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Implementation of Rogers' "unitary human model" in nursing care of a patient with under knee amputation: Case report

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Aim: Traumatic amputations due to traffic accidents are leading in total amputations. Even the lost extremity replanted, sometimes the outcome may not be successful and patients may suffer from extremity loss. It is obvious that during this process, patients and their families experience a long and hard treatment and care process. When nursing models, giving a scientific perspective to nursing interventions and guiding nursing researches, are represented in care, they give an evidence based and high quality approach. Applicability of models in clinical settings is important to test them. The aim of this study is to explain the nursing care of a patient with under knee amputation in accordance with Rogers' "Unitary Human Model".

Methods: Nursing care of a patient with under knee amputation was planned, executed in accordance with the principles of completion, reflection and spirality described by Rogers' "Unitary Human Model" and assessed in this case report.

Case: Twenty five years old male patient had right under knee traumatic amputation due to vehicle accident. After reimplantation, circulation was not achieved and under knee amputation was performed. For stump edge healing Vacuum Assisted Closure was performed. It was planned to place a prosthesis at the third month after the stump edge healing was achieved. In the context of completion principle; as a consequence of being dependent to an aid for the rest of the life, reduction in self-esteem and deterioration in body image nursing diagnosis were given. Completion principle may also be interpreted as the need for medical professionals' and family support to fulfil the requirements that are impossible or hard to perform due to loss of extremity. In the context of Reflection principle; life style of patient is completely changed compared to old routines. There are diagnosis of being exposed to invasive interventions, stump edge pain, immobilization, infection and delay in wound healing due to infection. Antibiotics and analgesics were given by the physician order. Air mattress was given to the patient and exercise program was cooperated with a physiotherapist in the immobilization period. Patient was encouraged to use crutches, mobilize frequently. Low molecular weight heparin was given for risk of venous thromboembolism by the physician order. Patient was prepared for rehabilitation period and aimed to achieve a rhythm appropriate to his old life rhythm. In the context of Spirality principle; new body of the patient deteriorates the patients' interaction with environment and ruins his rhythm. The rhythm between environment and patient is maintained as the patient first sent to clinic from intensive care unit and then to home. Initiatives to give appropriate professional support for the patient experiencing anxiety due to ambiguity in his health status and loss of his role in his family and work life. It was observed that the patient's nursing problems were solved in the healing process.

Outcome: We suggest that with its' new and different perspective, Unitary Human Model may guide nurses in care for patients with amputation.

Biography

Betül Tosun has completed her PhD in Nursing from Gülhane Military Medical Academy, School of Nursing, Department of Fundamentals of Nursing. She is working as a Lecturer at Gülhane Military Medical Academy, School of Nursing, Department of Fundamentals of Nursing. She has published 7 papers in reputed journals.

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