**Maryland Next Gen NCLEX Test Bank Project**

**January 25, 2023**

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| **Case Study Topic****& Standalone trend**  | Home Safety II Assessment | **Authors:**  | Tina Reid, EdD, RNMia Waldron, PhD, RNSalisbury University |

**Case Summary**

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| Client is a 72-year-old male living in a studio condominium in a 65 and older building. He leads an active lifestyle while independently managing personal health information. A home visit was scheduled a few weeks ago after a fall in the home. The community health nurse will meet with client in the home to perform a home safety assessment. |

**Objectives**

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| 1. Assess for and identify 5 environmental, health and safety hazards.
2. Identify deficits in client’s self-management and prioritize appropriate interventions.
3. Plan teaching for the client to address home safety and other health promotion issues.
4. Evaluate effectiveness of teaching provided regarding home safety.
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| **Case Study Link** | **Case Study QR Code** |
| <https://umaryland.az1.qualtrics.com/jfe/form/SV_3wJOneNDFl4jZem> |  |
| **Trend QR Code Link** | **Trend Link** |
|  | <https://umaryland.az1.qualtrics.com/jfe/form/SV_0BMnnjmSyQPXJ4O> |

**Case References**

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| 1. Nies, M. A., & McEwen, M. (2022). *Community/Public Health Nursing: Promoting the health of populations* (7th ed.), Elsevier.
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**Case Study Question 1 of 6**

The community health nurse cares for an older adult client with a history of hypertension and type II diabetes controlled with medications, as well as a recent fall.

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| **Phase Sheet** |
| Name | Paul Peterson | Gender | Male |
| Age | 72 | Weight (lbs/kg) | 175 lbs (79 kg) | Allergies | NKDA |
| Preferred language | English |
| Other |
| **History & Physical** |
| **Cardiac** | Hypertension |
| **Respiratory** | No significant history |
| **Neurologic** | AOx3 |
| **Gastrointestinal** | No significant history |
| **Musculoskeletal/skin** | History of a fall; gait disturbances |
| **Other** | Type II DM |
| **Nurses’ Notes** |
| 9/19/2022 @ 1230: The client is 72 years old with a history of hypertension, controlled with medication as well as a recent fall. Home assessment reveals a studio condo with a small kitchenette, common space and sleeping area. There is a shared bathroom on each floor of the condominium, each containing 5-bathroom stalls, 5 showers, sinks and a vanity area. There are 6 suites on each floor of the building that share the common bathroom. A clubhouse is just a short walk away where events are held such as BINGO, shuffle board tournaments, group exercise classes, book clubs, etc. The clubhouse also offers a lounge area with a television and a work space with 4 computers and a printer. There is also a pool for the residents to enjoy in the summer time. |
| Home assessment findings reveal low lighting, pet toys in the floor, unplugged phone and lamps, smoke detector without batteries, medications on the counter, multiple rugs, vomit and liquid spills on the floor and table, live and dead insects present.  |

* Which findings require **immediate** follow-up? **Select all that apply.**
* Smoke detector on the table without batteries\*
* Telephone cord unplugged
* Pests
* Low lighting\*
* Spills\*
* Loose cords\*
* Nonskid rugs
* Lives alone
* Multiple lamps

**Scoring rule: +/-**

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| Rationale: Smoke detectors help to identify a risk for fires. Low lighting increases risk for falls, spills are a potential risk for falls and can attract pests, and unsecured and loose cords are a falls risk of more immediate nature. Pests, such as roaches, water bugs, etc. are potential carriers for diseases but not requiring immediate follow-up. |

**Case Study Question 2 of 6**

The community health nurse cares for an older adult client with a history of hypertension and type II diabetes controlled with medications, as well as a recent fall.

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| **Phase Sheet** |
| Name | Paul Peterson | Gender | Male |
| Age | 72 | Weight (lbs/kg) | 175 lbs(79 kg) | Allergies | NKDA |
| Preferred language | English |
| Other |
| **History & Physical** |
| **Cardiac** | Hypertension |
| **Respiratory** | No significant history |
| **Neurologic** | AOx3 |
| **Gastrointestinal** | No significant history |
| **Musculoskeletal/skin** | History of a fall; gait disturbances |
| **Other** | Type II DM |
| **Nurses’ Notes** |
| 9/19/2022 @ 1230: The client is 72 years old with a history of hypertension, controlled with medication as well as a recent fall. Home assessment reveals a studio condo with a small kitchenette, common space and sleeping area. There is a shared bathroom on each floor of the condominium, each containing 5-bathroom stalls, 5 showers, sinks and a vanity area. There are 6 suites on each floor of the building that share the common bathroom. A clubhouse is just a short walk away where events are held such as BINGO, shuffle board tournaments, group exercise classes, book clubs, etc. The clubhouse also offers a lounge area with a television and a work space with 4 computers and a printer. There is also a pool for the residents to enjoy in the summer time. |
| Home assessment findings reveal low lighting, pet toys in the floor, unplugged phone and lamps, smoke detector without batteries, medications on the counter, multiple rugs, vomit and liquid spills on the floor and table, live and dead insects present. |

* For each finding, click to specify if the finding is a risk factor or not a risk factor for falls.

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| Assessment finding | Risk factor | Not risk factor |
| Walker against the wall |  | * \*
 |
| Dead insects | * \*
 |  |
| Dog toys on the floor | * \*
 |  |
| A grabber hanging up on the shelf |  | * \*
 |
| Rolling chair | * \*
 |  |
| Bathroom at end of the hallway | * \*
 |  |

**Scoring rule: 0/1**

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| Rationale: Dead insects, dog toys on the floor, a rolling chair and bathroom down the hall are risk factors for falls while a grabber on the shelf and walker against the wall would not be risks for falls. The presence of a walker would only be a fall risk if the client has active impaired mobility.  |

**Case Study Question 3 of 6**

The community health nurse cares for an older adult client with a history of hypertension and type II diabetes controlled with medications, as well as a recent fall.

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| **Phase Sheet** |
| Name | Paul Peterson | Gender | Male |
| Age | 72 | Weight (lbs/kg) | 175 lbs (79 kg) | Allergies | NKDA |
| Preferred language | English |
| Other |
| **History & Physical** |
| **Cardiac** | Hypertension |
| **Respiratory** | No significant history |
| **Neurologic** | AOx3 |
| **Gastrointestinal** | No significant history |
| **Musculoskeletal/skin** | History of a fall; gait disturbances |
| **Other** | Type II DM |
| **Nurses’ Notes** |
| 9/19/2022 @ 1230: The client is 72 years old with a history of hypertension, controlled with medication as well as a recent fall. Home assessment reveals a studio condo with a small kitchenette, common space and sleeping area. There is a shared bathroom on each floor of the condominium, each containing 5-bathroom stalls, 5 showers, sinks and a vanity area. There are 6 suites on each floor of the building that share the common bathroom. A clubhouse is just a short walk away where events are held such as BINGO, shuffle board tournaments, group exercise classes, book clubs, etc. The clubhouse also offers a lounge area with a television and a work space with 4 computers and a printer. There is also a pool for the residents to enjoy in the summer time. |
| Home assessment findings reveal low lighting, pet toys in the floor, unplugged phone and lamps, smoke detector without batteries, medications on the counter, multiple rugs, vomit and liquid spills on the floor and table, live and dead insects present. |

* After reviewing the assessment data, what conclusion does the nurse make?
* The client needs to be admitted to the hospital
* Weekly home health nurse visits should be ordered
* A home safety plan should be developed with the client\*
* Report the client’s unsafe environment to Department of Social Services

**Scoring rule: 0/1**

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| Rationale: The community health nurse collaborates with the client to develop a plan to reduce risks and environmental hazards in the home. A home safety plan should be developed with the client as an appropriate action. The client does not have any active health, safety, environmental or ADL needs requiring intervention or services from the hospital, home health nurse or social services.  |

**Case Study Question 4 of 6**

The community health nurse cares for an older adult client with a history of hypertension and type II diabetes controlled with medications, as well as a recent fall.

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| **Phase Sheet** |
| Name | Paul Peterson | Gender | Male |
| Age | 72 | Weight (lbs/kg) | 175 lbs (79 kg) | Allergies | NKDA |
| Preferred language | English |
| Other |
| **History & Physical** |
| **Cardiac** | Hypertension |
| **Respiratory** | No significant history |
| **Neurologic** | AOx3 |
| **Gastrointestinal** | No significant history |
| **Musculoskeletal/skin** | History of a fall; gait disturbances |
| **Other** | Type II DM |
| **Nurses’ Notes** |
| 9/19/2022 @ 1230: The client is 72 years old with a history of hypertension, controlled with medication as well as a recent fall. Home assessment reveals a studio condo with a small kitchenette, common space and sleeping area. There is a shared bathroom on each floor of the condominium, each containing 5-bathroom stalls, 5 showers, sinks and a vanity area. There are 6 suites on each floor of the building that share the common bathroom. A clubhouse is just a short walk away where events are held such as BINGO, shuffle board tournaments, group exercise classes, book clubs, etc. The clubhouse also offers a lounge area with a television and a work space with 4 computers and a printer. There is also a pool for the residents to enjoy in the summer time. |
| Home assessment findings reveal low lighting, pet toys in the floor, unplugged phone and lamps, smoke detector without batteries, medications on the counter, multiple rugs, vomit and liquid spills on the floor and table, live and dead insects present. |
| 1300: During the home visit, community health nurse observes the client has untied shoes and ambulates with a shuffled gait. Upon interview, client is unable to provide details about the medications or assistance with household needs. |

The nurse gathers more assessment data.

* For each potential nursing or collaborate interventions, click to specify whether the intervention is appropriate or not appropriate to include in the plan of care.

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| --- | --- | --- |
| Potential Intervention | Appropriate  | Not appropriate  |
| Refer to an electrician |  | * X
 |
| Offer resources for identified environmental hazards | * X
 |  |
| Refer the client to an assisted living facility |  | * X
 |
| Call the exterminator  |  | * X
 |
| Refer to local health dept for additional geriatric services | * X
 |  |
| Provide teaching related to medication management  | * X
 |  |

**Scoring rule: 0/1**

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| Rationale: One of the functions of the community health nurse is to provide primary prevention such as teaching and identification of cost-effective resources, and appropriate referrals to address environmental and health hazards. Offering resources for identified environment hazards, referral to local health dept for additional geriatric services and providing medication teaching are appropriate interventions. Other interventions, such as direct referral to an electrician or exterminator, do not fall under the purview of the community health nurse role. The client’s assessment does not indicate a need for an assisted living facility.  |

**Case Study Question 5 of 6**

The community health nurse cares for an older adult client with a history of hypertension and type II diabetes controlled with medications, as well as a recent fall.

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| **Phase Sheet** |
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| Age | 72 | Weight (lbs/kg) | 175 lbs (79 kg) | Allergies | NKDA |
| Preferred language | English |
| Other |
| **History & Physical** |
| **Cardiac** | Hypertension |
| **Respiratory** | No significant history |
| **Neurologic** | AOx3 |
| **Gastrointestinal** | No significant history |
| **Musculoskeletal/skin** | History of a fall; gait disturbances |
| **Other** | Type II DM |
| **Nurses’ Notes** |
| 9/19/2022 @ 1230: The client is 72 years old with a history of hypertension, controlled with medication as well as a recent fall. Home assessment reveals a studio condo with a small kitchenette, common space and sleeping area. There is a shared bathroom on each floor of the condominium, each containing 5-bathroom stalls, 5 showers, sinks and a vanity area. There are 6 suites on each floor of the building that share the common bathroom. A clubhouse is just a short walk away where events are held such as BINGO, shuffle board tournaments, group exercise classes, book clubs, etc. The clubhouse also offers a lounge area with a television and a work space with 4 computers and a printer. There is also a pool for the residents to enjoy in the summer time. |
| Home assessment findings reveal low lighting, pet toys in the floor, unplugged phone and lamps, smoke detector without batteries, medications on the counter, multiple rugs, vomit and liquid spills on the floor and table, live and dead insects present. |
| 1300: During the home visit, community health nurse observes the client has untied shoes and ambulates with a shuffled gait. Upon interview, client is unable to provide details about the medications or assistance with household needs. |

* What should the nurse teach the client about the treatment plan? **Select all that apply.**
* Medication schedule\*
* Adverse effects of medications\*
* Dietary habits\*
* The need for vigorous exercise
* Importance of a safe and clean environment\*
* Significance of self-reliance
* Importance of proper footwear\*

**Scoring rule: 0/1**

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| Rationale: Medication safety requires understanding of the use, indication and side effects. Management of hypertension has dietary implications. Clean physical environment facilitates risk reduction and health promotion. Proper footwear is key to preventing falls and injuries that can result from peripheral neuropathy/compromised sensation. Maintaining an active community support system (as opposed to emphasizing self-reliance/accepting help) and engaging in low to moderate intensity exercises (as opposed to vigorous exercise) are important components of health living for the older adult.  |

**Case Study Question 6 of 6**

The community health nurse cares for an older adult client with a history of hypertension and type II diabetes controlled with medications, as well as a recent fall.

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| **Phase Sheet** |
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| **Gastrointestinal** | No significant history |
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| **Other** | Type II DM |
| **Nurses’ Notes** |
| 9/19/2022 @ 1230: The client is 72 years old with a history of hypertension, controlled with medication as well as a recent fall. Home assessment reveals a studio condo with a small kitchenette, common space and sleeping area. There is a shared bathroom on each floor of the condominium, each containing 5-bathroom stalls, 5 showers, sinks and a vanity area. There are 6 suites on each floor of the building that share the common bathroom. A clubhouse is just a short walk away where events are held such as BINGO, shuffle board tournaments, group exercise classes, book clubs, etc. The clubhouse also offers a lounge area with a television and a work space with 4 computers and a printer. There is also a pool for the residents to enjoy in the summer time. |
| Home assessment findings reveal low lighting, pet toys in the floor, unplugged phone and lamps, smoke detector without batteries, medications on the counter, multiple rugs, vomit and liquid spills on the floor and table, live and dead insects present |
| 1300: During the home visit, community health nurse observes the client has untied shoes and ambulates with a shuffled gait. Upon interview, client is unable to provide details about the medications or assistance with household needs. |

The nurse teaches the client about fall prevention.

* For each client statement, click to specify whether the statement indicates an understanding, or no understanding of teaching provided.

|  |  |  |
| --- | --- | --- |
| Statement | Understanding | No understanding |
| “I don’t really mess with my medications.”  |  | * X
 |
| “I will order nonskid rug pads.” | * X
 |  |
| “The building has an exterminator service that I can call.” | * X
 |  |
| “There’s a working smoke detector in the hallway, so I don’t need one in my condo.” |  | * X
 |
| “I can eat whatever I want since I don’t gain weight.” |  | * X
 |
| “I should check my feet daily.” | * X
 |  |

**Scoring rule: 0/1**

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| Rationale: Ordering nonskid rugs decreases the risk for falls and the exterminator reduces the risk for pest-related infections. The client also states that he understands the importance of checking his feet daily. Screening for feet- and footwear-related influences on fall risk is an important component of multifactorial fall risk screenings. Vague statements regarding medications indicate need for further clarification. Weight gain is not the only indicator of a healthy diet, especially given his DM. Fire safety requires a working smoke detector inside the client’s living area.  |

**Trend**

The community health nurse cares for an older adult client with a history of hypertension and Type II DM controlled with medications, as well as a recent fall.

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| **Phase Sheet** |
| Name | Paul Peterson | Gender | Male |
| Age | 72 | Weight (lbs/kg) | 175 lbs (79 kg) | Allergies | NKDA |
| Preferred language | English |
| **History & Physical** |
| **Cardiac** | Hypertension |
| **Respiratory** | No significant history |
| **Neurologic** | AOx3 |
| **Gastrointestinal** | No significant history |
| **Musculoskeletal/skin** | History of a fall; gait disturbances |
| **Other** | Type II DM |
| **Nurses’ Notes** |
| 9/19/2022 @ 1230: Client referred from primary care provider and initial home assessment performed. The client is 72 years old with a history of hypertension, controlled with medication, as well as a recent fall. The client reports he recently moved to the area to be closer to his daughter. When asked about his recent fall, he states, “I just tripped over a box when getting things ready to move.” Ambulates with a walker at times. Home assessment reveals a studio condo with a small kitchenette, common space and sleeping area. There is a shared bathroom on each floor of the condominium, each containing 5-bathroom stalls, 5 showers, sinks and a vanity area. There are 6 suites on each floor of the building that share the common bathroom. A clubhouse is just a short walk away where events are held such as BINGO, shuffleboard tournaments, group exercise classes, book clubs, etc. The clubhouse also offers a lounge area with a television and a workspace with 4 computers and a printer. There is also a pool for the residents to enjoy in the summertime. Home assessment findings reveal unplugged phone and lamp and a smoke detector without batteries. The client denies problems with taking medications as prescribed and reports that since he moved, his daughter comes over each week to help him prepare his medications using a pill organizer.  |
| 10/17/2022 @ 1100 (Second visit): Client reports he is “feeling down” because “this place does not feel like home.” Reports his daughter is going to come over next week to help decorate. Client has replaced smoke detector batteries. Reports utilizing the walker more in the past month because of increased numbness and tingling in his feet.  |
| 11/14/2022 @ 1300 (Third visit): Client states he feels “more at home” after his daughter helped him decorate and added multiple throw rugs to brighten up the space. Client also got a small dog in the last month as a companion which he reports has helped him feel less lonely. Home assessment findings reveal adequate lighting, pet toys on the floor, medications on the counter, and live and dead insects present. The client’s shoes are untied, and he ambulates with a shuffled gait. |

The nurse visits the client monthly and determines he is at a high risk for falls.

* Drag the issues that place this client at high risk for falls to the box on the right.

|  |  |
| --- | --- |
| **Potential Issues** | **Risk for Falls**  |
| Throw rugs\*  | Throw rugs\*  |
| Smoke detector without batteries  | Peripheral neuropathy\*  |
| Peripheral neuropathy\*  | Small dog\*  |
| History of hypertension  | Blood pressure medications\*  |
| Small dog\*  | Recent fall\*  |
| Blood pressure medications\*  | Gait\*  |
| Recent fall\*  |  |
| Gait\*  |  |
| Neurologic status  |  |
| Lighting  |  |

**Scoring rule: 0/1**

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| Rationale: Throw rugs and small pets can be tripping hazards and place the client at increased risk for falls. Peripheral neuropathy places the client at increased risk for falls due to the numbness and tingling in his feet. The client’s shuffling gait places him at risk for falls. History of hypertension does not place the client at risk for falls, but the blood pressure medications do as they could lead to hypotension. There is adequate lighting in the home and the client is A&Ox3, so lighting and his neurologic status does not indicate he is at risk for falls. Although a smoke detector without batteries is an issue that should be addressed, the smoke detector does not place the client at risk for falls.  |