

# **FAMILY CARE STUDY**

## **I. INTRODUCTION:**

### **SELF:**

I am \_\_\_\_\_ from Manikaka Topawala Institute of Nursing. For the purpose of completing my case study assignment, I have selected this case to provide health education and carry out relevant nursing procedures.

## **➤ OBJECTIVES:**

- **FOR STUDENT:**

- **FOR FAMILY:**

➤ **FAMILY ROASTER /COMPOSITION:**

## **GENERAL EXAMINATION**

Consciousness	Conscious / Semi-conscious / Unconscious
Orientation	Oriented to time, place and person
Nourishment	Well-nourished / Moderately nourished
Body built	Thin / moderate / obese
Activity	Active / dull
Look	Pleasant / happy / alert / sad / depressed / fearful / anxious / tired / etc.,
Speech	Clear / Slurring / Stammering / Maintains eye contact
Anthropometric measurement:	
Height :	
Weight :	
Bmi :	Weight in kg/ height in m <sup>2</sup>
Vital signs :	
Temperature	<sup>0</sup> C / <sup>0</sup> F
Pulse :	Beats / min
Respiration	Breaths / min
Blood pressure	mm of Hg
<b>A. Integumentary system</b>	
<b>Skin</b>	
Colour	Fair / brown / dark in complexion
Texture	Normal / dry
Skin turgor	Normal / decreased
Discolouration	Absent / yellowish /cyanosis /vitiligo / Increased pigmentation / pallor / etc.,
Lesions / masses	Absent / macule / papule / nodule / vesicle / bullae / plague / cyst / erosion / abrasion / ulcer / fissure / crust / scar / keloid / erythema/ pustule/ wheal / etc.,
Subjective symptoms	No complaints / pruitis/ pain/ feeling of cold/ warmth / tingling / numbness / etc
Nail	
On observation	Intact / onycholysis/ peeling or cracked

Nail beds	Pink / cyanosed / pale / etc.,
Nail plate	Flat / clubbing / whitening / etc
Capillary refill	..... Seconds
Cyanosis	Absent / if present ( specify )
Hair	Colour black / brown / red / grey / etc
Texture	Normal / dry
Grooming	Not groomed / well groomed
Distribution	Normal / Scanty / bald / alopecia / etc
<b>B. Head</b>	
Shape	Normal cephalic / micro / macro / hydro cephalic / etc
Scalp	Clean / pediculosis / presense of drandruff / etc
Face	Puffiness / moon face / bells palsy / etc.,
<b>C. Eyes</b>	
Eye brows	Symmetrical / Asymmetrically distributed / scanty / etc.,
Eye lashes	Equally distributed Eye lids : Normal / oedematous / ptosis / etc
Pupillary reflex	PERRLA (Pupils Equal Round Reactive to Light and Accommodation) /unequal reaction to light
Pupil shape	Round / oval / yellowish in colour/ etc.,
Conjunctiva :	Normal / pale / yellowish / red / flushed / etc.,
Vision	Normal / if abnormal ( specify including use of spectacles)
Corneal reflex	Present / absent
Subjective symptoms	No complaints / pain / itching / increased or decreased production of tears /etc.,
<b>D. Ears</b>	
Pinna :	Normally placed / anotia / microtia / macrotia / etc.,
Cerumen	Canal is clear / blocked
Otorrhoea	Absent / purulent / serous /blood / sanguinous / etc.,
Hearing	Normal / decreased / hearing loss / etc.,
Subjective symptoms	No complaints / otalgia / tinnitus / vertigo / etc.,

<b>E. Nose</b>	
Nasal septum	Midline / deviated
Nasal pathway	: patent / obstructed / nasal polyp / etc.,
Smell :	Normal / absent
Nasal discharge :	Absent / watery / purulent / mucoid / epistaxis / etc.,
Frontal maxillary sinuses :	Painful / tender / absent / etc.,
<b>F. Mouth and pharynx</b>	
Lips : Colour pink / pale / dark / etc.,	Symmetrical / asymmetrical  Gums pink in colour / bleeding / swollen / spongy / etc.,
Teeth :	Colour ( white / yellowish / stains / etc) Dental caries / no of teeth
Mucus membrane	Pink in colour / moist / dry / lesions / (specify) etc.,
Breath odour	Halitosis ( present / absent )
Pharynx :	Gag reflex ( present / absent ) Tonsils : Colour ..... / Not enlarged / enlarged / painful / etc.,
Voice :	Clear / harsh / aphonia / dysphonia / etc.,
Subjective symptoms	No complaints / toothache / dysphagia / odynophagia / throat pain / etc.,
<b>G. Neck</b>	
Range of motion	Possible / painful / absent / etc., ( check all the movement of flexion, extension, hyper extension, rotation, lateral flexion)
Lymph node	Not enlarged / enlarged / painful / size of the lymphnode / etc.,
Trachea	Midline / deviation / etc.,
Thyroid gland	: not enlarged / enlarged / removed
Jugular vein	Distended / not distended
<b>H. Cardiorespiratory system</b>	
Thorax	Symmetrical / asymmetrical / pectus carinatum / barrel chest / etc.,
Thorax expansion	Normal / symmetrical / delayed / shallow / etc.,
Heart sounds	S1, S2 / murmur / gallop sound / etc.,

Breath sounds	Normal / wheeze / friction / rhonchi / crackles / stridor / etc.,
Apical pulse	..... Beats / min
Cough	Absent / if present ( dry / whooping / productive ) / etc.,
Sputum	Absent / if present ( bad odour, consistency, frothy / mucoid / rusty/ sticky / purulent ) etc., Colour – green / yellow / blood stained / etc ., )
Subjective symptoms	No complaints / diaphoresis/ breathless / giddiness / palpitation / chest pain / shoulder pain / chest tightness / heart burn / exercise intolerance / etc.,
<b>I. Breast &amp; axilla</b>	
Symmetry	Symmetrical / asymmetrical
Nipple	Colour ..... / retracted / inverted etc
Discharge :	Absent/ milky / yellowish / purulent / etc.,
Lesions / masses	Absent / ulceration/ nodes / swelling / moving / painful / tender / etc., / lymphnode sizes.
Axillary nodes	Not palpable / palpable / moving / painful etc.,
Hair distribution	Well distributed / scanty / etc
<b>J. Abdomen</b>	
On inspection	Flat / linea nigra / distention / scar / hernia / peristaltic movement / umbilicus – clean / everted / etc.,
On auscultation	Bowel sounds / murmurs
On percussion	Fluid / masses / air / etc., (detected / not detected)
On palpation	Soft / tender .... Liver / spleen / masses / etc., (palpable / non palpable)
Subjective symptoms	No complaints / nausea / vomiting / heart burn / abdominal cramps / polyphagia / etc.,
<b>K. Musculoskeletal</b>	
Postural carves	Normal / kyphosis / lordosis / scoliosis / etc.,
Muscle tone	Normal / hypertonia / hypotonia / flaccid / spasticity / rigidity / etc.,
Muscle strength	: weaker than normal / normal / active / hyperactive / etc.,

<b>L.upper extremities</b>	
Symmetry	Symmetrical / asymmetrical
Range of motion	Possible / if not possible (specify) (check all the movement of Flexion,Extension, Rotation, adduction, abduction, Pronation, Supination)
Peripheral pulse	Radial pulse ( normal rate, rhythm ) , if abnormal .....
Reflexes	Biceps , triceps (normal)( if abnormal ) .....
Swelling	Absent / if present ( specify area ).....
Cyanosis	Absent / if present ( specify area ) .....
Joints	Stiffness / swelling / tenderness / crepitus / etc., / absent
Deformity	Absent / if present ( specify )
<b>M. Lower extremities</b>	
Symmetry :	: Symmetrical / asymmetrical
Toe nails	Blanch to test capillary refill ..... Seconds
Range of motion	Possible / if not possible ( specify ..... )( check all the movement of Flexion,Extension, Adduction, Abduction, Plantar flexion, Dorsiflexion, Inversion, Eversion)
Peripheral pulses	Dorsalis pedis , posterior tibial artery etc., ( normal rate, rhythm volume) ( if abnormal ) .....
Reflexes	Patellar, Achilles, Plantar (normal) (if abnormal) .....
Oedema / swelling	Absent / if present ( specify area ) .....
Cyanosis	Absent / if present ( specify ) .....
Joints	Stiffness / swelling / tenderness / crepitus / etc., / absent
Deformity	Talipes euino varus / talipes equino valgum / bow legs / etc., / absent
Gait	Normal / limps / steppage / scissoring / dystonia / ataxia / etc.,
Subjective symptoms	No complaints / pain while walking or doing any activities / muscle cramps / myalgia / problems with flexion , extension , abduction , adduction , external and internal rotation etc.,

<b>N. Genitourinary system</b>	
Genitalia ( female )	
Labia majora	Dark pink and moist / oedema / lesions / laceration
Labia minora	Soft / atrophy / adhesions / ulcers / dry
Urethral orifice	Intact / discharge / polyps / fistulas
Vaginal orifice	: Normal / cystocele / rectocele / bulging / discharge / tenderness / lesions
Genitalia ( male )	
Penis	Smooth and pink / discharge / lesions, oedema
Scrotum	Symmetry / lumps / nodules
Inguinal ring	Tender / bulging
Rectum and anus	
Inspection	No protrusion / lesions / external haemorrhoids / ulcers / rashes
Digital palpation	Intact / mass / bleeding / patent lesion

**DISEASE CONITION: -**

**DEFINITION: -**

**ETIOLOGY:-**

<b><u>BOOK PICTURE</u></b>	<b><u>IN MY PATIENT PICTURE</u></b>

**CLINICAL MENIFESTATION: -**

<b><u>BOOK PICTURE</u></b>	<b><u>IN MY PATIENT PICTURE</u></b>


**PATHOPHYSIOLOGY: -**

<b><u>BOOK PICTURE</u></b>	<b><u>IN MY PATIENT PICTURE</u></b>

**INVESTIGATION:-**

<b><u>BOOK PICTURE</u></b>	<b><u>IN MY PATIENT PICTURE</u></b>


**COMPLICATION: -**

**MANAGEMENT: -**

- **Medical/Surgical:**

- **Nursing**

**ACTUAL HEALTH PROBLEMS:**

- 1.
- 2.
- 3.
- 4.
- 5.

**POTENTIAL HEALTH PROBLEMS:**

- 1.
- 2.
- 3.
- 4.
- 5.

**FAMILY NURSING DIAGNOSIS:**

**INDIVIDUAL DIAGNOSIS:**

1.

2.

3.

**FAMILY DIAGNOSIS:**

1.

2.

3.

**COMMUNITY DIAGNOSIS:**

**1.**

**2.**

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION

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ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION

ASSESSMENT	NURSING DIAGNOSIS	GOAL	PLANNING	IMPLEMENTATION	RATIONALE	EVALUATION

**NUTRITIONAL ASSESSMENT:**

<b>Meal Time</b>	<b>Food Items Consumed</b>	<b>Quantity (g/ml)</b>	<b>Carbohydrates (g)</b>	<b>Fats (g)</b>	<b>Proteins (g)</b>	<b>Iron (mg)</b>	<b>Calcium (mg)</b>	<b>Remarks (Appetite/Digestion/Allergy)</b>
<b>Early Morning</b>								
<b>Breakfast</b>								
<b>Mid-Morning</b>								
<b>Lunch</b>								
<b>Evening Snack</b>								
<b>Dinner</b>								
<b>Bedtime</b>								

## **HEALTH EDUCATION: -**

<b>1.</b>	<b>Diet</b>
<b>2.</b>	<b>Medication</b>
<b>3.</b>	<b>Physical Exercise</b>

<b>4.</b>	<b>Hygiene:</b>
<b>5.</b>	<b>Follow Up:</b>

## **A.V. Aids-1**

## **A.V. Aids-2**

### **A.V. Aids-3**

**SUMMARY:**

**CONCLUSION:**

## **BIBLIOGRAPHY**

**1.**

**2.**

**3.**

**MANIKAKA TOPAWALA INSTITUTE OF NURSING**  
**(A CONSTITUENT OF CHARUSAT)**  
**SUB: COMMUNITY HEALTH NURSING**  
**EVALUATION CRITERIA OF FAMILY CARE STUDY**

**Name:**

**ID No:**

**Semester/Year:**

**Date of Submission:**

**Topic:**

<b>Sr. No.</b>	<b>Activities</b>	<b>Maximum Marks</b>	<b>Marks Obtained</b>
<b>1.</b>	<b>Introduction</b>	<b>05</b>	
<b>2.</b>	<b>Objectives</b>	<b>05</b>	
<b>3.</b>	<b>Family Roaster /Composition</b>	<b>10</b>	
<b>4.</b>	<b>General Examination</b>	<b>15</b>	
<b>5.</b>	<b>Dieses Condition</b>	<b>10</b>	
<b>6.</b>	<b>Identification Of Needs/Problems</b>	<b>05</b>	
<b>7.</b>	<b>Family Care plan</b>	<b>15</b>	
<b>8</b>	<b>Nutritional Assessment</b>	<b>05</b>	
<b>9</b>	<b>Health Education</b>	<b>10</b>	
<b>10</b>	<b>A. V. Aids</b>	<b>10</b>	
<b>11</b>	<b>Conclusion and Summary</b>	<b>05</b>	
<b>12</b>	<b>Bibliography</b>	<b>05</b>	
	<b>Total</b>	<b>100</b>	

**Remarks:**

**Name of Evaluator:**

**Signature of Evaluator:**

**Date of Evaluation:**