

# Community Geriatric Nursing

Develop and implement evidence-based, patient-centered care plans tailored to the unique needs of older adults in community settings

# Subject Contents

- Define terms and concepts of evidence-based practice and patient-centered care.
- Describe the advantages of implementing evidence-based patient-centered care plans in caring for older adults in the community.
- Formulate evidence-based patient-centered care plans in caring for older adults in the community with common chronic disease conditions.
- Build environment and social determinants for the health of older adults

# Session Plan

- **Session 1- Lecture 1 hour**
  - Evidence-based practice and patient-centered care in Community settings
- **Session 2 -Lecture 1 hour + Community Practice 10 hours**
  - 2.1 (Lecture)Formulation evidence-based practice and patient-centered care nursing care plans for common geriatric health problems , Part -1
  - 2.2 (Practical)Implementation evidence-based practice and patient-centered care nursing care plans for common geriatric health problems , Part -1
- **Session 3 -Lecture 1 hour + Community Practice 10 hours**
  - 3.1 (Lecture)Formulation evidence-based practice and patient-centered care nursing care plans for common geriatric health problems , Part -1
  - 3.2 (Practical)Implementation evidence-based practice and patient-centered care nursing care plans for common geriatric health problems , Part -1

# Evidence-based practice and patient-centered care in Community settings

## Session 2

**Lecture 1 hour + Community Practice 10 hours**

# Formulation of patient centered and evidence-based nursing care plans-1

1. Non-Communicable diseases (NCDs) and Cardiovascular-Metabolic disorders
2. Musculoskeletal & Functional Decline
3. Infectious Diseases

# Non-Communicable Diseases (NCDs)

- Hypertension: Extremely high prevalence, often poorly controlled
- Coronary Artery Disease (CAD) & Heart Failure: Major causes of morbidity and mortality.
- Stroke: High burden, leading to significant disability and cognitive impairment.
- Type 2 Diabetes Mellitus: High prevalence, significant risk for complications (neuropathy, nephropathy, retinopathy, foot ulcers)
- Chronic Kidney Disease (CKD): Often linked to diabetes and hypertension.
- Chronic Obstructive Pulmonary Disease (COPD):\*\* High prevalence, exacerbated by indoor air pollution (biomass fuels) and smoking.

# Evidence Based Nursing Diagnoses: Heart Diseases

## 1. Decreased Cardiac Output

- Related to: Impaired contractility, increased afterload, valvular dysfunction, dysrhythmias, or myocardial infarction.
- Evidenced by: Reduced ejection fraction, hypotension, fatigue, dyspnea, decreased peripheral pulses.

## 2. Activity Intolerance\*

**Related to:** Imbalance between oxygen supply and demand, deconditioning.

**Evidenced by:** Fatigue, dyspnea on exertion, increased heart rate with activity.

## 3. Excess Fluid Volume

**Related to:** Compromised cardiac function (HF), fluid retention.

**Evidenced by:** Edema, weight gain, jugular venous distension (JVD), crackles in lungs.

## 4. Ineffective Tissue Perfusion (Cardiopulmonary)

**Related to:** Reduced cardiac output, atherosclerosis, or ischemia.

**Evidenced by:** Chest pain, cool extremities, delayed capillary refill, altered mental status.

## 5. Acute Pain (Angina/Myocardial Infarction)

**Related to:** Myocardial ischemia.

**Evidenced by:** Substernal chest pain, radiation to arm/jaw, diaphoresis.

## 6. Anxiety/Fear

**Related to:** Threat to health, uncertainty about prognosis.

**Evidenced by:** Restlessness, increased heart rate, verbalized fear.

## 7. Risk for Impaired Gas Exchange

**Related to:** Pulmonary congestion (HF), decreased oxygenation.

**Evidenced by:** Dyspnea, hypoxia, tachypnea.

## 8. Ineffective Health Maintenance

**Related to:** Lack of knowledge about disease management.

**Evidenced by:** Non-adherence to medications/diet, missed appointments.

## 9. Risk for Electrolyte Imbalance\*\*

**Related to:** Diuretic therapy, HF, renal dysfunction.

**Evidenced by:** Hypokalemia, hyponatremia, muscle weakness

## 10. Risk for Ineffective Therapeutic Regimen Management

**Related to:** Complexity of treatment, financial barriers.

**Evidenced by:** Missed medications, lack of follow-up.

# Type 2 Diabetes Mellitus Among Older Adults

- Diabetes mellitus refers to an increased blood glucose level in human body.
- Diabetes management in older adults requires **personalization beyond glucose control**, focusing on **functional status, safety, and quality of life**. Regular reassessment is crucial as health status changes.

# Evidence Based Nursing Diagnoses: Type 2 Diabetes Mellitus

1. Risk for Unstable Blood Glucose Levels related to insulin deficiency...  
Evidenced by fluctuating glucose readings'
2. Risk for Infection related to delayed wound healing...evidenced by recurrent foot ulcers...
3. Deficient Knowledge related to lack of education... evidenced by non-adherence to monitoring
4. Impaired Skin Integrity peripheral neuropathy .. Evidenced by foot ulcers
5. Ineffective Health Maintenance related to barriers (financial, cultural..)..

# Nursing Diagnoses– Chronic Kidney Disease (CKD)

## 1. Excess Fluid Volume

**Related To:** Compromised regulatory mechanism (kidneys unable to excrete fluid/sodium), excessive fluid/sodium intake.

**Manifestations:** Edema (peripheral, periorbital, pulmonary), hypertension, weight gain > 2kg/week, dyspnea, crackles, jugular venous distention (JVD).

**Focus:** Managing fluid retention, a hallmark of declining kidney function.

## 2. Risk for Electrolyte Imbalance (specifically Hyperkalemia)

**Related To:** Decreased renal excretion of potassium.

**Manifestations:** Risk diagnosis - focus on prevention. Monitor for muscle weakness, paresthesia, irregular pulse, EKG changes (peaked T waves, widened QRS).

**Focus:** Hyperkalemia is a life-threatening complication of advanced CKD.

### 3. Imbalanced Nutrition: Less Than Body Requirements

**Related To:** Dietary restrictions (protein, sodium, potassium, phosphorus), anorexia/nausea/vomiting (uremia), altered taste sensation (metallic taste), increased metabolic demands (catabolism), potential nutrient losses during dialysis.

**Manifestations:** Weight loss, muscle wasting, decreased serum albumin/prealbumin, fatigue, poor wound healing.

**Focus:** Meeting nutritional needs despite complex dietary limitations and uremic symptoms.

## 4. Fatigue

**Related To:** Anemia (decreased erythropoietin production), uremia, increased metabolic demands, malnutrition, fluid/electrolyte imbalances, psychological stress.

**Manifestations:** Overwhelming lack of energy, inability to maintain usual routines, increased need for rest, verbalization of exhaustion.

**Focus:** Addressing the profound tiredness impacting quality of life.

## 5. Risk for Impaired Skin Integrity

**Related To:** Edema (tissues susceptible to breakdown), dry skin/pruritus (uremia, calcium/phosphate imbalances), malnutrition, decreased mobility, potential pressure from immobility or dialysis access positioning.

**Manifestations:** Risk diagnosis - focus on prevention. Dry skin, excoriations, scratching, reports of itching.

**Focus:** Preventing skin breakdown common due to uremia and edema.

## 6. Deficient Knowledge regarding condition, prognosis, treatment regimen, and self-care.

**Related To:** Complexity of disease management, unfamiliarity with resources, cognitive limitations.

**Manifestations:** Verbalization of questions/concerns, misconceptions, inaccurate follow-through of instructions (diet, meds, fluid), development of preventable complications.

**Focus:** Empowering patients for complex long-term management.

## 7. Ineffective Coping / Anxiety / Disturbed Body Image

**Related To:** Situational crisis (diagnosis, chronicity, prognosis), threat to health status, changes in lifestyle/roles, uncertainty about future (dialysis/transplant), impact of physical changes (edema, skin changes, access devices).

**Manifestations:** Verbalization of inability to cope, anxiety, fear, withdrawal, anger, depression, preoccupation with body changes, avoidance of social situations.

**Focus:** Addressing the significant psychosocial burden of CKD

## 8. Risk for Infection

**Related To:** Uremia-induced immunosuppression, invasive procedures (dialysis access, catheters), malnutrition, breaks in skin (pruritus, excoriation).

**Manifestations:** Risk diagnosis - focus on prevention. Fever, chills, purulent drainage (at access site), elevated WBC count, malaise.

**Focus:** Increased susceptibility due to disease and treatments

# Nursing Care Plans: Chronic Obstructive Pulmonary Disease (COPD)

## 1. Ineffective Airway Clearance

- **Related To:** Increased/Thick secretions, excessive mucus production, ineffective cough, bronchoconstriction, decreased energy/fatigue, infection.
- **Manifestations:** Adventitious breath sounds (crackles, rhonchi, wheezes), ineffective/absent cough, dyspnea, tachypnea, cyanosis.
- **Focus:** Impaired ability to clear secretions is central to COPD exacerbations and symptom burden.

## 2. Impaired Gas Exchange

Related To: Alveolar-capillary membrane changes (destruction of alveoli, loss of elasticity), ventilation-perfusion mismatch, airway obstruction, retained secretions.

**Manifestations:** Dyspnea, restlessness, confusion, hypoxemia (low SpO<sub>2</sub>), hypercapnia (elevated PaCO<sub>2</sub>), cyanosis, tachycardia.

**Focus:** Core pathophysiology of COPD leading to hypoxia and potential hypercapnia.

### 3. Ineffective Breathing Pattern

**Related To:** Hyperinflation, fatigue of respiratory muscles, anxiety, pain, decreased lung elasticity, airway obstruction.

**Manifestations:** Tachypnea, shallow respirations, prolonged expiratory phase, pursed-lip breathing, use of accessory muscles, paradoxical breathing, decreased SpO<sub>2</sub>.

**Focus:** Compromised respiratory mechanics and effort.

## 4. Activity Intolerance

**Related To:** Imbalance between oxygen supply/demand (hypoxemia), dyspnea, fatigue/weakness (especially respiratory muscles), sedentary lifestyle, malnutrition.

**Manifestations:** Reports fatigue/weakness, dyspnea on exertion (DOE) disproportionate to activity, abnormal heart rate/BP response to activity, requires frequent rest periods.

**Focus:** Reduced functional capacity significantly impacts quality of life.

## 5. Fatigue

**Related To:** Increased work of breathing, chronic hypoxia, poor sleep quality (dyspnea, cough), malnutrition, psychological stress/anxiety/depression.

**Manifestations:** Overwhelming lack of energy, inability to maintain usual activities, verbalization of constant tiredness, increased need for rest/sleep.

**Focus:** Persistent exhaustion is a major burden.

## 6. Imbalanced Nutrition: Less Than Body Requirements

**Related To:** Increased work of breathing (high caloric need), dyspnea interfering with eating, fatigue, anorexia (chronic illness, medication side effects), altered taste sensation, sputum production.

**Manifestations:** Weight loss (especially muscle mass), decreased muscle strength/subcutaneous fat, decreased serum albumin/prealbumin, reported lack of energy/fatigue.

**Focus:** Malnutrition and muscle wasting worsen respiratory function.

## 7. Anxiety / Fear

**Related To:** Threat to health status (dyspnea, exacerbations, fear of suffocation/choking), uncertainty about future, impact on lifestyle/roles, knowledge deficit.

**Manifestations:** Restlessness, agitation, increased dyspnea/respiratory rate, verbalization of worry/fear ("can't catch breath"), panic, insomnia, tachycardia.

**Focus:** Dyspnea is inherently anxiety-provoking; anxiety worsens dyspnea.

## **8. Deficient Knowledge regarding disease process, self-management, prevention of exacerbations, signs/symptoms requiring intervention, smoking cessation.**

**Related To:** Lack of exposure/recall, information misinterpretation, complexity of management.

**Manifestations:** Questions/misconceptions, inaccurate follow-through (e.g., incorrect inhaler use), recurrent preventable exacerbations, continued smoking.

**Focus:** Essential for effective long-term management and preventing complications.

## 9. Disturbed Sleep Pattern

**Related To:** Dyspnea, cough, orthopnea, anxiety, medication side effects, nocturnal oxygen desaturation.

**Manifestations:** Difficulty falling/staying asleep, reports of non-restorative sleep, daytime fatigue, irritability.

**Focus:** Poor sleep exacerbates fatigue and impacts overall health.

## 10. Risk for Infection (Pulmonary)

**Related To:** Stasis of pulmonary secretions, chronic disease process, inadequate primary defenses (damaged cilia, altered secretions), immunosuppressive effects of steroids (if used).

**Manifestations:** Risk diagnosis - focus on prevention. Increased sputum production/purulence, fever, increased dyspnea/cough, crackles/wheezes, elevated WBC.

**Focus:** Infections are a major cause of acute exacerbations.

# Musculoskeletal and Functional Decline

- Osteoarthritis: Highly prevalent, especially knee and hip, significantly impacting mobility and ADLs.
- Osteoporosis & Fractures: Underdiagnosed and undertreated, high risk of fragility fractures (hip, spine).
- Sarcopenia: Age-related muscle loss, contributing to frailty, falls, and disability.
- Chronic Pain: Often musculoskeletal or neuropathic, poorly managed.

# Infectious Diseases

- Tuberculosis (TB): Higher reactivation risk in older adults, often with atypical presentations.
- Pneumonia & Influenza: Leading causes of mortality, vaccination coverage often suboptimal.
- Gastrointestinal Infections: Risk increased by hygiene challenges and weakened immunity.
- Urinary Tract Infections (UTIs): Common, sometimes leading to delirium.
- Neglected Tropical Diseases (e.g., Filariasis, Leshmaniasis): Chronic sequelae burden older adults in endemic areas.

# Summary

**Planning of evidence-based nursing intervention to older adults in the community with;**

1. Non-Communicable diseases (NCDs) & Cardiovascular-Metabolic disorders
2. Musculoskeletal & Functional Decline
3. Infectious Diseases

# Clinical Practice (10 hours)

- **Apply nursing process in the community to the clients with following health problems**
  1. Non-Communicable diseases (NCDs) & Cardiovascular-Metabolic disorders
  2. Musculoskeletal & Functional Decline
  3. Infectious Diseases

# Literature

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2. Kulkarni, R., & Zodpey, S. (Eds.). (2019). Park's textbook of preventive and social medicine (25th ed.). M/s Banarsidas Bhanot Publishers, India
3. Rao, K.A., (2009), An introduction to community health nursing (with special reference to India), Fourth edition (Revised), B. I. Publications, India
4. Rao, B.S., (2011), Community Health nursing, 2<sup>nd</sup> edition, AITBS Publications, India.

# Questions?

# Thank You

