Meeting Individualized Needs

THE CLIENT WITH AN AMPUTATION

Amputation of a limb has significant long-term consequences for the client. The client will grieve the loss of a body part and must adjust to a new self-image. The client’s ability to perform normal activities of daily living (ADLs) and to maintain his or her usual family and social roles may be significantly affected, at least initially. Depending on the client’s occupation, job performance may be affected, necessitating a change of career.

The nurse may be responsible for involving multiple members of the health care team in the client’s care and rehabilitation and coordinating their activities. Following an amputation, the client may need the services of any or all of the following:

- Social services to help with rehabilitative and financial arrangements
- Physical therapists to teach ambulation techniques, and to provide deep heat or massage
- Occupational therapists to assist the client in developing adaptive techniques to deal with the loss of a limb
- Prosthetists to develop a prosthesis for the missing limb that will meet the client’s needs for ADLs and other activities
- Home health services for nursing care such as assessments and wound care
- Support group services to assist in adapting to the body image change and effects of amputation on ADLs

Assessing for Home Care
Preparation of the amputee for home care includes a careful assessment of the client, family and support services, and the home for possible barriers to the client’s safety and independence.

Assess the client’s acceptance of the amputation and knowledge base about care needs, any activity restrictions or special needs, and resources for home care. Discuss home management—who is responsible for household activities such as cleaning and cooking. Inquire about arrangements that have been made for home care activities and ADLs. Evaluate the client’s use of prescription and nonprescription medications, paying particular attention to possible interactions and drugs that may affect the client’s balance, mental alertness, or appetite. Ask about social habits, such as cigarette smoking, alcohol use, or other drug use, that may affect healing or the client’s ability to provide self-care.

- Assess the client’s home environment for possible safety hazards or barriers to ambulation, such as:
  - Scattered rugs
  - Stairs between living areas of the house
  - Presence of grab bars to facilitate toileting and bathing
  - Access to clean water and other needs for wound care

Teaching for Home Care
The new amputee needs a great deal of teaching to learn to adapt to loss of a limb, whether it is an upper or lower extremity that has been lost. Because the client must be ready to learn before teaching can be effective, use therapeutic communication techniques to encourage the client to verbalize feelings about the amputation and its effects. Use active listening and teach the client ways to reduce anxiety and deal with feelings of helplessness and loss. Encourage the client to participate in care of the stump to build self-esteem and reinforce teaching.

Include the following in teaching for home care:

- Teach the client to wrap the stump appropriately in preparation for fitting the prosthesis.
- Discuss positioning of the stump. Contractures are a particular problem for clients with an above-knee amputation, and can interfere with ability to effectively use a prosthesis.
- Teach the client how to perform stump exercises to maintain joint mobility and muscle tone of the affected limb.
- Encourage the client to resume physical activities as soon as possible. This improves the client’s health and well-being, as well as the client’s self-esteem.
- Discuss household modifications to promote independence, such as grab bars in the bathroom, faucets with single-handle controls for water flow and temperature, and handheld shower heads and shower chairs for bathing.

The CLIENT WITH A REPETITIVE USE INJURY

Repeatedly twisting and turning the wrist, pronating and supinating the forearm, kneeling, or raising arms over the head can result in repetitive use injuries. Common repetitive use injuries include carpal tunnel syndrome, bursitis, and epicondylitis. Clients with repetitive use injuries pose a challenge to the health care team. Often these clients appear puzzled as they relate a history of manifestations that have worsened over time. They deny abrupt trauma and often worry about the ability to return to work. Repetitive use injuries are common. The number of worker’s compensation claims for repetitive use injuries is steadily growing. The increase is believed to be a result of technology advances in the workplace.

PATHOPHYSIOLOGY

Carpal Tunnel Syndrome
The carpal tunnel is a canal through which flexor tendons and the median nerve pass from the wrist to the hand. The syndrome develops from narrowing of the tunnel and irritation of the median nerve. Carpal tunnel syndrome involves compression of the median nerve as a result of inflammation and swelling of the synovial lining of the tendon sheaths. The client complains of numbness and tingling of the thumb, index finger, and lateral ventral surface of the middle finger. The client may also complain of pain in this area that interferes with sleep and is alleviated by shaking or massaging the hand and fingers. The affected hand may become weak and the client may be unable to hold utensils or perform activities that require precision.