

Client Referral/Admission Data

Client NFP1000 NFP, Client

Opened on 01/07/2010

Name and Address

Client number: NFP1000
Opened on: 01/07/2010
Case status: Open
Born on: 01/28/1982
Last name: NFP
First name: Client
Address 1: 234 Pregnancy Way
City: Riverside
State: CA
Zip code: 92506
Home phone: (951) 555-9999

Case Study Narrative:

The Nurse Family Partnership (NFP) program in Nightingale County received a referral from the county hospital's emergency room on primigravida Carmelita (aka Client) NFP, age 17, after she was seen there for abdominal pain and fever one week ago. She was approximately 19 weeks pregnant at that time, and was treated for a Chlamydia infection with erythromycin. She has had no prenatal care. Clara Barton, NFP PHN is assigned to visit Carmelita.

Admission

Assigned Employees

Smith, David
Crawford, Joan
Monsen, Karen
Barton, Clara
Programs: MCH Grant
Referral: Emergency Room
Medicaid no: 1234567812
Directions to home: Lives on Pregnancy Drive, off of Chlamydia Boulevard

Demographics

Gender: Female
Race: Unknown/Multiple/Other
Marital status: Single
Location: Home
Housing type: House - Rent
Living arrangement: With Family
No in household: 2
Language 1: English
Employment status: Unemployed
Education level: High School

Contacts

Smith, Annabelle[]

Relationship: Mother

Discharge

General notes

Referral received from county hospital ER on client, who is 19 week pregnant with Chlamydia. Lives with her mother. Hospital requests HV to evaluate strengths/needs, education re. pregnancy and Chlamydia.

Immunization (Custom Tab 1)

APS Intake

Case Study

Clara visited Carmelita at her home and assesses her for current strengths and needs. She is living with her mother as her 19 year old boyfriend Joe is currently incarcerated for burglary (he is due for release in 2 years). Carmelita says her mother is a huge source of support for her. Clara completes her assessment per current NFP protocol for this visit/pregnancy stage and gives/discusses the handouts appropriate for this visit with Carmelita.

The family receives governmental medical/financial assistance that they expect to cover Carmelita's expenses (including Medicaid, TANF, and food stamps) and have obtained clothing and supplies from other resources, including a local church. Carmelita and her mother agreed that Carmelita needs to start regular prenatal care and obtain supplemental foods. They have transportation. The PHN refers Carmelita to WIC and the county's prenatal clinic. The mother used the phone numbers that the nurse provided and made appointments for both for Carmelita while Carmelita and Clara were talking.

She weighed 130 pounds at the emergency room and was 5'3" tall. She did not know if she had gained or lost weight since becoming pregnant. She does not take her prenatal vitamin samples because they made her feel nauseated. She usually eats two meals per day and has no appetite until the evening.

She does not like milk or meat and eats few vegetables or fruit. The nurse and Carmelita discussed the following per NFP protocol for this visit: appropriate weight gain, normal emotional/physical changes in pregnancy, common discomforts, components of a healthy diet, supplemental vitamins/when to take, danger signs of pregnancy, laboratory tests, and exercise. Carmelita said she would think about exercising more. She is uncertain whether she wants to breastfeed, but seemed more open to the idea after she and the PHN discussed lactation preparation and benefits of breastfeeding for mother and infant.

The PHN and Carmelita agreed on the goal that she would deliver a healthy baby. They discussed her vital signs and blood pressure, which were within normal limits. The nurse described Chlamydia, how it is transmitted, and the effect that an untreated infection could have on a baby. The emergency room report indicated that she may not need more treatment, but should receive follow-up care to be sure. Carmelita denied having current symptoms.

Carmelita did not want to discuss labor and delivery on this visit or attend expectant parent classes, because "it's still all too scary." She smokes occasionally "for her nerves" (1-2 cigarettes/day) but "would like to quit." The PHN and Carmelita discuss smoking, its effects, and cessation options. Carmelita and her mother agree to another home visit by the PHN in 1 week.

Meds and Hx
TCM Defined Target Group

Visit Report

Client NFP1000 NFP, Client

Visit date 01/07/2010

Visit

community resources; budgeting, NFP protocol

Activity Details

Start time: 10:00 AM
End time: 11:55 AM
Service: Assessment
Employee: Barton, Clara
Activity Summary: HV with Carmelita and her mother. Consents to participate in NFP program and agrees to schedule of visits. Assessment completed per current NFP protocol for this visit/pregnancy stage and the handouts appropriate for this visit with Carmelita were given/discussed. Client open to continued follow-up for prenatal education, anticipatory parenting guidance, etc.
Plan:
1. HV in 1 week to check on follow-through with referrals given today

Human Services

TCM Activity

Coumadin

Falls Risk Assessment

ADRC

Pathways

NFP Adult Copy

Problems

Income

Priority: Low
Severity: Health Promotion
Scope: Family
Knowledge: 3 - Basic knowledge
Behavior: 4 - Usually appropriate
Status: 5 - No signs/symptoms
Identified: 01/07/2010

Interventions

Assess (Surveillance)

finances

income vs expenses

Notes: Receives governmental medical/financial assistance that they expect to cover her expenses (including Medicaid, TANF, and food stamps) and have obtained clothing and supplies from other resources, including a local church. Has adequate source of transportation.

education

education status

Notes: High school graduate. Wants to stay home with infant for one year, then considering community college.

Teaching, Guidance and Counseling

finances

Interpersonal relationship

Priority: High
Severity: Potential
Scope: Family
Knowledge: 3 - Basic knowledge
Behavior: 4 - Usually appropriate
Status: 5 - No signs/symptoms
Identified: 01/07/2010
Problem Notes: *Risk factors: boyfriend (FOB) currently incarcerated*

Interventions

Assess (Surveillance)

interaction

status of relationships

Notes: Her 19 year old boyfriend Joe (FOB) is currently incarcerated for burglary (he is due for release in 2 years). She is living with her mother. Carmelita says her mother is a huge source of support for her.

Teaching, Guidance and Counseling

support system

importance of support system

Mental Health

Priority: Low
Severity: Adequate
Scope: Individual
Identified: 01/07/2010

Interventions

Assess (Surveillance)

signs/symptoms-mental/emotional

any behavioral evidence

Notes: Client cheerful and upbeat during HV, denies "feeling blue" or sad

coping skills

choices, emotional response, NFP protocol

Caretaking/parenting

Priority: High
Severity: Health Promotion
Scope: Family
Knowledge: 2 - Minimal knowledge
Behavior: 3 - Inconsistently appropriate
Status: 5 - No signs/symptoms
Identified: 01/07/2010

Interventions

Assess (Surveillance)

caretaking/parenting skills

interest in parenting classes

Notes: Not interested in discussing at this time "it's still all too scary."

Teaching, Guidance and Counseling

caretaking/parenting skills

availability of parenting classes in community

Notes: Discussed community parenting classes availability for teen moms. Carmelita is willing to talk about this again closer to delivery.

Abuse

Priority: Low
Severity: Adequate
Scope: Family
Identified: 01/07/2010

Interventions

Assess (Surveillance)

signs/symptoms-physical

any physical evidence

signs/symptoms-mental/emotional

any behavioral evidence

safety

abuse assessment screening, NFP protocol

Pregnancy

Priority: High
Severity: Actual
Scope: Individual

Signs/Symptoms

- difficulty with prenatal exercise/rest/diet/behaviors
- fears delivery procedure

Knowledge: 2 - Minimal knowledge
Behavior: 2 - Rarely appropriate
Status: 3 - Moderate signs/symptoms
Identified: 01/07/2010
Problem Notes:

Interventions

Assess (Surveillance)

signs/symptoms-physical

danger signs, onset of labor, NFP protocol

signs/symptoms-mental/emotional

feeling about labor and delivery

Notes: Does not want to discuss labor and delivery on this visit or attend expectant parent classes, states it's still all too scary.

dietary management

food availability

follows recommended diet

Notes: Carmelita and her mother agreed that Carmelita needs to start regular prenatal care and obtain supplemental foods. Does not take prenatal vitamin samples because they make her feel nauseated. She usually eats two meals per day and has no appetite until the evening. She does not like milk or meat and eats few vegetables or fruit.

weight

Notes: Weighed 130 pounds at the emergency room and was 63 inches tall. Does not know if she has gained or lost weight since becoming pregnant.

bonding/attachment

adjustment to pregnancy, NFP maternal role

development

Teaching, Guidance and Counseling

signs/symptoms-physical

danger signs of pregnancy; when to notify providers

signs/symptoms-mental/emotional

stress/depression, positive coping strategies

exercises

suggested activity program; balanced rest/activity; pacing activities, NFP protocol

dietary management

recommended food and fluid intake, NFP protocol

Notes: components of a healthy diet, supplemental vitamins/when to take

feeding procedures

infant feeding options; benefits of breastfeeding

anatomy/physiology

normal pregnancy changes: common discomforts
lactation preparation, NFP protocol

Case Management

nutritionist care

schedule/provide services, coordination among providers, referral

Notes: Referred to Main Street WIC clinic - mother called and made appt for Client tomorrow at 1PM while PHN was present.

Communicable/infectious condition

Priority: High
Severity: Actual
Scope: Individual

Signs/Symptoms

- infection
- fever
- positive screening/culture/laboratory results

Knowledge: 2 - Minimal knowledge

Behavior: 3 - Inconsistently appropriate

Status: 2 - Severe signs/symptoms

Identified: 01/07/2010

Problem Notes: Diagnosed with Chlamydia infection in ER 1/1/10 (presented with abdominal pain and fever).

Interventions

Assess (Surveillance)

signs/symptoms-physical

evidence of disease/infection

Notes: Denies symptoms

pain/tenderness

Notes: Denies abdominal pain or tenderness

vital signs/blood pressure

Notes: Vital signs WNL

medication action/side effects

takes as prescribed

Notes: Erythromycin prescribed and taken

Teaching, Guidance and Counseling

anatomy/physiology

transmission

disease process

Notes: Described Chlamydia, how it is transmitted, and the effect that an untreated infection could have on a baby. The emergency room report indicated that she may not need more treatment, but should receive follow-up care to be sure.

source of infection/infestation

Case Management

medical/dental care

follow-up screening

Notes: Referred to county prenatal clinic for prenatal care and to conduct follow-up screening for Chlamydia prn

Substance use

Priority: High
Severity: Actual
Scope: Individual

Signs/Symptoms

- smokes/uses tobacco products

Knowledge: 3 - Basic knowledge
Behavior: 3 - Inconsistently appropriate
Status: 4 - Minimal signs/symptoms
Identified: 01/07/2010

Interventions

Assess (Surveillance)

substance use cessation

use patterns (tobacco)

Notes: Smokes occasionally states for her nerves, (1-2 cigarettes/day) but states would like to quit.

Teaching, Guidance and Counseling

behavior modification

decrease/stop smoking/tobacco use, NFP protocol

Notes: Discuss smoking, its effects, and cessation options.

substance use cessation

effects of use on self and others (tobacco)

Health care supervision

Priority: High
Severity: Actual
Scope: Individual

Signs/Symptoms

- fails to obtain routine/preventive health care
- inadequate source of health care

Knowledge: 3 - Basic knowledge
Behavior: 2 - Rarely appropriate
Status: 3 - Moderate signs/symptoms
Identified: 01/07/2010
Problem Notes: Has had not prenatal care.

Interventions

Assess (Surveillance)

sickness/injury care

follows plan of care

Notes: Went to emergency room with symptoms of chlamydia.

medical/dental care

follows plan of care

Notes: Has not initiated prenatal care and is 19 weeks pregnant. Client and client's mother acknowledge need for prenatal care.

Teaching, Guidance and Counseling

sickness/injury care

need for care and followup

wellness

importance of routine preventive evaluations

Case Management

medical/dental care

schedule/provide services, coordination among providers, referral

Notes: Referred client to county prenatal clinic.

Client's mother called and made appt during home visit.

Problems Not Addressed At This Time

Postpartum

Family planning

Vitals

General

Blood Pressure: 120/80
Temperature: 98.4
Pulse: 80
Respiration Rate: 14
Adult Height: 63.0 inches
Adult Weight lbs: 130

Pregnancy

Due Date: 05/25/2010
Pre-Pregnancy Weight: 130
Weight Gain: 0

Post-Partum

Child

Domestic Violence (custom Tab 2)

Family Planning (custom tab 4)

My Custom Vitals Tab 1

Pain Assessment

Wound Care

Signature: _____