

Parkinsonism

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Impaired physical mobility Related factors: Musculoskeletal, neuromuscular impairment Decreased muscle strength, control and/or mass Symptoms / Risk factors: Movement induced tremor Tremors Limited ability to perform fine motor skills Uncoordinated or jerky movements Outcome / Goal: Ability to maintain ADL</p>		<p>Teaching: Prescribed Activity/Exercise Encourage activity as tolerated, rest as needed Encourage patient to perform range of motion to all joints daily Encourage the family to supervise and assist with ambulation as needed Environmental Management Adjust environment to promote patients comfort Discuss the need for removing environmental barriers in the home</p>	
	<p>Imbalanced nutrition: Less than body require Related factors: Inability to ingest food /fluid Difficulty swallowing and dysphagia Choking spells Symptoms / Risk factors: Diarrhea and/or steatorrhea Loss of weight with adequate food intake Outcome / Goal: Nutritional status to almost normal</p>		<p>Nutrition Management Assess overall nutritional status Suggest 4 to 5 small meals per day and plenty of fluid intake > 2000ml Suggest the patient take small bites of food Allow adequate time for meals, avoid rushing the patient Monitor weight ____ weekly, Encourage patient/family to keep weight /diet log</p>	
	<p>Impaired verbal communication Related factors: Weakening of the musculoskeletal system Alteration of central nervous system Symptoms / Risk factors: Difficulty forming words or sentences (e.g., aphonia, dyslal Slurring Monotonous voice tones Outcome / Goal: Patient communicates needs adequately</p>		<p>Communication Enhancement: Speech Deficit Evaluate the patient's ability to speak, understand spoken/written words Allow patient time to articulate Encourage face and tongue exercises. Patient should practise reading loud Avoid speaking loudly unless the patient is hard of hearing Consult a speech therapist if indicated.</p>	
	<p>Chronic low self-esteem Related factors: Changes in body image, tremors and slurred speech Dependence on others Symptoms / Risk factors: Lack of eye contact Nonassertive/passive Frequent lack of success in work or other life events Expression of shame Outcome / Goal: Patient recognizes self - maligning statements Patient verbalize positive expression of self-worth.</p>		<p>Body Image Enhancement Assess feelings about self and body Assist patient to identify actions that will enhance appearance Identify support groups available to patient Self-Esteem Enhancement Assess for presence of ruminations, negative thoughts, and feelings of inadequacy Assess to what degree the patient is able to carry out normal activities Promote social interaction as appropriate</p>	
	<p>Deficient knowledge Related factors: Unfamiliarity with disease and treatment Unfamiliarity with information resources Symptoms / Risk factors: Increase in anxiety level Multiple questions Statement of misconception Outcome / Goal: Patient verbalize understanding of procedure Patient verbalize understanding of disease</p>		<p>Teaching: Disease Process Acknowledge patient's knowledge about condition Discuss therapy/treatment options Teaching: Prescribed Medication Acknowledge patient's knowledge of medications Include the family/significant others, as appropriate Instruct the patient on the purpose and action of each medication Teaching: Prescribed Activity/Exercise Encourage activity as tolerated, rest as needed Encourage the family to supervise and assist with ambulation as needed Encourage the patient to dress daily</p>	