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Health Maintenance, Altered

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Health Maintenance, Altered

A state in which an individual is unable to identify, manage, and/or seek out help to maintain health (NANDA, 1990, p. 78).

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DEFINING CHARACTERISTICS

Age-related preventive measures
not taken
Expressed health concerns
Limited adaptive behaviors to internal/
environmental changes
Regular and unmitigated exposure to
health hazards:
Abuse
Ageism

Crime
Pollution
Poverty
Racism
Sexism
Regular practice of behaviors that:
Increase risk of illness
Limit optimal function
Limit recovery from illness or disability

CONTRIBUTING FACTORS

Pathophysiological

Responses to illness or disability that inhibit health behaviors, e.g., fatigue, impaired mobility, inability to concentrate, pain, perceptual deficits

Psychosociobehavioral

ENVIRONMENTAL

Cultural barriers to use of health care system
Health advice incongruent with beliefs (cultural, health, religious)
Lack of environmental resources:
Acceptable and affordable health care
Equipment
Finances

Food

Health care providers/systems that promote health

Health resources—e.g., food nutrients not labeled, healthy foods expensive or not available, lack of safe place to exercise

Housing

Transportation

Limited social support for health:

Dysfunctional family system

Lack of meaningful and supportive relationships

Peer modeling and support of unhealthy behaviors

Public or workplace policies that do not promote health

Societal support of unhealthy products and behaviors

INDIVIDUAL

Depression

Dysfunctional grieving

Illiteracy

Lack of information regarding:

Age-appropriate screening and self-care

Community resources

Health hazards

Health promotion services

Personal health status

Lack of personal requisites:

Goals or purpose

Motivation

Perceived control over health

Perceived responsibility for health behaviors

Previous health-promoting life-style

Self-efficacy

Lack of skills in:

Communication

Individual coping

Learning

Stress management

Time management

Perceived barriers outweigh benefits

Spiritual distress

Unachieved developmental tasks

EXPECTED OUTCOMES

Client will be able to pursue chosen health-seeking behaviors.

Participation in monitoring of baseline patterns and changes in health is reported.

Required health maintenance services are accessible.

Client will state a realistic plan for pursuing health behaviors within limitations.

Responses to illness or disability are controlled as much as possible.

INTERVENTIONS

RATIONALE

Universal

Assess current practice of age-appropriate health maintenance. (Base age-appropriate health maintenance schedules according to most recent Center for Disease Control (CDC), National Screening Council, and other national association guidelines, e.g., American Heart Association). General guidelines are as follows:

YOUNG ADULTS (20–39 YEARS)

Assess need for health education/counseling:

- Creating a healthy environment
- Disease-prevention measures
- Exercise
- Nutrition and weight management
- Parenting skills
- Safety
- Stress management
- Substance use

Dental hygiene: every 6–12 months

Immunizations:

- Tetanus—every 10 years
- Rubella for women with zero antibodies—once

Assessment reinforces the need for ongoing practice and provides data for specific teaching or referral.

INTERVENTIONS

Screenings:

Blood cholesterol—once;
rescreen if high-risk client—
every 4 years

Complete physical—
every 5–6 years

Skin and other cancer
screening—every 3 years

Substance use screening—
every 5–6 years

Male:

Testicular self exam—every
month

Female:

Breast self exam—every month

Pap smear—every 1–3 years

Mammography—baseline
(once)

High-risk young adults:

Females with breast cancer or
immediate family history—
mammography every year

History of abnormal Pap
smears, multiple partners, or
early age of first intercourse—
Pap smear every year

Family history of colorectal
cancer—stool guaiac, digital
exam, sigmoidoscopy every
year

Exposure to tuberculosis—
PPD once (chest x-ray for pre-
vious positive PPD reading)

RATIONALE

Assessment reinforces the need for ongoing practice and provides data for specific teaching or referral.

INTERVENTIONS

RATIONALE

MIDDLE AGED ADULT (40–59 YEARS)

Continue previous assessment and add the following:

Assess need for health education/counseling:

Adjustment to grandparenthood

Caring for aged loved ones

Empty nest syndrome

Midlife changes

Preparing for retirement

Immunizations for those with chronic illness:

Influenza—every year

Pneumococcal—every year

Screening:

Blood pressure—every 3–5 years

Schiotz tonometry (for glaucoma)—every 3–5 years

Sigmoidoscopy—every 4 years after age 50

Stool guaiac—every year after age 50

Female:

Mammography—every year

OLDER ADULT (60–74)

Continue previous assessment and add the following:

Assess need for health education/counseling:

Age-related changes

Bowel and bladder function

Nutrition and weight management

Assessment reinforces the need for ongoing practice and provides data for specific teaching or referral.

INTERVENTIONS**RATIONALE**

Sleep pattern
 Vision and hearing acuity
 Coping with chronic illness
 Coping with loss
 Fall prevention
 Home care options in caring
 for other(s)
 Options for developing
 and maintaining activity,
 relationships, and societal
 contributions

Screenings:

Blood pressure—every year
 Complete physical exam—
 every year
 Depression and suicide—
 every visit

**OLD OLD ADULT
 (75 YEARS AND OVER)**

Continue previous assessment
 and add the following:

Assess need for health
 education/counseling:

Community resources for
 home maintenance

Immunizations:

Influenza—every year
 Pneumococcal—every year

Death and dying:

Long-term care/supportive
 living options
 Reminiscence

Assessment reinforces the need for ongoing
 practice and provides data for specific teaching
 or referral.

Develop written health
 maintenance contract that is
 specific, time-dated, rewardable,
 and evaluated.

Contract enables effective performance and
 evaluation.

INTERVENTIONS

RATIONALE

Incorporate age-appropriate health maintenance schedules into standardized/computerized care plan.	A busy staff is more likely to use a health maintenance schedule which has been included in the plan of care.
Plan individual health promotion activities considering responses to illness or disability.	Plans that incorporate symptom management are more likely to be effective.
Provide health maintenance services that client/family are unable to accomplish.	Preventive health actions aid overall recovery and maintenance.
Reinforce age-appropriate health maintenance.	Health information changes and accuracy are needed regarding specific risks, appropriate screening, and self-care activities.
Review existing health care resources.	The complexity and change in health care systems may prevent usage of existing resources.
Work with health care systems, employers, and policy makers to create healthy public policy.	Major barriers to health maintenance are societal in origin.
Work with professional organizations to reduce environmental threats to health, e.g., poverty, pollution, crime, and abuse.	Organized nursing effort can produce positive change.
Inpatient Collaborate with other disciplines in creating an institutional health promotion program for staff and clients.	Those who practice health promotion may be more effective role models. Organized approaches to health promotion enable access to services in a cost-effective manner and maintain relationships with health care providers after discharge.
Send written materials home and set up referrals for health maintenance prior to discharge.	Eighty percent of those who begin life-style change return to previous life-style behaviors. Follow-up care can aid in maintaining changed behaviors.

INTERVENTIONS

RATIONALE

Community Health/ Home Care Continue previous health maintenance programs in the home as needed.	Continuity of care fosters health outcomes.
Develop consumer health advocacy programs.	Cost-effective health maintenance and referral can be accomplished by trained volunteers.
Develop programs that can be offered to employers and others seeking to provide health maintenance services.	Services provided where people work, learn, and play may improve access and utilization.
Develop specific screening and risk-reduction programs based on national and regional health goals.	Those at risk will have health services available to them.
Distribute health information updates to health providers and consumer groups.	Misinformation may result from lack of knowledge or changes in health information.
Provide advocacy services for groups with limited access to health maintenance services.	Underserved groups are at high risk for health problems.
Provide health screening and referral services at regular intervals.	Convenience may enhance utilization by those at high risk for health problems.
Reevaluate need for individual and group health maintenance programs as client/family skills are acquired.	Services can be provided to those most in need.

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