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**Subject area:** Nursing

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**Title:** Nursing care plan

**Instructions:** personal notes; 1, in re-creation in the care plan - addressing issues relevant to the patient. 2, collaboratively (involve family, patient, and other health professionals). 3, explain all possible areas that could be looked for and focus on one particular aspect. include the nursing diagnosis- developing strategies to gain/maintain health weight. 5, a NANDA nursing diagnosis will be a good way to start. a, nursing process; assessment, planning, intervention. a, nursing diagnosis is a starting point for a care plan. b, say what your goal for the care plan is and literature/evidence that underpins that particular goal. think of SMART goals (specific, measurable, achievable, relevant and time measured) c, eg NG feed will be a contingency plan and debriefing. d, be explicit about what you have learnt. eg beginning I don't know, but I did my research, done assignment, and I will continue to do more research. I will be more confident at placement after this assignment and confident to to and update care plans. things learnt: goal setting, identifying issues, job-creation etc.

## Nursing Care Plan

Nursing care plans (NCP) entails the processes of correctly identifying the pre-existing needs as well as the potential needs risk needs. Also providing communication channels through which nurses collaborate with other healthcare providers achieve desirable healthcare outcomes that are patient-oriented. Nursing care plans often differ from one context to another, depending on the hierarchy of the nursing practice and the criteria. Put in place to guarantee a smooth continuity of healthcare that will eventually see patients through their suffering (Patiraki et al., 2017). Nursing care plan for different disorders ought to be based on previous knowledge (evidence) to facilitate care procedures that directly address specific patient needs (Patiraki et al., 2017).

This essay will provide an illustrative nursing care plan that is created to address a specific disorder concerning the evaluation findings of that particular patient. Before the details of the care plan, an analytical description of the individual patient-derived from ten results of the patient analysis will be outlaid and will expertly guide the process of constructing the nursing plan. The method of the study will inform each detail of the considerations governing decision making on the most appropriate nursing care plan to be followed on that particular plan.

However, the names given in this essay will not be the actual names of the patient to align with the provisions of the NMC code. Alternatively, pseudonyms will be used in place of the real names to protect the patient identity.

### **Description**

According to Johnson et al., (2018), an approach that is applied by nurses should target a collaboration between different medical professions. It is because partnerships will guarantee a proper understanding of the appropriate and hence, the necessary therapeutic interventions that

are patient-specific. The nursing care plan developed herein is derived from a patient-specific assessment and therefore, the evaluation of their nursing care needs. The review was made for an 18-year old boy who is a patient of Anorexia nervosa (eating disorder). The boy is known as Ashley, and the rationale for his reception of nursing care follows his medical diagnosis Anorexia nervosa (eating disorder). It has presented harmful symptoms that cannot be easily handled by his immediate family. Ashley has been submitted for medication at this facility by his family due to the extremity of his symptoms of an eating disorder. Which has resulted in excessive weight loss and continued challenging to maintain the recommended weight for his height, age, and stature.

Before the beginning of developing my nursing plan, I happened to hold a conversation with Ashley in seclusion. The idea was to eliminate an environment in which everyone else was present. Hence, draw the patient's attention by introducing a situation in which he would not be over compensatory with the clinical staff and therefore would not strive to act healthy. By so doing, the new environment would allow him to work according to behavioral expectations without the knowledge of whether it is essential to perform so. Ashley's feeding disorder has in the recent past, intrigued by his fear of gaining any extra weight since he was 16. During this period, he says he has always viewed himself as fat in the past and has hence practiced adherence to restrictions in the number of calories he currently consumes. He has indulged in compulsive exercise and often induces purging through vomiting. His report is an element that must be taken into consideration while developing a care plan that will be sensitive and suitable for his condition. The perception that nurses develop the signs of underweight and eating disorders as given by the patients has the potentials to either affect nursing care negatively or positively. Nurses and other health caregivers may individually interpret wrongly the idea of what the patient narrates, and

this would change the nature of care and interventional nursing options applied to their situation. Ashley's agitation for weight loss is a current and prevalent issue that most nursing and non-nursing staff occasionally handle. However, the most predictable risk to nursing interventions for his eating disorder will be if he feels the agitation to involve in his routine compulsive exercises in the middle of interventional practices before communication with his healthcare givers (Patricia et al., 2015).

The nursing issue identified here could, therefore, limit the nursing intervention criteria for individuals with Anorexia nervosa like Ashley. Besides, as literature recognizes, Anorexia nervosa has the highest mortality rates of the rest of psychiatric disorders, which mainly occur through a combination of physical health complications or sometimes through suicide. The chances of mortality further threaten any further nursing interventional practices that would help Ashley recover from his condition (Wolfe et al., 2016). Additionally, although most of the instances of eating disorders are treated on an outpatient basis, given the potential severity of illness and the concurrent issues that might erupt during the intervention, inpatient nursing care for hospitalized for Ashley might be challenging to nurse practitioners.

### **Analysis**

The rationale informing the management of Ashley's is that it is critical to acquire and maintain a healthcare environment that would be supportive and hence, will engage fully to the needs and requirements of his care plan. His referral to the psychiatric unit provided enough information to the clinical staff that Ashley's inability to maintain the required body weight was as a result of the symptoms of the Anorexia nervosa disorder that he suffered. However, to develop a nursing plan that would effectively capture into the details of his symptoms of the disease, there was the need to understand the influence of his personality and his environment on the eating disorder.

Anorexia nervosa is one of the mental eating disorders that is heavily characterized by weight loss and sometimes lack of the expected weight gain among children. Other signs of the Anorexia nervosa disorder include an individual's difficulties to maintain the required bodyweight that is appropriate for their heights, ages, and stature. Sometimes, individuals may experience distortion of the body images (Ommen et al., 2009). Often, anorexia nervosa potentially affects individuals of all genders, ages, sexual orientations, and ethnicities. The disorder, however, usually begins at adolescent ages, and currently, nursing practitioners are getting diagnosed with anorexia nervosa. Generally, individuals with the disease experience an inability to acquire appropriate weights for their body heights and statures and hence become liable to disturbances with their body weights and shapes (Mehler & Brown, 2015). Even amid being significantly underweight, patients diagnosed with this disorder endure compulsive urge to lose weight.

The diagnostic criteria for anorexia nervosa, as to provide by The National Collaborating Centre for Mental Health (UK), 2016) includes compulsive restriction of the amount of energy consumed, intense fear of gaining any more weight, becoming fatter than the present condition or even becoming underweight. Besides, potential patients develop an experience of disturbance in the way one perceives their weight, influence of body shape and size based on self-evaluation as well as continuous denial of the seriousness attached to the current condition of deficient body weight. Additional NICE criteria for the diagnosis of anorexia nervosa include binge eating in which a patient indulges persistent preoccupation with food and eating and often succumbs to episodes eating in which they consume large amounts of food in an impossibly short period. The purging patients engage in self-induced vomiting and laxatives, while the non-purging type uses alternative compensatory behaviors such as extreme fasting and regular compulsive exercises.

Moreover, NICE (2016) provides for a series of diagnostic and confirmatory laboratory tests from which the presence of anorexia nervosa. One of the tests is the laboratory values, which is a blood test carried to help rule out any physical illnesses as the possible cause of drastic weight losses. This test also helps to evaluate the severity of disease as well as the potential effects of the excessive weight loss on the body organs (Gentile et al., 2011). On the other hand, electrocardiogram (ECG) is conducted to assess the possible presence of abnormally slow heart rate, chest and thoracic pains, abnormal heartbeat patterns and rhythm, or any heart flutter. However, as suggested by Gentile et al.,(2011), these laboratory tests may indicate typical situations even in amidst AN subjects that inform severe malnutrition and hence their application with the exclusion of multi-dimensional evaluation may provide misleading information which may I turn to delay the provision of patient care.

Self-esteem issues and over obsession with efforts to lose weight associated with eating disorders is a recognized issue in the literature about eating disorders. However, individual lies about how much food they consume or even their current weights, as well as excessive or obsessive exercising activities and purging activities, negatively affect clinical orientations and attempts of coming up with the appropriate nursing care procedures for patients with eating disorders (Ommen et al., 2009). The other major problem that has been associated with patients of anorexia nervosa is binge eating, which usually involves eating large amounts of food in a short while of time. However, different kinds of literature have proposed various ways in which these challenges can be handled in the clinical setting.

A critical approach to effective mitigation of binge eating includes interpersonal psychotherapy approaches, which tends to relate poor interpersonal functioning and binge eating (Lacovino et al., 2012). The interpersonal aspects of binge eating idealize that the social issues that one goes

through have the potential to create an environment which favors the development of binge eating and the coping mechanisms that it holds. Hence, social dimensions strive to fill in for the unfulfilling social interactions that cause binge eating. However, binge eating may influence negatively the interpersonal problems that one has and may worsen the situations that lead to social isolation and hence might improve the status of the eating disorder. Most of the time, patients who manifest signs of binge eating appear to be suppressed, and therefore, instead of expressing the symptoms of harmful suppression, they tend to eat to cope. However, approaches that focus on reducing binge eating appear to support the development of favorable interpersonal skills which focus on promoting self-image as opposed to maladaptive adaptations.

Nevertheless, personal and self-guided therapies have also been supported by literature to be effective in mitigating the obsession for weight loss and binge eating as the key symptoms of Anorexia nervosa. Guided self-help therapy programs present participants with manuals by which they can easily follow to reduce indulgences in binge eating and obsession with weight-check. Patiraki et al., (2017) links the success of self-guided therapies to their ability to induce and promote regular eating schedules, which eventually moderate dietary restraint.

Additionally, self-monitoring and problem-solving strategies help the patient overcome further signs of irregular eating schedules by inducing a self-check strategy which intrigues self-awareness of excessive eating and extreme concern of weight losses (NEDA,2018).

Individual therapies are embedded in cognitive behavioral therapy, which enhances explicitly self- informed cognitive as well as behavioral therapies. They aim at altering the previously distorted beliefs and thoughts that instead seem to maintain restrictive dietary and body checks.

### **The Presented Outline of the Nursing Care Plan specific to Ashley**

<i>Need and Goal of the step</i>	<i>Interventional Practice</i>	<i>Who to Administer ( By who)</i>
<p>Managing Ashley’s compulsive urge to indulge in Weight loss activities, purge activities and habitual exercises</p> <p>Here Asley will experience the freedom to fully participate in his treatment procedures and in the provision of an enabling environment that would be safe and Supported</p>	<p>Both nursing and non-nursing staff in contact with Ashley will be required to offer him guidance and support by giving him a conducive environment and supporting him in his guided-self therapy procedures that will eventually help him to change his perception of his weight and body structures.</p>	<p>All nursing staff in Ashley's wardroom, a specific guiding nurse, All ward staff, Ashley himself</p>

Subjecting Ashley to steps that would ensure the acquisition of healthy body weight. This step is depended upon by the subsequent steps to facilitate speedy recovery from his severe anorexia nervosa. The site provides that the boy resumes a healthy and sustainable weight and learn to adopt proper nutrition

Guiding Ashley through psychotherapy processes through family-based therapy as well as guided-self therapy.

They are indulging primary care doctors and mental health professionals.

Primary care doctor will offer an assessment of calorie needs and mechanize an intervention to mechanize Ashley's calorie needs until the required weight gain.

Family-based therapy will be guided since Ashley is a teenager and can't make effective decisions on healthy nutritions while in the middle of his condition.

Parents and the closest family will be mobilized to guide the feeding and weight restoration processes properly till he is fit to make

	sole decisions on feeding programs.  Individual therapy will be offered by the psychotherapist to enhance the patient's beliefs and thoughts that would instead uphold restrictive eating.	
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**Evaluation**

Literature that advocate for interpersonal psychotherapy approaches as the most preferred nursing care method for anorexia nervosa symptoms is focussed on reducing the aspect of binge eating rather than changing the mental state of these patients against the limited perception of self against the demands of specific physical requirements (Amayasu et al., 2015). However, it appears more beneficial to adopt patient management methods that target the patient's emotional regulation and most of which portray limited threats to patients during care. Despite the inaccuracies and disparities that are evident in the practice use of guided-self therapies are way much more effective in intriguing patient responsiveness and abilities to self-manage their emotions towards their bodies and hence regulate binge eating.

This analysis of literature that relates to the care and management of binge eating and compulsive feeling of dissatisfaction with self-body structures in the context of anorexia nervosa

eating disorder will potentially influence my future nursing practice. The influence will be possible since it will transform my mentality to be considerate towards the potential impact that my choices and behavior can have on patients who show the signs of eating disorders. Besides, this practice will effectively guide me to enhance my sensitivity while preparing care plans for patients who show possible signs of excessive weight loss, binge eating, and regular purging signs. Additionally, through the review in the analysis, I will be able to develop sensitivity regarding boundaries approach to effectively manage and provide care for patients who show symptoms that may inform eating disorders.

Thorough mastering the processes involved in conducting evidence- guided understanding of the diagnosis and care for patients with eating disorders, a genuine expression of empathy and concern as well as communication will guide my future indulgence with these patients. To effectively achieve the outlined goals, there will be a rational need to formulate risk assessment and hence come up with a nursing care plan that will be by the diagnostic criteria and which I would confident to work with during implementation.