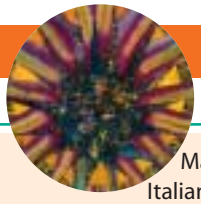

Nursing Care Plan

A Client with Hypertension

Margaret Spezia is a married, 49-year-old Italian American with eight children whose ages range from 3 to 18 years. For the past 2 months, Mrs. Spezia has had frequent morning headaches, and occasional dizziness and blurred vision. At her annual physical examination 1 month ago, her blood pressure was 168/104 and 156/94. She was instructed to reduce her fat and cholesterol intake, to avoid using salt at the table, and to start walking for 30 to 45 minutes daily. Mrs. Spezia returns to the clinic for follow-up.

ASSESSMENT

While escorting Mrs. Spezia to the exam room and obtaining her weight, blood pressure, and history, Lisa Christos, RN, notices that Mrs. Spezia seems restless and upset. Ms. Christos says, "You look upset about something. Is everything OK?" Mrs. Spezia responds, "Well, my head is throbbing, and I'm sort of dizzy. I think I'm just overdoing it and not getting enough rest. You know, raising eight children is a lot of work and expense. I just started working part time so we wouldn't get behind in our bills. I thought the extra money might relieve some of my stress, but I'm not so sure that's really happening. I'm not getting any better and I'm worried that I'll lose my job or become disabled and that my husband won't be able to manage the children by himself. I really need to go home, but first, I want to get rid of this awful headache. Would you please get me a couple of aspirin or something?"

Mrs. Spezia's history shows a steady weight gain over the past 18 years. She has no known family history of hypertension. Physical findings include height 63 inches (160 cm), weight 225 lb (102 kg), T 99° F (37.2° C), P 100 regular, R 16, BP 180/115 (lying), 170/110 (sitting), 165/105 (standing), average 10-point difference in readings between right and left arm (lower on left). Skin cool and dry, capillary refill 4 seconds right hand, 3 seconds left hand. Mrs. Spezia's total serum cholesterol is 245 mg/dL (normal < 200 mg/dL). All other blood and urine studies are within normal limits. Based on analysis of the data, Mrs. Spezia is started on enalapril 5 mg and hydrochlorothiazide 12.5 mg in a combination drug (Vaseretic), and placed on a low-fat low-cholesterol, no-added-salt diet.

DIAGNOSIS

The following nursing diagnoses are made for Mrs. Spezia.

- *Fatigue* related to effects of hypertension and stresses of daily life
- *Imbalanced nutrition: More than body requirements* related to excessive food intake
- *Ineffective health maintenance* related to inability to modify lifestyle
- *Deficient knowledge* related to effects of prescribed treatment

EXPECTED OUTCOMES

The expected outcomes specify that Mrs. Spezia will:

- Reduce blood pressure readings to less than 150 systolic and 90 diastolic by return visit next week.
- Incorporate low-sodium and low-fat foods from a list provided into her diet.
- Develop a plan for regular exercise.
- Verbalize understanding of the effects of prescribed drug, dietary restrictions, exercise, and follow-up visits to help control hypertension.

PLANNING AND IMPLEMENTATION

The following nursing interventions are planned and implemented.

- Teach to take own blood pressure daily and record it, bringing the record to scheduled clinic visits.
- Teach name, dose, action, and side effects of her antihypertensive medication.
- Instruct to walk for 15 minutes each day this week, and to investigate swimming classes at the local pool.
- Discuss strategies for achieving a realistic weight loss goal.
- Refer for a dietary consultation for further teaching about fat and sodium restrictions.
- Discuss stress-reducing techniques, helping identify possible choices.

EVALUATION

Mrs. Spezia returns to the clinic 1 week later. Her average blood pressure is now 148/88 mmHg. She has lost 1.5 lb, and states that her oldest daughter has suggested that they join a weight reduction program together. Mrs. Spezia is walking for an average of 20 minutes at a local mall each day. She verbalizes an understanding of her medication, and is taking it in the morning and before dinner each day. She met with the dietitian and discussed ways to reduce the sodium and fat in her diet. The dietitian provided a list of low-fat, low-sodium foods and recommended cookbooks to help Mrs. Spezia modify her cooking. Mrs. Spezia tells Ms. Christos, "I just can't believe how much better I feel already. My headaches are gone, and I've actually lost some weight—and I feel motivated to keep going. If I had only known how much better I could feel! I don't expect I'll ever go back to my old habits again; it's just not worth it!"

Critical Thinking in the Nursing Process

1. Identify the factors that contributed to Mrs. Spezia's hypertension. Which were modifiable and which were not?
2. What is the rationale for reducing sodium and fat in Mrs. Spezia's diet?
3. Suppose your hypertensive client is homeless and has no source of income. How could you help ensure your client would follow the treatment plan? What would you do if the client did not follow it?
4. Discuss the role of stress in hypertension. What factors in Mrs. Spezia's life contribute to her stress level?
5. Develop a plan of care for the diagnosis, *Low self-esteem* related to obesity.

See Critical Thinking in the Nursing Process in Appendix C.