HEALTHY PEOPLE 2010

FOCUS AREA

Head Injury

PREVALENCE

• Motor vehicle crashes, bicycling, and falls contribute to the numbers of fatal and nonfatal head injuries in the United States.

• Cyclist death rates from head injuries are twice as high in states where there are no helmet laws or in which they only apply to young riders when compared to states in which helmets are required by all riders.

• In children under 14 years of age, deaths and severe injury from head trauma are mainly caused by falls.

• Falls are the second leading cause of brain injury in those over 65 years of age.

OBJECTIVES

• Reduce hospitalization for nonfatal head injuries.

• Reduce deaths caused by motor vehicle crashes.

• Increase the use of safety belts.

• Increase the use of helmets by cyclists.

• Reduce deaths by falls.

AC T I O N S

• Educational programs about safety including helmets, seat belts, and child restraints.

• Community programs to improve safety in playground and schoolyard equipment.

• Education about fall-proofing homes for the elderly.

CLIENT EDUCATION

The following are physiological, behavioral, and cultural factors that affect the head and neck across the age span. Several of these factors reflect trends cited in Healthy People 2010. The nurse provides advice and education to reduce risks associated with these factors and to promote and maintain health and function of the structures of the head and neck.

LIFE SPAN CONSIDERATIONS

RISK FACTORS

• Alcohol use during pregnancy can result in facial deformities in the newborn.

• Congenital hypothyroidism can result in physical and mental retardation.

• Thyroid disease occurs with greater frequency in females than in males.

• The development of thyroid dysfunction occurs more frequently in males and females after age 60.

• Production of thyroid hormone decreases with age.

CLIENT EDUCATION

• Encourage prenatal care to pregnant females and stress cessation of alcohol consumption during pregnancy.

• Teach parents the signs of hypothyroidism in newborns.

• Advise females of all ages to have thyroid screening performed if there is a family history of thyroid disease.

• Depression in old age may be associated with hypothyroidism. Advise clients and families to consult with healthcare providers if the symptom arises.

• Advise older adults to have thyroid screening and annual monitoring of thyroid hormone levels.
**Cultural Considerations**

**Risk Factors**
- Iodine deficiency leads to thyroid dysfunction and may occur in immigrant populations.

**Client Education**
- Advise immigrants to include iodized salt in their diet if they are at risk for thyroid dysfunction.

**Environmental Considerations**

**Risk Factors**
- Medications with iodine can cause hyperthyroidism.
- Thyroid diseases such as Hashimoto’s (an autoimmune disorder causing hypothyroidism) are genetic disorders.

**Client Education**
- Provide information about potential side effects of medications, especially those with iodine.
- Teach at-risk clients (those with a family history of Hashimoto’s) about the signs and symptoms of the disorder.

**Case Study**

A married couple has come to the clinic for renewal of prescriptions and annual flu shots. During the encounter, the husband mentions to the nurse that he is concerned about his 69-year-old wife. He tells the nurse she has become very forgetful. She eats very little, but has seemed to gain weight. She seems “down” all the time. When questioned, the wife states she “just hasn’t been herself.” She admits she doesn’t have much of an appetite. She explains that she has not been as active as she used to be and as a result her bowels are not as regular. She thinks those are the reasons she feels “out of sorts.” She chides her husband that his memory “isn’t so hot either.” He insists that she is forgetting simple things while he has always forgotten to write down phone messages and birthdays and such.

The nurse is concerned about this client and carries out a further interview, which reveals the following findings: The client is generally cold, feels tired all of the time, and really doesn’t have the energy to do much around the house. She finds the thought of going out exhausting. She tells the nurse that her tongue feels thick and she thinks her voice has changed.

The client agrees to a physical examination. The findings include a weight gain of 10 lb from her last clinic visit, 6 months ago. Her thyroid is enlarged and palpable. Her skin is dry, she has edema of the lower extremities, and her speech is slow. Her abdomen is distended with bowel sounds in all quadrants.

The nurse recommends that this woman have laboratory testing for thyroid dysfunction and arranges for consultation with a physician. The nurse schedules a follow-up appointment and makes some recommendations for this client that include increasing fluid intake and fiber to improve bowel function. The client is advised to wear warm clothing and to rest frequently. The nurse explains the functions of the thyroid and that medication can improve all aspects of her current condition when taken regularly.

**Complete Documentation**

The following information is summarized from the case study.

**Subjective Data:** “Just haven’t been myself.” Loss of appetite, decreased activity, irregular bowel function. Generally cold, tired, lack of energy, thick tongue, and change in voice. Husband states that wife is forgetful, eats very little, has gained weight, and seems “down.”

**Objective Data:** BP 120/76—P 64—T 98.4. Alert and oriented. Unable to repeat list of five words after 5 minutes. Weight gain 10 lb over 6 months. Thyroid enlarged and palpable. Skin cool, dry, edema lower extremities. Slow speech. Abdomen distended. Bowel sounds present all quadrants.

A sample assessment form appears on page 261.