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

INTERVENTIONS	RATIONALE
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 guiac, digital exam, sigmoidoscopy every year Exposure to tuberculosis—PPD once (chest x-ray for previous positive PPD reading)	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 Pneumoccocal—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 guiac—every year after age 50 Female: Mammography—every year	Assessment reinforces the need for ongoing practice and provides data for specific teaching or referral.
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	

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 Pneumoccocal—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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