Elders
Normal changes of aging often result in varying degrees of impairments in sensory perception of the senses—hearing, vision, smell, taste, and touch. Diseases and conditions that are more common in elders and which also alter sensory perception, are strokes and other neurologic disorders such as Parkinson’s disease. Nursing interventions need to be very specific and individualized and may be directed to either increase or decrease sensory stimuli.

The goals of nursing care should be focused on maintaining safety and communication with clients who have these impairments. Clients with dementia may have problems that fit more appropriately under “altered thought processes,” but the goals should be similar—to maximize their potential, maintain their quality of life and dignity, and at the same time, be aware of safety and communication issues.

EVALUATING
Using the measurable desired outcomes developed during the planning stage as a guide, the nurse collects data needed to judge whether client goals and outcomes have been achieved. Examples of client outcomes and related indicators are shown in the accompanying Identifying Nursing Diagnoses, Outcomes, and Interventions and in the Nursing Care plan. If outcomes are not achieved, the nurse and client, and support people if appropriate, need to explore the reasons before modifying the care plan.

<table>
<thead>
<tr>
<th>ASSESSMENT DATA</th>
<th>NURSING DIAGNOSIS</th>
<th>OUTCOMES [NOC#]/GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nursing Assessment</strong></td>
<td>Julia Hagstrom is an 80-year-old widow who has recently become a resident of an extended care facility. Just prior to her admission she underwent surgery for the removal of cataracts and also experienced more difficulty with hearing. Her children were concerned about her physical safety and lack of socialization and urged her to enter a nursing home. Mrs. Hagstrom had cared for herself independently for 15 years in her own home. Three days after admission the nurse finds the client somewhat confused and disoriented to person, place, and time. She appears restless, withdrawn, and her syntax is sometimes inappropriate. She states, “I’m afraid of all of these strange creatures in this orphanage.”</td>
<td>Sensory perception disturbance (sensory overload) related to change in environment, and hearing loss (as evidenced by disorientation to time, place, person; restlessness; and altered behavior)</td>
</tr>
<tr>
<td><strong>Physical Examination</strong></td>
<td>Height: 160 cm (5’3”) Weight: 55.3 kg (122 lb) Temperature: 37C (98.6F) Pulse: 72 BPM Respirations: 18/minute Blood Pressure: 128/74 mm Hg Rinne test: negative</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Hearing Compensation Behavior [NOC 1610] as evidenced by often demonstrates:</td>
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<tr>
<td></td>
<td></td>
<td>• Positions self to advantage hearing</td>
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<tr>
<td></td>
<td></td>
<td>• Reminds others to use techniques that advantage hearing</td>
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<tr>
<td></td>
<td></td>
<td>• Eliminates background noise</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Using hearing assistive devices</td>
</tr>
<tr>
<td><strong>Diagnostic Data</strong></td>
<td>Chest x-ray, CBC, and urinalysis all negative</td>
<td></td>
</tr>
</tbody>
</table>

continued
### Reality Orientation [4820]
- Provide a consistent physical environment and a daily routine.
- Provide access to familiar objects, when possible.
- Provide a low-stimulation environment for Mrs. Hagstrom because disorientation may be increased by overstimulation.
- Provide for adequate rest, sleep, and daytime naps.
- Use a calm and unhurried approach when interacting with Mrs. Hagstrom.
- Speak to the client in a slow, distinct manner with appropriate volume.
- Engage Mrs. Hagstrom in concrete “here and now” activities (that is, ADLs) that focus on something outside the self that is concrete and reality oriented.

**Rationale**
- Routine eliminates the element of surprise, overstimulation, and further confusion.
- Familiarity helps reduce confusion.
- A disruption in the quality or quantity of incoming stimuli can affect a person's cognitive status. Sensory overload blocks out meaningful stimuli.
- Reduces overstimulation and fatigue, which may be contributing factors to confusion.
- Promotes communication that enhances the person's sense of dignity.
- The client who has difficulty hearing will be better able to lip read and comprehend speech.
- Assists the individual to differentiate between own thoughts and reality.

### Communication Enhancement: Hearing Deficit [NIC# 4974]
- Facilitate use of hearing aids, as appropriate.
- Listen attentively.
- Use simple words and short sentences, as appropriate.
- Obtain Mrs. Hagstrom’s attention through touch.

**Rationale**
- Hearing can be enhanced if the volume is appropriate and the hearing aid is consistently used.
- Effective listening is essential in a nurse–client relationship. Poor listening skills can undermine trust and block therapeutic communication.
- Using simple terms and short sentences facilitates understanding and minimizes anxiety.
- Gaining the attention of a client with a hearing impairment is an essential first step toward effective communication. However, the client's personal space should be respected and permission to touch should be obtained.

### Evaluation
Outcome met. Mrs. Hagstrom identifies her primary nurse by sight and name on the third day. She is aware that Christmas is 3 weeks away and is anxious to go shopping with the group. She bathes herself each morning and makes her own bed. Her daughter has brought new batteries for her hearing aid, which she wears during the day.

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*Interventions and activities selected are only a sample of those suggested in the Nursing Interventions Classification (NIC), and should be individualized for each client.*