Explanatory Booklet

Model of Nursing
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In the context of the RLT Model for Nursing, one may broadly define nursing as helping people whatever the medical or psychiatric diagnosis, to manage their everyday living activities so that they achieve their individual optimal status of well-being or health. Nursing is concerned with the problems arising in everyday living because of medical or psychiatric conditions.

The following is a list of some of the many factors that may impair a person's ability to maintain any of the twelve activities of daily living (ADL). All the ADL's are inter-related and have no distinct boundaries, consequently the factors listed may apply to more than one ADL at any one time.

1. Maintaining a Safe Environment

Ability to avoid dangers is dictated by knowledge and awareness of them, as well as motivation to comply with sensible precautions. Human beings can be afflicted with such a diversity of disabling conditions that any list of them can only be tentative. The following provides a start for an imaginative and creative initial assessment related to patients ability to avoid environmental dangers.

(a) Sensory deficits

People who are blind or visually impaired.
Amblyopia — blindness — right/left/both
Cataract — blindness — right/left/both
Artificial — blindness — right/left/both
Spectacles — all the time/reading only/bifocal
Contact lenses — blindness — yes/no
Agnosia — this is impaired ability to recognise things. Present/absent
Visual Agnosia — the patient may not only be unable to name a once familiar object but will be unable to recognise it for what it is. Present/absent
Spatial Agnosia — the patient is unable to find his way around a once familiar surrounding. Present/absent.
Anosagnosia — it is a spatial problem. The patient neglects part of his visual field or body. Present/absent.
Presbyopia — decline in visual acuity, decreased ability of the eye to accommodate to close and detailed work. Present/absent.
Poor night vision — problem related to presbyopia. Present/absent.
People who are deaf or hearing impaired.

Deafness — Present/absent.

Wax — Present/absent — can lead to conductive hearing loss.

Balance — co-ordinated/inco-ordinated.

Presbycusis — a progressive hearing loss in which high frequency sounds are lost first. Present/absent. Telephones, radios and television sets are largely with high frequency sound, consequently this explains why many elderly people turn up volume controls to levels experienced as deafening by younger people. Turning up the bass and down the treble will decrease the percentage of high frequency sound. Shouting increases the percentage of high frequency sound, so the voice should be low in pitch and only moderately loud.

People who do not have the sense of smell

Anosmia — loss of the sense of smell. Present/absent.

People who cannot appreciate the sensation of touch, related problems include pressure sores and burns.

(b) People who are physically disabled and physically ill.

(c) People who are mentally handicapped.

(d) People with impaired consciousness.

Disorientation for person/place/time.

Confusion — Present/absent.

Stupor — Present/absent.

Wandering — Present/absent.

Responsive/Unresponsive

(e) People with disordered mood and perceptual disturbance.

Depression, anxiety, elation, aggression, suspicion, absence of emotion.

Delusions of guilt, poverty, unworthiness, nihilistic and hypochondriacal.

Hallucinations affecting any of the senses. The presence of suicidal ideas and gestures.

(f) People who are on medication — tranquillisers, antidepressants, hypnotics, vasodilators, insulin etc.

(g) People suffering from alcohol and substance abuse — drugs and sniffing agents.

(h) People who are subjected to a sudden change of environment and routine.
Admissions to hospital can provoke feelings of insecurity in the new environment and nervousness and anxiety increase the risk of accidents.

(i) Many of the mental illnesses result in a diminished awareness, so that those afflicted are not to be completely responsible for carrying out the activities to achieve a safe environment. Such people need help in maintaining their environment in a way which is safe for them until their condition improves.

The nurse in the clinical area must endeavour to minimise the environmental dangers to which patients can be exposed.
Fire exits must be clear and accessible at all times.
Fire alarms and extinguishers must be in working order.
Safe practice with regard to cigarette smoking both day and night.
All poisons and medicines under lock and key.
Floors free of danger — spills, wax, damp, extension leads, upcurled tiles etc.
Broken windows repaired instantly.
Proper ventilation, heating and lighting.
Maintenance of electrical equipment.
Suitable attire and footwear.
Protection from radiators and hot pipes.
Safe practices in use in the bathroom, shower unit, toilet, kitchen, dining area, the giving of injections and medication, the use of O2 equipment, the application of dressings and the disposal of soiled ones, getting patients in and out of bed, appropriate bed height and suitable chairs.

2. Communicating

One main purpose of communicating is to establish and maintain human relationships. For the nurse, effective communicating is a crucial element in assisting patients to cope with regaining or retaining their optimal level of functioning in everyday activities of living. The following is a list of the many factors which can impede the process of communicating.

Aphasia — the complete loss of language ability.
Dysphasia — impaired or partial loss of language ability.
Receptive dysphasia — impairment of language input or expression.
Expressive dysphasia — impairment of language output or expression.
Fluent dysphasia — the patient’s conversation has many mistakes in it, of which he is largely unaware, he fails to recognise the incoherence and incongruity. He may be unable to name objects but can describe them.

Non-fluent dysphasia — the patient is very reticent in speech. Language comprehension is relatively less impaired so that he is aware of his language errors and this further inhibits his speech.

Dysarthria — impairment in the articulating of speech.

Cleft palate, harelip and poor fitting dentures can impede speaking.

Speech that is too rapid/slow/incoherent/inaudible/slurred.

Amblyopia — blindness. Eye contact — Present/absent.

Deafness and hard of hearing.

Dumbness

Foreign language and accent.

Changed level of consciousness

Spasticity — cerebral palsy.

Medical conditions resulting in dyspnoea. Skin diseases — acne.

Surgical conditions such as tracheostomy and laryngectomy.

Dyslexia — difficulty with reading.

Dysgraphia — difficulty with writing.

People who have structured or functional defects which effect posture and gait — can cause body language problems.

Illiteracy — poverty in the areas of language, speech, expression, vocabulary, reading and writing.

Level of concentration and attention — good/poor.

Facial expression — dejected/suspicious/hostile/elated.

Side effects of medication e.g. major tranquillisers — acute systonic reactions and tardive dyskinesia.

Some of the psychiatric conditions and their relevant clinical features that cause communication difficulties are:

Depression — the loss of interest, poor concentration, retarded thought processes.

Mania — flight of ideas, pressure of speech, incoherence, distractibility, poor attention and disinhibition.

Neurotic states — fatigue, irritability, poor concentration, absent mindedness, conversion symptoms, obsessional thoughts and ruminations.
Schizophrenia — bizarre mannerisms and gestures, withdrawal, disordered speech, neologisms, word salad, echolalia, preservation, circumstantiality, hallucinations and delusions, knights move thinking, incongruity and inappropriateness of effect — render communication a problem.

Alcohol and drug dependence — personal neglect, loss of confidence and self esteem, guilt, anxiety, depression, amnesia and jealousy.

Psychiatric organis states — confusion, disorientation, lability of mood, amnesia.

3. Breathing

The mechanism of respiration involves the expansion of the lungs to take in $O_2$ followed by relaxation or respiration to expel $CO_2$. $O_2$ is transferred from the lungs to the tissue of the body via the blood and $CO_2$ from the tissues via the blood to the lungs for expiration. The heart, blood and blood vessels are complimentary to breathing and consequently impairment at any point in the cardio-pulmonary system is going to affect the exchange of gasses and the individuals ability to breath. The following is a list of some of the many factors which adversely affect the activity of breathing.

Polluted atmosphere, allergy, anaphylaxis.
Obstruction of air passages — tongue, vomit, secretions, foreign body, constriction from without.
Disease of the upper and lower respiratory tract — acute and chronic bronchitis, emphysema, asthma, tuberculosis, cancer of the lungs or bronchus, pneumonia, chest injuries.
Head injuries and some neurological conditions which can paralyse the respiratory muscles.
Anaemias
Disease of the cardiovascular system — coronary heart disease, congestive cardiac failure, pulmonary embolism.
Medication — psychotropics, analgesics, hypnotics, anaesthetics.
Sniffing and inhaling toxic agents — gassing.
Intoxication with alcohol, drugs.
Haemorrhage.
Hyperventilation — anxiety states.
Overdosing.
The nurse in the clinical area should observe and note problems related to change in rate, rhythm and character of breathing. People with potential breathing problems are smokers, the anaesthetised, the unconscious, the asthmatic.

4. Eating and Drinking

The basic purpose of eating and drinking is to provide the fluids and the nutrients necessary to permit growth of body cells until adult stature is reached. Thereafter, throughout life, the water intake and nutrients replenish the substances needed in all the cells to maintain an adequately functioning body. The following is a list of some of the many factors which may impair this AL.

Gastro-intestinal upset — bacteriological, viral, toxin.
Diseases of the mouth — stomatitis, aphthous ulcers, glossitis, tonsillitis, parotitis, cancer.
Oesophageal disorders — problem in swallowing.
Peptic ulceration and gastric cancer.
Inflammation, infection and cancer of the intestines.
Food allergies.
Febrile conditions.
Breathlessness from whatever cause, also coughing.
Visual handicap.
Stroke — hemiplegia — preferred hand for eating affected.
Nausea and vomiting.
Hepatic and renal failure.
Medication — anorectics
Terminal illness — pain.
Ageing, sensory deficits — taste and smell — edentulous.
Psychiatric disturbance such as — overactivity in mania.
Delusions and hallucinations relating adversely to food and drink — depression and schizophrenia.
Alcohol and drug abuse.
Anorexia nervosa — bulima.
Anxiety states.
R\uals.

Dementia.
The nurse should note the importance of nutrition in the healing process and maintenance of health. Modifications of diet as part of the patients treatment.
Pre-meal activities — going to toilet and handwashing.
Religious impositions on the patient’s diet.
Height, weight and use of skin calipers are objective criteria to facilitate assessment of the patient’s nutritional status. Is the patient dependent or independent in this AL.

5. Eliminating
The main purpose of this private activity is to rid the body of its waste products — urine and faeces. List of some of the factors which may adversely affect this AL.

Defaecation
Omitting to respond to the call of nature — lack of privacy.
Sampling new foods.
Reduced intake of fibre and fluids.
Food poisoning.
Medication — injudicious use of aperients, psychotropics, hypnotics, iron, analgesics, anticonvulsants, antibiotics — constipation, diarrhoea, inflammatory, neoplastic and infective conditions of the bowel and rectum.
Stress — irritable bowel syndrome.
Following surgery.
Pain — proctitis, haemorrhoids, anal fissure.
Rectal prolapse.
Psychiatric disorders — constipation, faecal impaction, parasites.
Acquired immune deficiency syndrome.

Micturition
Dehydration.
Kidney and bladder disease/infection — nephritis, tumours, cystitis.
Enlarging prostate gland.
Endocrine disturbance — diabetes insipidus, diabetes mellitus.
Oedema.
Medication — diuretics, thymoleptics.
Neurological disease — multiple sclerosis — paralysis unconsciousness.
Venereal disease — syphilis, gonorrhea, herpes.
Nervous states
Dementia
Pain.

The nurse must be vigilant for any changes in colour, odour, frequency and quantity with regard to faeces and urine. Be aware of the normal pattern of bowel and bladder function. If incontinent — day/night, how frequently. Provide privacy, prevent embarrassment and preserve patients' dignity. Is the patient dependent or independent in this AL.

6. Personal cleansing and dressing

Cleansing and grooming of the body are essential dimensions of well being. Activities include skin cleansing, care of the nails, hair, feet, mouth and teeth. Clothes are worn for personal adornment and protection. They are a medium of communication and reflect ethnic origin, level of income and social status. People have a social responsibility to maintain cleanliness of body and clothing to prevent the spread of infection and infestation.

List of some of the factors which may adversely affect this private AL.
Lack of privacy and facilities for cleansing.
Poverty
Visual handicap.
Tactile sensory deficit — vulnerable to pressure sores and scalding.
Tremours — multiple sclerosis, parkinsonism.
Musculo-skeletal disorders — rheumatoid arthritis, osteoarthritis unconsciousness
Spinal injury.
Stroke.
Plaster casts.
Illness/disease — fatigue, breathlessness.
Amputation.
Ageing.
Skin diseases.
Apraxia — loss of ability to carry out voluntary and purposeful movements.
Ideomotor apraxia — loss of the ability to perform simple over-learned gestures e.g. brushing teeth and combing hair.
Dressing apraxia — difficulty in dressing due to loss of ability to make purposeful movements.
Psychiatric disorders.
Expression — neglect of personal hygiene and dress.
Mania — inappropriate dressing and inadequate cleansing.
Anxiety and obsessional states — neglect of hygiene or obsessional preoccupation with it. Time consuming rituals may emerge.
Alcohol and drug dependence — loss of interest in personal appearance, hygiene and dress.
Dementia — loss of self help skills lead to personal neglect — apraxia.
This AL affords the nurse the opportunity to assess the patient's skin for such things as: athletes foot, birthmarks, bruises, bunions, callouses, chilblains, corns, deformities including nails.
Infestation — head lice, body lice, scabies.
Pressure sores.
Rashes.
Scars.
Ulcers.
Colour — jaundice, cyanosis pallor.
With regard to clothing the nurse can develop a scheme of questions which can be borne in mind, not necessarily asked, when assessing clothing, such as: are they appropriate for the environmental temperature?
are they socially appropriate?
are they clean and free from blood, vomit, faeces, urine and stale odour?
are they new/shobby?
Do they give any clue as to a religious order, expressing sexuality, culture and so on. The nurse should note that dignity and modesty are a nursing responsibility for which she is accountable. In the clinical area she should
be familiar with any types of equipment as aids to independence for this AL.

7. **Controlling Body Temperature**

The maintenance of a constant body temperature is essential for all cellular chemical processes. If the body temperature should rise or fall excessively damage to cells and the possibility of death may occur. Loss of some of the factors which may adversely affect this AL.

- **Poverty** — inadequate diet, clothing, bedding, heating and environmental protection.
- **Extremes of temperature** — heatstroke, hypothermia, frost bite.
- **Excessive activity in hot and humid conditions**.
- **Shock**.
- **Endocrine disturbance** — thyrotoxicosis, myxedema.
- **Ageing** — elderly — vulnerable to hypothermia.
- **Infection and inflammation** — cross infection in the clinical area.
- **Illness/disease**.
- **Medication** — phenothiazines — malignant neuroleptic syndrome.
- **Bisons** — organic phosphorus compounds — insecticides.
- **Anxiety states** — flushing and sweating.
- **Alcohol and drug abuse** — variations in temperature as a consequence of withdrawal.
- **Elderly with dementia** — mechanisms for regulating body temperature often impaired — protect against hypothermia.

The nurse in taking the patient's temperature on admission provides a baseline should comparison become necessary. The heating and ventilation of the ward or community care facility should be regulated to the comfort of the patient and any inadequacies reported to the appropriate authority.

8. **Mobilising**

The capacity for movement is a most essential and highly valued human activity. This AL includes movement produced by groups of large muscles enabling people to stand, sit, walk and run. Facial expressions, hand
Gesticulations and mannerisms are movements produced by smaller groups of muscles. It is intimately linked to all the other AL’s list of some of the factors which may adversely affect this AL.

Poor posture.
Foot disorders and bad footwear.
Restrictive clothing.
Prolonged bed rest.
Neurological disease — stroke, multiple sclerosis, parkinsonism.
Musculo-skeletal disorders — pain in rheumatoid arthritis and osteoarthritis, osteo-porosis, osteo-malacia.
Cardio Pulmonary disease — dyspnoea and tiredness, oedema.
Medication — overactivity/underactivity — continuous narcosis.
Poverty of blood supply to lower limbs — intermitted claudication.
Bursitis, lumbago, burns, sprains, fractures, sciatica.
Psychiatric disorders.
Depression — isolation and inactivity.
Mania — generalised overactivity, risk of exhaustion.
Acute anxiety — restless and overactive.
Chronic anxiety — inertia and underactivity.
Conversion symptoms — hysterical paralysis of a limb.
Schizophrenia — overactivity/underactivity.
Catatonic schizophrenia — excitement and stupor.
Abuse of drugs — indolence and inertia.
Abuse of alcohol — peripheral neuritis.
Tertiary syphilis — general paralysis of the insane, talus dorsolis.
Dementia — innability.

Interference with mobility can result in loss of freedom, independence and dignity. It can lead to frustration, aggression and apathy. The nurse has to listen and assist the patient through the ordeal and help to restore his personal worth and dignity. She should be aware of who needs assistance with walking, standing, bathing, dressing, feeding, in/out of bed or chair and of aids to assist independence in this AL.
9. Working and playing

Work provides an income, sense of purpose, accomplishment, company, status in the family and society. Playing describes what a person does in ‘non-work’ time. The term playing covers other words such as leisure, relaxation, recreation, hobby, exercise, sport and holiday. There are many examples of activities which can be one man’s work and another man’s play.

List some of the factors which may adversely effect this AL.

Environmental hazards.

Sensory deficits.

Illness/disease — heart disease, diabetes mellitus, epilepsy, obstructive airways disease, — asthma, chronic bronchitis and emphysema.

Skin disease — dermatitis.

Allergy.

Musculo-skeletal disorders — pain.

Obesity.

Medication.

Redundancy — affects many daily living habits which are primarily work related.

Personality disorder — psychopathy.

Institutionalisation — apathetic, withdrawn and dependent because of the unchallenging and unchanging circumstances.

Psychiatric disorders — in general mental illness can diminish a person’s independence for the activities of working and playing. It lessens an individual’s ability to secure a job and, if employed, to continue to function satisfactorily at work.

Schizophrenia — dependency with loss of interest in work or leisure.

Organic psychiatric states — risk of accidents due to confusion.

Depression, phobias, anxiety, obsessional behaviour — frightened at prospect of group activities, reduced efficiency and blunted social skills.

Mania — overactivity, distractability, loss of concentration and interest.

Alcohol and drug abuse — depression, anxiety, aggression, low self esteem, loss of interest in work and leisure.

The nurse should develop a positive attitude to rehabilitation and to realise that knowledge of rehabilitation is basic to all nursing interventions.
10. Expressing sexuality

Sexuality is a significant dimension of personality and behaviour. Aspects of sexuality include enjoying the accessories which in a given society, characterise man/woman such as style of dress, wearing personal adornments, perfumes and cosmetics; all ways in which the individual concept of being man/woman is announced to others. Feeling attractive is closely associated with the image we have of ourselves and a change in that self image can sometimes cause severe problems regarding sexuality.

List of some of the factors which may adversely affect this AL.

Surgery — mastectomy, hysterectomy, prostaticectomy, amputations, stoma surgery.

Disease of the reproductive system.

Abortion — spontaneous or otherwise.

Venereal disease — AIDS.

X-Ray therapy.

Illness/disease — heart, respiratory, endocrine, diabetes mellitus, physical disability, physical disfigurement, scars, birth marks, burns, skin lesions.

Disorders of menstruation — premenstrual syndrome.

Sexual assault.

Disturbed gender identity.

Poverty — money needed for toilet articles, clothes, sanitary protection.

Intimate medical procedures.

Medication — loss of libido.

Sexual deviations or disorders of sexual preference.

Ageing — menopause.

Disorders of sexual behaviour — exhibitionism, voyeurism, sado-masochism.

Psychiatric disorders.

Depression — loss of libido with associated anxiety.

Mania — increased libido and disinhibition may generate inappropriate sexual behaviours.

Anorexia nervosa — altered body image.

Neurotic states — loss of libido and sexual fears, rituals.

Schizophrenia — inappropriate sexual behaviour.
Alcohol and drug abuse — impotence, jealousy, delusions of infidelity, manipulative behaviour.

Organic psychiatric states — inappropriate sexual behaviour.

The nurse should be aware that patients find intimate procedures disarming and embarrassing. The patient will be reassured if the nurse deals with such situations tactfully and sensibly, acknowledging the mutual embarrassment and helping the patient to maintain dignity and privacy.

11. Sleeping

Sleep is a recurrent state of inertia and unresponsiveness during which the sleeper does not appear to react to external stimuli. Although consciousness is lost temporarily, a sufficient new stimulus such as an alarm clock will arouse the sleeper. Sleep promotes the restoration and growth of all body cells.

List of some of the factors that adversely affect this AL.

Physical illness/disease — pain, discomfort, change of posture.

Change of environment . . . hospitalisation.

Change in heating, ventilation, noise and light intensity.

Medication.

Night duty.

Nightmares.

Surgery.

Insomnia.

Worry.

Restlessness . . . restless legs syndrome.

Hunger and stimulant drinks.

Ageing.

Day time naps.

Incontinence.

Psychiatric disorders.

Depression — initial insomnia or early morning waking with depressive ruminations and suicidal feelings of despair.

Mania . . . too restless to sleep, may disturb the sleep of fellow patients.
Neurotic states . . . anxiety, nightmares, irrational fears, ruminations and rituals.
Schizophrenia . . . psychotic symptoms and restlessness:
Alcohol and drug abuse . . . insomnia from withdrawal.
Organis psychiatric states . . . nocturnal restlessness.

Knowledge of this AL will assist the nurse to be aware of the problems that arise from these situations and do everything possible to increase comfort and promote optimal resting and sleeping.

12. Dying

The activity of dying is the final act of living which may be sudden or prolonged. The purpose of dying is to allow progression from life on earth to the after life. The purpose of grieving is to come to terms with the loss of someone who is significant in one's life. Grief shared with family and friends provides support while emotional and other adjustments are made and the threads of everyday living are picked up again.

List of some of the factors that may adversely affect this AL.
Change of environment and routine . . . hospitalisation.
Pain.
Anorexia/nausea and vomiting/mouth infections/dysphagia.
Dyspnoea/cough
Incontinence.
Bedsores.
Open wounds/unpleasant odour from lesion.
Sleeplessness.
Constipation/faecal impaction.
Confusion.
Fear and anxiety.
Depression . . . feelings of sadness and regret, suicidal ideation.
Loneliness and isolation.
The family and relatives . . . feelings of fear and anxiety.

Religious beliefs and practices provides a patient with strength and courage to face death with dignity and without fear. The emphasis of all nursing is on helping people to cope with the activities of living. Nursing is concerned with helping people both in living and dying. Caring for the dying is concerned with life before death and helping the bereaved is about life after death.
References
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