

Osteoporosis

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Deficient knowledge Related factors: Embarrassment about topic New Diagnosis Lack of information about calcium rich foods Symptoms / Risk factors: Increase in anxiety level Multiple questions Outcome / Goal: Patient verbalize understanding of disease and procedure</p>		<p>Teaching: Disease Process Assess te patient's knowledge of osteoporosis and treatment Assess if the patient maintains balanced calcium rich diet Monitor lab results - calcium level Asses patient's medication history (side effects: deacreate calcium uptake) Describe diagnostic tests available If patient is woman - obtain gyneological hystory Discuss therapy/treatment options Reinforce dietary teaching about increased calcium intake</p>	
	<p>Acute pain Related factors: Fracture Deformities Symptoms / Risk factors: Guarding behavior Verbal or coded report Outcome / Goal: Patient verbalizes relief of pain</p>		<p>Pain Management Asses cause of pain: location, character and duration Encourage client to report pain Administer medication as prescribet Obs. pain (effectivnes of medication) Encourage ambulation and independence as tolerated</p>	
	<p>Impaired physical mobility Related factors: Discomfort, pain Fratures Deformities Symptoms / Risk factors: Limited range of motion Reluctance to attempt movement Slowed movement Outcome / Goal: Patient maintains optimal mobility within limitations</p>		<p>Exercise Therapy: Ambulation Observe the patient's current ability to ambulate and obtain history of ambulatic Assess the patient's previous level of physical activity Assess enviromental factors for safety Implement active program with patient and personel(therapist Provide adaptive equipment (e.g. , cane walker) as necessary Assist patient in performing self-care activities Encourage participation in ADLs. Inform to request assistance when needed for dayli activites Consider administrating pain medication before exercise</p>	
	<p>Disturbed body image Related factors: Illness Fractures Deformities Symptoms / Risk factors: Actual change in structure and/or function Anxiety, depression, lack of eye contact Negative feelings about body (e.g., feelings of helplessness) Outcome / Goal: Patient is able to identify changes in self Express positive feelings about self</p>		<p>Body Image Enhancement Assess feelings about self and body Assist patient to identify actions that will enhance appearance Establish a therapeutic nurse-client relationship Encourage client to express his feelings Be aware of own reaction to client's behavior. Avoid arguing with client Identify support groups available to patient Provide accurate information about causes,porgnosis and treatment of conditic</p>	