■ Health history: Risk factors; current and usual weight; recent weight gains or losses; perception of weight and effect on health; usual diet and food intake; exercise/activity patterns; prior weight loss efforts and results; current medications; coexisting disorders such as cardiovascular disease and diabetes; tobacco use; family history of overweight, diabetes, and weight-related morbidity.
■ Physical examination: Vital signs; weight and height; skinfold measurements; waist-to-hip ratio; BMI; inspect skin under the breasts and abdominal folds.

PRACTICE ALERT
Use of an inappropriate size sphygmomanometer is a common source of error in measuring blood pressure in obese clients. Choose a cuff on which the width of the bladder is 40% of the circumference of the arm and the length of the bladder is sufficient to cover at least 65% of the arm circumference.

Nursing Diagnoses and Interventions
Nursing care for overweight and obese clients is community based and holistic, focusing on both physiologic and psychologic responses to weight and appearance. See below for a Nursing Care Plan for the client with obesity.

Imbalanced Nutrition: More than Body Requirements
Although many factors contribute to obesity, it always involves an imbalance of kcal consumption to energy expenditure.
■ Encourage the client to identify the factors that contribute to excess food intake. Identification of cues to eating helps the client eliminate or reduce these cues.
■ Establish realistic weight loss goals and exercise/activity objectives. Small, reasonable goals, such as loss of 1 to 2 pounds per week, increase the likelihood of success.
■ Assess the client’s knowledge and discuss well-balanced diet plans. Provide necessary teaching about diet. Knowledge empowers the client to participate and make appropriate diet choices.
■ Discuss behavior modification strategies, such as self-monitoring and environmental management. Behavior modification, diet, and exercise are critical to promoting successful, long-term weight loss.

Chapter 22 / Nursing Care of Clients with Nutritional Disorders 639

NURSING CARE PLAN A Client with Obesity

Sam Elliott, age 57, has gained 30 pounds since his retirement 2 years ago. The most active thing he does each day is “puttering around” and “walking to the end of the driveway to get the mail.” His diet includes juice, oatmeal, muffin, and coffee with cream for breakfast; donuts and coffee with friends midmorning; a bologna-and-cheese sandwich with chips and a root beer for lunch; and cheese, crackers, and wine before a dinner of meat, potatoes, vegetables, and dessert. He tells the nurse, “I have never had to diet. I just don’t know how to get this weight off.”

ASSESSMENT
Mr. Elliott is 5’ 8” (173 cm) tall and weighs 201 lb (91.2 kg). His BMI is 30.1 kg/m². His cholesterol is 240 mg/dL (normal 150 to 200 mg/dL) with an HDL of 37 mg/dL (normal male value > 45 mg/dL) and an LDL of 180 mg/dL (normal <130 mg/dL). His BP is 138/90. His fasting blood glucose is normal at 103 mg/dL. His ECG shows normal sinus rhythm. He reports fatigue and shortness of breath with activity. His healthcare provider has advised a weight loss of 30 pounds and a regular exercise program.

DIAGNOSES
■ Imbalanced Nutrition: More than Body Requirements related to food intake in excess of energy expenditure
■ Risk for Ineffective Therapeutic Regimen Management related to knowledge deficit
■ Activity Intolerance related to sedentary lifestyle

EXPECTED OUTCOMES
■ Lose 1 pound each week.
■ Walk 30 minutes 5 days each week.
■ Verbalize an understanding of the relationship between weight loss, weight control, and exercise.
■ Identify behavior modification strategies to avoid overeating.
■ Identify support systems for behavior modification.

PLANNING AND IMPLEMENTATION
■ Assess weight and blood pressure once or twice each week.
■ Discuss current eating habits and strategies to reduce fat and calorie intake.
■ Discuss cues that promote eating. Identify strategies to eliminate or reduce eating cues.
■ Teach to keep a food diary to examine and change eating habits.
■ Discuss the role of regular exercise in weight loss and weight control. Instruct to maintain an exercise record to track the intensity and duration of activity.
■ Discuss lifestyle and behavior modification strategies to promote successful weight loss and control.

EVALUATION
Two weeks after changing his diet and beginning to exercise, Mr. Elliott has lost 2 pounds. He has maintained a food diary. He has identified boredom as a cue to eating. In light of that fact, he has started volunteering at the local hospital, where he is working with children. He is walking for 30 minutes 5 days a week. He plans to increase his activity periods to 45 minutes. He verbalizes commitment to a lifelong plan of exercising and eating a low-fat diet. His BP has ranged from 152/76 to 136/84. He plans to have the employee health nurse at the hospital check his weight and BP each week and to join Weight Watchers for ongoing support.

CRITICAL THINKING IN THE NURSING PROCESS
1. What are some possible pathophysiologic bases for Mr. Elliott’s abnormal cholesterol, HDL, and LDL levels?
2. Develop a teaching plan for a group of overweight men and women.
3. Identify potential barriers to losing weight and strategies to reduce or eliminate these barriers.

See Evaluating Your Response in Appendix C.