

Functional Assessment of Hospital Patient Assignment

Name

Institution

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Mr. R.S. is a 68-year-old, married, White Caucasian male admitted to the medical-surgical floor at Memorial Herman Memorial City for hematuria and right renal mass. He had noticed the blood in urine around last Christmas. He states that the blood was barely visible, and it was asymptomatic. After the physical exams, the benign mass on the right kidney was found, and Mr. R.S. decided to have unilateral nephrectomy. Mr. R.S. and his wife live with his father and mother who are 95 and 94 years old respectively. Mr. R.S. has three children who are now independent. He is still actively working as an electrical engineer. Mr. R.S. has been a breadwinner for his family for the last 49 years. Mr. R.S. rates his health status as 9 out of 10 and reports no health issues experienced till he had hematuria. His only concern is that the consequence of missing one kidney is devastating. He works out in the gym for one hour every day and applies DASH diet to his meals. Mr. R.S. says that he enjoys his current life more than when he was in his twenties and thirties.

As Mr. R.S. has been a caregiver of his parents, Caregiver Strain Index and Geriatric Depression Scale were good tools to evaluate his possible attention needs. Especially, being a caregiver for a long time might affect his physical and psychological status. Thus, the person may be more prone to depression. In addition, Mr. R.S., who has been in good health with no particular issues that hinder his daily activities or life, may have received tremendous shock from being ill and dependent lifestyle during hospital stay.

The Care Strain Index consists of 13 questions measuring if a person needs intervention in particular area. A score of seven or higher indicates a high level of stress the one is experiencing and that needs intervention. Mr. R.S. received a score of two on a scale of 0 – 13 on the Caregiver Strain Index. The areas he received scores are demands on his time and changes in

personal plans. He states that his parents are healthy and do not demand any special care.

However, he spends less time his wife together or cannot leave his parents alone to go see his oldest son who lives overseas. The Geriatric Depression Scale consists of 15 questions; a score of five or higher indicates the risk of depression and needs a follow up assessment; a score of 10 and higher indicates continuing depression and needs intervention. Surprisingly, Mr. R.S. scores zero on the Geriatric Depression Scale. He shares his life story that he feels is completely fulfilled. His marriage has been satisfactory, he has many friends who enjoy time spent together and has no concern of his retirement. All his children are doing well on their own, and his parents' health corresponds to their age. Furthermore, Mr. R.S. feels that his life including his health status is under control. During the interview, Mr. R.S. was full of energy and it did not seem like he was receiving medical treatment. He was not optimistic about being hospitalized as he lost some independence. Conversely, he accepted his situation and showed high spirit toward treatment and recovery.

Although there were little findings that needed intervention, I spent most of my clinical shift listening to Mr. R.S.'s life story. I advised to apply for social support in case if he needs to ease his strain. With a support system, he can arrange time spending with his wife or visit his oldest son. I also made sure that he could take care of himself. He can always ask for help if he ever feels struggling or "out of control". Interacting with Mr. R.S., I realized that he had reached "Self-Actualization" of Maslow's hierarchy of needs. The stereotypes of old people as being frail and unhappy in their lives are not always true. The more I interact with older people, the more new findings I discover about them.