|  |
| --- |
| **Maryland Next Gen NCLEX Test Bank Project****September 1, 2022** |
| **Case Study Topic**: (& standalone bowtie) | Home safety/fall risk | **Author:** | Elizabeth Mackessy-Lloyd, DNP, RN, CNEHood University |

**Case Summary**

|  |
| --- |
| The nurse conducts a home visit on 68-year-old male client with Parkinson’s disease following a recent fall 3 days after discharge from acute care setting.  |

**Objectives**

|  |
| --- |
| 1. Perform a fall risk assessment2. Apply knowledge of pathophysiology to home safety issues3. Educate client on home safety issues |

|  |  |
| --- | --- |
| **Case Study Link** | **Case Study QR Code** |
| <https://umaryland.az1.qualtrics.com/jfe/form/SV_5dt5N3y7rCEg7mS> |  |
| **Bow-tie QR Code** | **Bow-tie Link** |
|  | <https://umaryland.az1.qualtrics.com/jfe/form/SV_9vNsw0XFnSwgy6G> |

**Case References**

|  |
| --- |
| 1. Potter Patricia, Perry Anne, Stockert Patricia, H. Fundamentals of Nursing. Available from: VitalSource Bookshelf, (10th Edition). Elsevier Health Sciences (US)
 |
| 1. Workman, D.I.M. L. ([Insert Year of Publication]). Medical-Surgical Nursing (10th Edition). Elsevier Health Sciences (US). <https://online.vitalsource.com/books/9780323654050>
 |

**Case Study Question 1 of 6**

The nurse conducts a home visit on 68-year-old male client with Parkinson’s disease following a recent fall 3 days after discharge from an acute care setting.

|  |
| --- |
| **Nurses’ Notes** |
| 1000 – Initial post-discharge visit in the client’s home. Met with client and his son. The client has moderate stage Parkinson’s disease and lives with his adult son, who works full-time and provides supportive care. Client reports that he fell on the stairs, attempting to use the second-floor bathroom.Assessment findings:* Client is alert and oriented to person, place and time
* Walks short distances using a walker without problem, but reports that he tires easily
* Resting tremors noted in both arms and legs
* Son reports client needs assistance with ADLs on days when rigidity is worse
* Client reports that he has not slept more than 2 hours per night since discharge

1100 – After a short rest, continued assessment. * Blood pressure sitting 138/88, standing 116/60, complains of dizziness on standing
* Heart rate 86 beats per minute and regular
* Respirations 16 per minute and unlabored; breath sounds clear bilaterally
* Temperature 97.2F (36.2C)
* Strength in legs is diminished bilaterally, but client is able to bear weight using walker
* Range of motion is within normal limits but rigid in all extremities
* Client reports frequent urination, “I am sometimes unable to make it to the bathroom”
* Speech is slow and halted, but understandable
* Moderate, continuous drooling noted
 |
| **Medications** |
| Lisinopril 40 mg by mouth once daily for hypertension Carbidopa/levodopa 12.5 mg/50 mg 3 times daily by mouth to treat Parkinson’s symptoms |

* Drag the 3 findings that need **immediate** follow-up to the box on the right.

|  |  |
| --- | --- |
| **Client Findings** | **Top 3 Findings** |
| Son reports client has lost 5 pounds in past month |  |
| Facial expression appears frozen when speaking |  |
| Complains of dizziness on standing\* |  |
| Resting tremors noted in both arms and legs |  |
| Diminished strength in both legs\* |  |
| Client reports sleep deficit\* |  |
| Needs assistance with ADLs when rigidity is worse |  |

**Scoring Rule: 0/1**

**Rationale:** Dizziness is symptom related to orthostatic hypotension and can be a side effect of lisinopril. This puts the client at increased risk for falls. Sleep disturbance is not a normal part of aging and needs additional assessment, as fatigue can increase fall risk. The diminished strength in the client’s legs also increases his risk for falls.

**Case Study Question 2 of 6**

The nurse conducts a home visit on 68-year-old male client with Parkinson’s disease following a recent fall 3 days after discharge from an acute care setting.

|  |
| --- |
| **Nurses’ Notes** |
| 1000 – Initial post-discharge visit in the client’s home. Met with client and his son. The client has moderate stage Parkinson’s disease and lives with his adult son, who works full-time and provides supportive care. Client reports that he fell on the stairs, attempting to use the second-floor bathroom.Assessment findings:* Client is alert and oriented to person, place and time
* Walks short distances using a walker without problem, but reports that he tires easily
* Resting tremors noted in both arms and legs
* Son reports client needs assistance with ADLs on days when rigidity is worse
* Client reports that he has not slept more than 2 hours per night since discharge

1100 – After a short rest, continued assessment. * Blood pressure sitting 138/88, standing 116/60, complains of dizziness on standing
* Heart rate 86 beats per minute and regular
* Respirations 16 per minute and unlabored; breath sounds clear bilaterally
* Temperature 97.2F (36.2C)
* Strength in legs is diminished bilaterally, but client is able to bear weight using walker
* Range of motion is within normal limits but rigid in all extremities
* Client reports frequent urination, “I am sometimes unable to make it to the bathroom”
* Speech is slow and halted, but understandable
* Moderate, continuous drooling noted
 |
| **Medications** |
| Lisinopril 40 mg by mouth once daily for hypertension Carbidopa/levodopa 12.5 mg/50 mg 3 times daily by mouth to treat Parkinson’s symptoms |

* For each finding, click to specify if the finding is a risk factor or not a risk factor when conducting a fall risk assessment.

|  |  |  |
| --- | --- | --- |
| **Assessment/Finding** | **Risk factor** | **Not risk factor** |
| History of previous fall | * **\***
 |  |
| Orthostatic hypotension | * **\***
 |  |
| Slow halted speech pattern |  | * **\***
 |
| Resting tremors in both arms |  | * \*
 |
| Need for frequent toileting | * \*
 |  |
| Current medications  | * \*
 |  |
| Frozen facial appearance |  | * \*
 |
| Client age is 68 |  | * \*
 |

**Scoring Rule: 0/1**

**Rationale:** Medications causing orthostatic hypotension may increase the risk for falls, need for frequent toileting increases need for mobility and use of stairs, history of a fall is a known risk factor for additional falls; advanced age, > 80, is considered a fall risk.

**Case Study Question 3 of 6**

The nurse conducts a home visit on 68-year-old male client with Parkinson’s disease following a recent fall 3 days after discharge from an acute care setting.

|  |
| --- |
| **Nurses’ Notes** |
| 1000 – Initial post-discharge visit in the client’s home. Met with client and his son. The client has moderate stage Parkinson’s disease and lives with his adult son, who works full-time and provides supportive care. Client reports that he fell on the stairs, attempting to use the second-floor bathroom.Assessment findings:* Client is alert and oriented to person, place and time
* Walks short distances using a walker without problem, but reports that he tires easily
* Resting tremors noted in both arms and legs
* Son reports client needs assistance with ADLs on days when rigidity is worse
* Client reports that he has not slept more than 2 hours per night since discharge

1100 – After a short rest, continued assessment. * Blood pressure sitting 138/88, standing 116/60, complains of dizziness on standing
* Heart rate 86 beats per minute and regular
* Respirations 16 per minute and unlabored; breath sounds clear bilaterally
* Temperature 97.2F (36.2C)
* Strength in legs is diminished bilaterally, but client is able to bear weight using walker
* Range of motion is within normal limits but rigid in all extremities
* Client reports frequent urination, “I am sometimes unable to make it to the bathroom”
* Speech is slow and halted, but understandable
* Moderate, continuous drooling noted
 |
| **Medications** |
| Lisinopril 40 mg by mouth once daily for hypertension Carbidopa/levodopa 12.5 mg/50 mg 3 times daily by mouth to treat Parkinson’s symptoms |
| **Environmental Assessment** |
| Environmental assessment completed by walking through the home with the client. Client reports spending most of his time on the ground floor, aside from the need for toileting (bathroom is on the second floor with stair access). Floors are wood with no noted throw rugs. Walkways are clear of debris. |

The nurse completes the environmental assessment.

What does the nurse determine is the care priority for this client?

* Adjust medications
* Teach client about orthostatic hypotension
* **Modify access to toilet facilities**\*
* Obtain rugs to cover wood floor areas

**Scoring Rule: 0/1**

**Rationale:** Modifying access to toilet facilities will address the client’s only need to use the stairs, and reduce his risk for falls. This is an intervention that will increase client’s quality of life and have limited associated expense.

**Case Study Question 4 of 6**

The nurse conducts a home visit on 68-year-old male client with Parkinson’s disease following a recent fall 3 days after discharge from an acute care setting.

|  |
| --- |
| **Nurses’ Notes** |
| 1000 – Initial post-discharge visit in the client’s home. Met with client and his son. The client has moderate stage Parkinson’s disease and lives with his adult son, who works full-time and provides supportive care. Client reports that he fell on the stairs, attempting to use the second-floor bathroom.Assessment findings:* Client is alert and oriented to person, place and time
* Walks short distances using a walker without problem, but reports that he tires easily
* Resting tremors noted in both arms and legs
* Son reports client needs assistance with ADLs on days when rigidity is worse
* Client reports that he has not slept more than 2 hours per night since discharge

1100 – After a short rest, continued assessment. * Blood pressure sitting 138/88, standing 116/60, complains of dizziness on standing
* Heart rate 86 beats per minute and regular
* Respirations 16 per minute and unlabored; breath sounds clear bilaterally
* Temperature 97.2F (36.2C)
* Strength in legs is diminished bilaterally, but client is able to bear weight using walker
* Range of motion is within normal limits but rigid in all extremities
* Client reports frequent urination, “I am sometimes unable to make it to the bathroom”
* Speech is slow and halted, but understandable
* Moderate, continuous drooling noted
 |
| **Medications** |
| Lisinopril 40 mg by mouth once daily for hypertension Carbidopa/levodopa 12.5 mg/50 mg 3 times daily by mouth to treat Parkinson’s symptoms |
| **Environmental Assessment** |
| Environmental assessment completed by walking through the home with the client. Client reports spending most of his time on the ground floor, aside from the need for toileting (bathroom is on the second floor with stair access). Floors are wood with no noted throw rugs. Walkways are clear of debris. |

The nurse develops a plan of care to prevent fall and maximize the client’s quality of life.

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

|  |  |  |
| --- | --- | --- |
| **Potential Intervention** | **appropriate**  | **not appropriate**  |
| Referral for nursing home placement |  | * **\***
 |
| Recommend flexibility exercises  | * \*
 |  |
| Referral to home physical therapy | * \*
 |  |
| Explore activities of client interest | * \*
 |  |
| Bedside commode for daytime use | * \*
 |  |
| Teach client to ambulate without the walker |  | * **\***
 |
| Encourage night-time fluid restriction  |  | * \*
 |
| Encourage the son to assist with all activities of daily living |  | * \*
 |
| Allow client time to respond to questions | * \*
 |  |

**Scoring Rule: 0/1**

**Rationale:** The client is not ready for extended care facility placement. Flexibility exercises, such as yoga or tai chi, will help promote range-of-motions and balance. Home physical therapy will help maintain strength and flexibility. A bedside commode will enable the client to use the toilet without climbing stairs. Exploring activities of interest and allowing the client time to respond to questions will help keep client engaged and prevent social isolation.

A fluid restriction is not indicated, based on signs of dehydration. Promoting as much independence as possible in self-care is important to client self-esteem. Due to client’s decreased strength and orthostatic hypotension, he should be encouraged to use the walker when ambulating.

**Case Study Question 5 of 6**

The nurse conducts a home visit on 68-year-old male client with Parkinson’s disease following a recent fall 3 days after discharge from an acute care setting.

|  |
| --- |
| **Nurses’ Notes** |
| 1000 – Initial post-discharge visit in the client’s home. Met with client and his son. The client has moderate stage Parkinson’s disease and lives with his adult son, who works full-time and provides supportive care. Client reports that he fell on the stairs, attempting to use the second-floor bathroom.Assessment findings:* Client is alert and oriented to person, place and time
* Walks short distances using a walker without problem, but reports that he tires easily
* Resting tremors noted in both arms and legs
* Son reports client needs assistance with ADLs on days when rigidity is worse
* Client reports that he has not slept more than 2 hours per night since discharge

1100 – After a short rest, continued assessment. * Blood pressure sitting 138/88, standing 116/60, complains of dizziness on standing
* Heart rate 86 beats per minute and regular
* Respirations 16 per minute and unlabored; breath sounds clear bilaterally
* Temperature 97.2F (36.2C)
* Strength in legs is diminished bilaterally, but client is able to bear weight using walker
* Range of motion is within normal limits but rigid in all extremities
* Client reports frequent urination, “I am sometimes unable to make it to the bathroom”
* Speech is slow and halted, but understandable
* Moderate, continuous drooling noted
 |
| **Medications** |
| Lisinopril once daily for hypertension Carbidopa/levodopa 3 times daily to treat Parkinson’s symptoms |
| **Environmental Assessment** |
| Environmental assessment completed by walking through the home with the client. Client reports spending most of his time on the ground floor, aside from the need for toileting (bathroom is on the second floor with stair access). Floors are wood with no noted throw rugs. Walkways are clear of debris. |

The nurse provides education for on-going care to the client and son.

* Specify whether action should or should not be included in the teaching plan.

|  |  |  |
| --- | --- | --- |
| Actions | Include | Should not include |
| Encourage the client to do as much for himself as possible | * X
 |  |
| Lisinopril may cause dizziness so stand up very slowly from sitting or lying position | * X
 |  |
| Always wear socks when walking in the house |  | * X
 |
| Keep fluid intake to a minimum during day to prevent the need to urinate |  | * X
 |
| Lifting weights is a good way to improve client strength |  | * X
 |
| It is better that the client focus on stretching and flexibility | * X
 |  |
| Encourage use of the bedside commode during the daytime | * X
 |  |
| Taking the carbidopa/levodopa as prescribed will help to cure your Parkinson’s disease. |  | * X
 |

**Scoring Rule: 0/1**

**Rationale:** Clients with Parkinson’s disease should be encouraged to participate in self-care for as long as possible. This helps with both motor skills and self-esteem. Lisinopril can cause orthostatic hypotension, so instruction on standing up slowly is important. Wearing socks on the wood floor increases the risk for falls. Instead, the client should always wear shoes. Making the toilet more accessible is a healthier option to decreasing fluid because dehydration can contribute to the risk for falls. Weightlifting is not considered a safe activity for clients with decreased strength. Focus on flexibility and stretching is more beneficial that strength training in Parkinson’s disease. Using the bedside commode is a safety intervention to prevent the use of stairs when unattended. Parkinson’s disease is a progressive degenerative disease that will not be cured by medication. Carbidopa/levodopa can help with symptoms of shakiness and trouble moving, but will not prevent disease progression.

**Case Study Question 6 of 6**

The nurse conducts a return home visit 3 months later on 68-year-old male client with Parkinson’s disease and a history of falls.

|  |
| --- |
| **Nurses’ Notes** |
| 1000 – Initial post-discharge visit in the client’s home. Met with client and his son. The client has moderate stage Parkinson’s disease and lives with his adult son, who works full-time and provides supportive care. Client reports that he fell on the stairs, attempting to use the second-floor bathroom.Assessment findings:* Client is alert and oriented to person, place and time
* Walks short distances using a walker without problem, but reports that he tires easily
* Resting tremors noted in both arms and legs
* Son reports client needs assistance with ADLs on days when rigidity is worse
* Client reports that he has not slept more than 2 hours per night since discharge

1100 – After a short rest, continued assessment. * Blood pressure sitting 138/88, standing 116/60, complains of dizziness on standing
* Heart rate 86 beats per minute and regular
* Respirations 16 per minute and unlabored; breath sounds clear bilaterally
* Temperature 97.2F (36.2C)
* Strength in legs is diminished bilaterally, but client is able to bear weight using walker
* Range of motion is within normal limits but rigid in all extremities
* Client reports frequent urination, “I am sometimes unable to make it to the bathroom”
* Speech is slow and halted, but understandable
* Moderate, continuous drooling noted

3-month follow-up assessmentMet with client and his son, who both report no falls since the last visit. Client is using the bedside commode during the daytime hours, and only uses the stairs in the evening to go upstairs to sleep. Client reports that he still sometimes feels dizzy when he stands up. Speech is very slow and difficult to understand, and son frequently answers for the client. Episodes of confusion and irritability have been noted during the evening hours. Client demonstrates ability to move within living space with the walker.  |
| **Medications** |
| Lisinopril once daily for hypertension Carbidopa/levodopa 3 times daily to treat Parkinson’s symptoms |
| **Environmental Assessment** |
| Environmental assessment completed by walking through the home with the client. Client reports spending most of his time on the ground floor, aside from the need for toileting (bathroom is on the second floor with stair access). Floors are wood with no noted throw rugs. Walkways are clear of debris. |

The nurse returns in 3 months to re-evaluate the client.

* For each finding, click to specify if the finding indicates that the client’s status has improved, declined, or is unchanged.

|  |  |  |  |
| --- | --- | --- | --- |
| Finding | Improved | Declined | Unchanged |
| Client’s speech in not intelligible |  | * X
 |  |
| Client walks short distances using the walker |  |  | * X
 |
| Client has enrolled in an online yoga class | * X
 |  |  |
| Son reports episodes of confusion and irritability |  | * X
 |  |
| Client reports no falls in the past 3 months | * X
 |  |  |
| Client reports he sometimes feels dizzy on standing |  |  | * X
 |
| Client has connected with a support group | * X
 |  |  |

**Scoring Rule: 0/1**

**Rationale:** Changes in cognition such as confusion and irritability and declining speech capability are signs of progressing disease. No fall shows in 3 months shows interventions have been effective. Joining a support group and an online yoga class demonstrate an understanding of disease progression and positive interventions. The client was using a walker and had dizziness upon standing at the initial visit.

**Bowtie**

The nurse conducts a home visit on 68-year-old male client with Parkinson’s disease following a recent fall 3 days after discharge from an acute care setting.

|  |
| --- |
| **Nurses’ Notes** |
| 1000 – Initial post-discharge visit in the client’s home. Met with client and his son. The client has moderate stage Parkinson’s disease and lives with his adult son, who works full-time and also provides supportive care. Client reports that he fell on the stairs, attempting to use the second-floor bathroom.Assessment findings:* Client is alert and oriented to person, place and time

Walks short distances using a walker without problem, but reports that he tires easily* Resting tremors noted in both arms and legs
* Son reports client needs assistance with ADLs on days when rigidity is worse
* Client reports that he has not been sleeping well at night

1100 – After a short rest, continued with assessment. * Blood pressure sitting 138/88, standing 116/60
* Heart rate 86 beats per minute and regular
* Respirations 16 per minute and unlabored; breath sounds clear bilaterally
* Temperature 97.2F (36.2C)
* Speech is slow and halted, but understandable; facial expression appears frozen
* Client states he sometimes feels dizzy when he stands up

0100 - Additional assessment findings* Strength in legs is diminished bilaterally, but client is able to bear weight using walker
* Range of motion is within normal limits but rigid in all extremities
* Client reports frequent need to urinate, states “I am sometimes unable to make it to the bathroom”.
* Speech is slow and halted, but understandable; facial expression appears frozen
* Moderate, continuous drooling noted
* Son advises that client has lost 5 pounds in the last month
 |
| **Medications** |
| Lisinopril once daily for hypertension Carbidopa/levodopa 3 times daily to treat Parkinson’s symptoms |
| **Environmental Assessment** |
| Environmental assessment completed by walking through the home with the client. Client reports spending most of his time on the ground floor, aside from the need for toileting (bathroom is on the second floor with stair access). Floors are wood with no noted throw rugs. Walkways are clear of debris. |

Complete the diagram by dragging from the choices below to specify what priority condition the client is most likely to experience, 2 actions the nurse should take to address that condition, and 2 parameters the nurse should monitor to assess the client’s progress.

|  |  |  |
| --- | --- | --- |
| Action to take |  | Parameter to monitor |
|  | Condition most likely experiencing |  |
| Action to take |  | Parameter to monitor |

|  |  |  |
| --- | --- | --- |
| **Actions to take** | **Potential conditions** | **Parameters to monitor** |
| Change medications | Impaired coping  | Strength and range of motion \* |
| Encourage flexibility training\* | Activity intolerance  | Level of orientation  |
| Modify access to toilet\* | Acute confusion  | Speech clarity  |
| Refer to mental health | \*Injury risk | Coordination and balance\* |
| Coordinate extended care placement |  | Vital signs |

**Scoring Rule: 0/1**

**Rationale:** Safety is a priority concern for clients with Parkinson disease. The client’s greatest fall risk is going upstairs to use the toilet. Access could be modified with a commode. Flexibility training will decrease risk of falls. Changing medications and extended care placement are not yet indicated. A speech referral will not. Continuous monitoring of coordination, balance, strength and range of motion will alert the nurse to changes needed in the care environment and the disease progresses.