# Mr. Bos – Case Description ****Nursing Assessment according Gordon's Functional Health Patterns****

**Patient Information:**  
Mr. Bos, 64 years old, residing in Capelle aan den IJssel, has a history of heart failure and experiences increasing chest pain during exertion (angina pectoris) despite being on optimized medication. This prompted the cardiologist to conduct further examinations, including a coronary angiogram.

During the coronary angiogram, the cardiologist discovered narrowing of the coronary arteries (atherosclerosis) and decided to perform an immediate angioplasty, placing two stents. Following the procedure, Mr. Bos remained in the hospital for several days for monitoring and adjustment of blood thinners. His wife visits him daily.

**Assessment Interview:**

**Pattern 1: Health Perception and Maintenance**

* **General Well-being:** Fatigued with minimal exertion. *"It's a shame that I can't go out anymore because of this."*
* **Expected Hospital Stay (According to Patient):** *"I came in for an examination, and now I have to stay longer. I don't know how long that will be."*
* **Returning Home After Discharge:** *"My wife takes care of everything at home, but maybe it will become too much, and we should explore other options."*
* **Allergies:** No known allergies.
* **Medication Use:**
  + 2x 20 mg furosemide, 2x 20 mg enalapril, 1x 200 mg metoprolol, Nitrospray (as needed)
* **Use of Stimulants:**
  + Never smoked, never used drugs, drinks alcohol in moderation (1-2 glasses before bedtime)

**Pattern 2: Nutrition and Metabolism**

* **Eating Habits:** Mr. Bos follows a cholesterol-restricted diet but finds it difficult to adhere to. He often snacks and enjoys good food. *"My wife is a great cook, and we enjoy eating together."*

**Pattern 3: Elimination**

* **Bowel Pattern:** Normal daily bowel movements.
* **Urinary Pattern:** Frequently gets up at night to urinate.

**Pattern 4: Activity**

* + **Living Situation:** Single-family house. With bed & bathroom: located upstairs.
* **Mobility:**
  + Independent indoors without assistive devices.
  + Uses his wife's help to climb stairs.
  + Uses a walker outside for support. *"At first, it was a big step for me, but now I'm glad I have it because I can still go for a walk when the weather is nice."*
* **Activities:**
  + Has limited ability to exert himself.
  + Mostly reads the newspaper, plays computer games, or watches TV.
  + Mrs. Bos takes care of household chores, the garden, the dog, and caring for her husband.
  + The couple used to enjoy cycling on weekends but no longer do so.
* **Personal Care:**
  + Wears compression stockings when he experiences fluid retention. His wife helps him put them on as it is too tiring for him. He is used to this help and prefers to keep it that way. His wife monitors his adherence to lifestyle rules, which he finds challenging to manage on his own.

**Pattern 5: Sleep and Rest**

* + Poor sleeper for years, partly due to frequent nighttime urination. Rests on the couch in the afternoon as going upstairs is too exhausting.

**Pattern 6: Perception and Cognition**

* + **Sensory Perception: Vision:** Uses glasses for farsightedness. **Hearing:** Uses hearing aids but sometimes forgets to wear them.
  + **Pain Level:** Chest pain score of 8/10.Pain decreases after using Nitrospray.

**Pattern 8: Roles and Relationships**

* + **Family Situation:** One son and daughter-in-law, two grandchildren.
  + **Social Life:** Mr. and Mrs. Bos spend most of their time at home and rarely go out.Due to the severity of Mr. Bos’s heart failure (NYHA-III), he no longer dares to drive. Mrs. Bos cannot drive long distances due to osteoarthritis in her knees. As a result, they are unable to visit their family in and around Amsterdam. They miss their children and grandchildren and are very sad about this.

**Pattern 9: Sexuality and Reproduction**

* **Impact of Illness on Sexual Functioning:** Not discussed.

**Pattern 10: Coping and Stress Tolerance**

* **Major Changes in the Past Two Years:** Physical decline leading to social limitations. His wife is his primary confident
* **Level of Stress:** *"Not being able to do everything frustrates me. We had envisioned our retirement differently. Sometimes I get angry about it, but it doesn't change anything, and it only makes me sad."*
* **Best Coping Mechanisms:** Reading, playing computer games, watching TV.
* **Need for Professional Support:** *"What can they really change?"*

**Pattern 11: Values and Beliefs**

**Life Philosophy:** Christian, but not actively practicing in recent years.

**Measurements:**

**Temperature:** 36.8°C **Pulse:** 92 bpm **Blood Pressure:** 165/90 mmHg **Respiratory Rate:** 20 breaths/min **Height:** 1.72 m **Weight:** 93 kg

**Additional Information**

In a conversation with the nurse, Mrs. Bos expressed concerns about the progression of her husband’s illness and her own limitations. She also sleeps lightly and is often woken up by Mr. Bos needing to use the restroom at night.

Mr. Bos often takes his diuretics later in the evening if he forgets to take them before dinner. Mrs. Bos monitors his medication intake, as she knows he is careless about it. She fears something serious could happen if he doesn’t take his medication on time.

Mr. and Mrs. Bos occasionally argue, often because Mrs. Bos feels she has to handle everything alone. Mr. Bos does not know how to respond and tends to ignore it when she gets upset. Mrs. Bos, in turn, does not know how to handle these situations.

Mrs. Bos also feels guilty toward her husband. Not only does she get angry quickly, but on some days, she is unable to do anything due to knee pain and feelings of listlessness. She feels powerless because she is also tired and in pain. She worries about who will take care of her husband in the future and what will happen to her in the coming years. She sees the future as bleak and worries a lot but does not want to burden her husband with her thoughts. She believes he is struggling enough already.