



NURSING CASE STUDY SAMPLE

Case Study on Dementia



NURSING CASE STUDY SAMPLE

Case Study on Dementia

Introduction

Dementia is described as a mental disorder which impacts both the cognitive and intellectual abilities of an individual. This disorder may take its toll in interfering with an individual's everyday activities (Burgh, 2014). Generally speaking, the perception of this disease was often connected to the normal process of aging. However, with the advancements in knowledge regarding molecular biology and medical genetics, the underlying causes are revealing slowly. Even though the exact causes are still to be understood fully from a mechanistic point of view, existing progress in the field of nursing care can now assist patients suffering from Dementia both quantitatively and qualitatively. This case study will consider a client suffering from dementia, offering a brief explanation of the causes, signs, and symptoms, services available, risk assessment communication strategies, as well as its impact. The primary objective of this essay is to offer the audience a wider perspective when it comes to addressing dementia.

Patient Introduction

This case study introduces Mr.X, an 85-year-old man who was admitted to the emergency room, after falling from a ladder inside his living room. He attempted to reach out some old albums placed at the top shelf. After regaining his consciousness, he was not able to explain how he got admitted, even failing to offer any needed medical history details regarding his family. At that time, he was living with his wife named Elisa. According to the information provided by his wife, he suffered from dementia during the last 14 years. As shown by firsthand information after completing a mini-mental status examination, Mr. X was found to have cognitive impairment. After being shifted to the ward, he has not consumed any fluid or food at all. Each time his wife leaves, he becomes restless, even experience some difficulty in looking for directions.

Symptoms

The symptoms of dementia do not generally follow a specific trend since the symptoms may greatly vary. However, when two symptoms are majorly observed in a patient, he or she can already be considered as a patient suffering from dementia. Loss of capacity to focus, memory, language difficulty, communication impairment, visual perception, judgments and reasoning (Sawler, 2008). In the case study above, the client was suffering from memory loss, and he was also experiencing some communication issues, often with loss of capacity to focus and concentrate.

Causes

Dementia typically happens as a result of some damages in the brain. Damage to any portion of the brain often leads to communication impairment. In the current case study, the client displays a loss of memory and a decrease in his cognitive abilities. It has been suggested that his brain may have been subject to severe damage which may come as a result of any biophysical cause or accident. A specific portion of the brain, the Hippocampus, is responsible for memory and learning. This region is usually damaged first during injuries. As such, Alzheimer disease and dementia show early symptoms, typically memory loss. In most of the cases, Alzheimer is the disease that further leads to dementia (Suzat, 2005). This is also the possible dementia cause in the current study.

Risks

Due to cognitive ability loss and memory loss, clients usually fail to evaluate their ability and potential. This results in the tendency to perform activities that result in falling or challenging the personal safety of a person. One of the most prominent reasons for falling is physical weakness coupled by poor balance as a result of gait changes. Visual misperceptions, memory impairment are also the causes associated with the fall.

References

- Burgh, E. (2014). *Dementia – The Real Story*. Florida: Narrative Press.
- Sawler, T. (2008). Explaining the symptoms of dementia. *Journal of Medical Sciences*, 23(2), 12-24.
- Suzat, Y. (2005). The causes of dementia: signs and symptoms combined. *Medical Reports*, 12(3), 45-46.