CHAPTER 34 / Nursing Care of Clients with Hematologic Disorders 1113

NURSING CARE PLAN A Client with Folic Acid Deficiency Anemia

Sheri Matthews is a 76-year-old widow who lives alone. She tells Lisa Apana, RN, the nurse in her care provider’s office, that she liked to cook when her husband was alive, but preparing an entire meal just for herself seems senseless. She relates that her typical day’s menu includes coffee for breakfast, a bologna sandwich and coffee for lunch, and a hot dog or two, a few cookies, and a glass of milk for dinner.

ASSESSMENT

Mrs. Matthews’s nursing history includes a 20-lb (9-kg) weight loss since her husband died 8 months ago. She states that she sometimes has heart palpitations and always feels weak. Physical assessment shows: T 98.8°F (37.1°C), P 110, R 22, BP 90/52. Skin warm, pale, and dry. Diagnostic tests indicate folic acid deficiency anemia, and Mrs. Matthews is started on an oral folic acid supplement and instructed about foods containing folic acid.

DIAGNOSES

■ Activity Intolerance related to weakness secondary to decreased tissue oxygenation
■ Imbalanced Nutrition: Less than Body Requirements related to lack of motivation to cook and understanding of nutritional needs, as manifested by weight loss of 20 lb and folic acid deficiency
■ Deficient Knowledge related to lack of information about a well-balanced diet and foods containing folic acid

EXPECTED OUTCOMES

■ Verbalize the importance of taking folic acid supplements and eating a balanced diet.
■ Gain at least 1 lb (0.45 kg) per week.
■ Return to previous level of physical energy.
■ Consume a balanced diet, including foods containing folic acid.

PLANNING AND IMPLEMENTATION

■ Discuss foods required for a well-balanced diet, as well as dietary sources of folic acid.
■ Develop a dietary plan with Mrs. Matthews that includes food preferences and foods that are easy and quick to prepare.
■ Discuss the importance of taking the folic acid supplement. Advise to continue taking it even after she begins to feel better.
■ Help Mrs. Matthews develop a schedule of activities that provides adequate rest and energy for cooking.

EVALUATION

Mrs. Matthews gained 1 lb (0.45 kg) during the first week of treatment. She has met with a nutritionist and has a better understanding of nutritional needs. She states that she can prepare hot meals when she schedules a rest period before and after lunch. Ms. Apana has provided written and verbal information about the folic acid supplement and diet. Mrs. Matthews verbalizes understanding, stating, “I will continue to take the folic acid until the doctor tells me to stop. I’m beginning to enjoy cooking again, now that I have a reason to cook!” Ms. Apana contacts the local senior services representative to determine if Mrs. Matthews is able to participate in the local Meals-on-Wheels program.

CRITICAL THINKING IN THE NURSING PROCESS

1. What is the pathophysiologic basis for Mrs. Matthews’s abnormal vital signs during her initial assessment?
2. Design a week’s menu that includes foods high in folic acid.
3. Why was Mrs. Matthews placed on a folic acid supplement in addition to dietary modifications?
4. Why is the older adult at increased risk for developing folic acid deficiency anemia? Consider physiologic, economic, and social factors.

See Evaluating Your Response in Appendix C.

■ Diagnostic tests: CBC, hemoglobin, and hematocrit; bone marrow studies; specialized tests (e.g., hemoglobin electrophoresis, Schilling test).

Nursing Diagnoses and Interventions

Anemia affects circulating oxygen levels and tissue oxygenation. Priority nursing diagnoses include activity intolerance, altered oral mucous membranes, and self-care deficits. With acute blood-loss anemia, risk for insufficient cardiac output also is a priority. Clients with sickle cell disease have specific needs related to the effects of the disease on tissue perfusion; see the section on disseminated intravascular coagulation later in this chapter for nursing interventions appropriate to ineffective tissue perfusion, associated pain, and maintaining oxygenation.

Activity Intolerance

Anemia causes weakness and shortness of breath on exertion. These symptoms are due to decreased circulating oxygen levels secondary to low hemoglobin levels. Weakness, fatigue, and/or vertigo may occur even during activities of daily living, including those associated with self-care, home life, job performance, and social roles.

Help identify ways to conserve energy when performing necessary or desired activities. Modifying the approach to a particular activity may reduce cardiopulmonary symptoms and activity-related fatigue. Alternative ways of performing tasks (e.g., sitting when performing hygiene care and kitchen tasks) may reduce oxygen demands. In some cases, assistance from others is necessary to conserve energy and reduce symptoms.

Help the client and family establish priorities for tasks and activities. Because family members may need to assume responsibility for additional tasks, the plan’s success depends on mutually established goals.

Assist to develop a schedule of alternating activity and rest periods throughout the day. Rest periods decrease oxygen needs, reducing strain on the heart and lungs, and allowing restoration of homeostasis before further activities.

Encourage 8 to 10 hours of sleep at night. Rest decreases oxygen demands and increases available energy for morning activities.

Monitor vital signs before and after activity. Vital signs provide a measure of activity tolerance. Increased heart and respiratory rates or a change in blood pressure may indicate intolerance of the activity.