reserved but defined, and experienced disease control techniques are still past his effort. His self-image shattered, and his self-actualization is in imaginations and the concepts beyond his needs and capabilities (Butts & Rich, (2015).

## Patient Education Strategy

Nursing care education is critical to patients. There are so many ways that are employed to give education to patients. A new mom can be taught on how to bathe a newborn baby, or the adults living with chronic heart disease can be instructed on various ways to handle themselves. For a successful outcome, the following five strategies are adopted:

1. Stimulating the patient’s interest.

Create a rapport and have a question and answer sessions with the patients. Specific concerns that affect the patient must be considered. For example, patients can be taught information about their health condition, and some may be given the facts about their condition and do better with the instructions. This strategy is essential to be understood by the patients.

2. Determine the patient’s learning style.

Various techniques can be employed to provide the same information to the patients. Using various methods helps in strengthening the teaching of patients. Patients have different modes of learning. For example, some learn best when reading some learn best by watching DVDs. The best method should be used as this is very important to the patients.

3. Taking advantage of technology

Patient's education has been made more accessible through technology. Education materials can be made available to the patients through printed materials. The patient's desires must be taken care of. Give the patients the printed papers and also go through them with the patient to enhance more understanding of the guidelines. Moreover, also instruction materials can be given in various languages.

4. Include family members

Family members should be included when giving instructions to ensure that the patients follow the instructions strictly. Family members are more relevant to provide health care instructions.

5. Consider patient’s strengths and limitations

Consider if the patient has any mental, physical, or emotional problem that may deter the capability to learn. Impairments can be in hearing, vision, or physical being. For example, patients may be provided with mostly printed materials instead of giving oral instructions. When giving instructions, some factors can be considered; for example, instructions should not be given when the patient is tired.

## Interdisciplinary Collaboration

Interdisciplinary collaboration is progressively more prevalent, reinforced by rules and practices that bring care closer to the patient, and encounter customary professional margins. The function of interdisciplinary care series is more important to the success of healthcare bodies as the centers for medical care & medical Services remains to make every effort to compare payment with quality of care. Hospitals will be required to find innovative ways to provide care that can attain these objectives and have a constructive effect on the result. Taking rounds on the patient’s bedside is very important. Acute care areas have used this plan for

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years, but it is now time for this effective process to be taken to the bedside of all hospitalized patients.

**1. Discharge.**

This is an interdisciplinary approach to continuity of health care. It can also be defined as the critical connection between the treatment given to the patient in the hospital, and post-discharge care given in the community. Discharge planning is divided into the informal (ordinary) discharge and specialized (formal) discharge planning. Patient's satisfaction increased by discharge planning (Banasik & Copstead, 2018). The structured discharge planning designed to the patient most likely reduces the number of days our patient will stay in the hospital. Also, how many times he will be readmitted to the hospital with a specific medical condition. Also, the effect of discharge planning on health outcomes, and charges remains indefinite. Effective discharge planning will be done, putting into consideration the general needs of our patient. We will have to do a proper discharge planning to ensure there is a connection of quality care between the hospital and the community. Moreover, we will plan for the discharge to minimize the hospital duration of stay and unplanned readmission to the hospital. Besides planning discharge is done to improve the connection of services in the hospital and the community.

**2. Nutrition**

Nutritional reduction in the course of disease and hospitalization is triggered by lack of appetite during severe disease, at the time of fasting through clinical measures, surgical procedure, pain, and effects of medication. It is essential that the patient is given excellent energy food and protein consumption also increased at the time of discharge and in the rehabilitation period after discharge. As a result, the patient should be fed enough energy food and proteins by the person responsible for his care at home. Generate an organized culture where all those involved value nutrition. Hospital officers also must recognize the primary benefit of optimum nutrition care.

**3. Transition.**

Various professionals are assessed to employ various strategies to ensure that the patient adapts to the house conditions away from the hospital. The participants appraised Interprofessional replication as a successful approach. The patient's families recognize the patient's needs, and effective care is taken during the transition.

**4. Financial implications.**

Active interdisciplinary collective responsibility is identified, and useful management approaches are used to identify the roles of each person in providing care to our patient. Appropriate resources are also availed by the family and any participant to ensure the well-being of our patient. Each person must undertake the roles assigned effectively.

**Conclusion**

In the year 2009, 1 of 9 American deaths was caused by heart failure (CDC 2015). Most of these deaths were avoidable. There are tertiary clinical steps that can be taken to dispel this problem. Identification and investigation of theories are valuable in coming up with treatment strategies and support for this population. A situation-specific theory of heart failure self-care allows providers to support patients in attaining correct self-care procedures. Using the theory as a roadmap, certain patient information and care can hugely increase results. Maslow's hierarchy of needs theory and familiarity with human stress responses can also assist the heart

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failure persons in achieving optimum health and evading early death. There are many benefits to the use of theory in clinical practice. They can be viewed as roadmaps for understanding behavior and developing interventions. Theories can control the timing of training, support, and follow up. They also give the clinical attendant a good chance of personal progress. Eventually, considerate use of theory can moderate senseless deaths, reduce readmission rates of patients, and increase the value of life for persons with this progressive but controllable disease. Therefore, Identification and investigation of theories are valuable in coming up with treatment strategies and support for this population.

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