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What does 'qualifying text' mean?

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Using ISBAR handover;

I – Introduction

My name [Your name] is a community nurse who is currently providing post-operative care and rehabilitation follow-up to Mr Jarrah Wonga, a 62-year-old Indigenous Australian man. I am phoning from the Community Nursing Service following my scheduled home visit to review his progress in recovery since his left total hip replacement the previous 3 months ago. I am calling because I have some things regarding physical, emotional, occupational and urinary health, and I want to get more information and see what the doctor thinks. However, he has reported a much-reduced capacity to mobilise independently and increased emotional distress, including low mood and hopelessness, as well as new symptoms of haematuria, pelvic discomfort, weak stream, weight loss, and new pain in the urinary tract, lower limbs or intergluteal region.

Situation

A 62-year-old male Aboriginal Australian name Mr Jarrah Wonga had a left total hip replacement three months ago. I walked in to find that his surgical wound had healed, but he had been struggling to recover physically and psychologically. He has limited mobility and is dependent on his family for assistance; he still has persistent hip stiffness and muscle weakness. As such, he ambulates in a four-wheel walker for purposes within his home, and he is unable to ambulate outside without a posture supplement. Mr Wonga conveyed his sadness, frustration and hopelessness along with his physical limitations. He is emotionally distraught and has spoken about possibly getting prostate cancer, which has thus made him more anxious. It is in the setting of new urinary symptoms, such as a weak stream, difficulty starting urination, haematuria, pelvic pain and weight loss for unclear reasons, that the complaint occurs.

B – Background

Mr Jarrah Wonga is a 62-year-old Indigenous Australian who was previously admitted to the hospital for a left total hip replacement for advanced osteoarthritis. The postoperative course was uncomplicated, but since his discharge three months ago, he has suffered from reduced mobility and increased dependence on family to help him with activities of daily living. Mr Wonga is a recipient living in a regional area with restricted access to health services and is highly reliant on his daughter and kinship network. His past medical history includes hypertension and obesity; he has been socially isolated since the loss of his partner. While at home, we can see that his physical limitations have also affected his mental health. He tells us that he continues to have a low mood and a feeling of hopelessness.

He also has urinary symptoms such as haematuria, abdominal discomfort and weight loss, which he thinks are related to prostate cancer. It has previously not been reported nor investigated for these symptoms. In planning ongoing care, the cultural background of Wonga, his attachment to his Country and his desire for the family to be involved in health decisions must also be taken into account. Timely intervention and culturally responsive support services are in order based on his recent signs of emotional distress, followed by new physical symptoms.

A – Assessment

From my clinical observation, along with Mr Jarrah Wonga's own reported symptoms through the home visit, the recovery pace is not as expected. Physically, he has limited mobility and muscle weakness, particularly on the left side, so have become unable to perform normally alone (Tokgöz, 2022). Basic movement around the home is carried out with a four-wheel walker, and he cannot ambulate safely outdoors. At present, there is no

physiotherapy support, and since there is no transportation, he has not attended follow-up rehabilitation services.

According to the psychologist, it is a sign psychologically that Mr. Wonga's mental health has been deteriorating. The feelings of sadness, hopelessness and frustration towards his slow recovery and dependence on others he verbalised. His affect was flat, not overly interested in things that he used to enjoy, signalling moderate to severe depression (Seagrave et al., 2021). He was also afraid that his symptoms of urinary might mean that he had prostate cancer, and this only added to his anxiety. The symptoms include a straining weak urinary stream that can be difficult to begin, haematuria (blood in the urine), and pelvic discomfort, and either onset of such symptoms (and/or unexplained recent weight loss) require urgent medical investigation.

Mr Wonga is increasingly isolated socially and culturally. Community and Country are very important to him, and his lack of mobility and mood state have made it difficult to participate. He has nobody supporting him apart from his immediate family and is carrying a huge feeling of psychological dependence that may be a factor for him psychologically (Segev-Jacobovski, 2023).

R – Recommendations

In view of his urinary symptoms of haematuria, weak stream and pelvic discomfort, Mr Wonga should be referred urgently to his general practitioner for further investigation to rule out potential prostate pathology. A urological assessment should include full urinalysis, PSA testing and imaging (Baston et al., 2024). A mental health review is also advised with regard to referral to an Indigenous mental health clinician or psychologist to

ensure culturally safe and appropriate support, given his expressed distress and ongoing low mood (Segev-Jacobovski, 2023).

He should be re-engaged with physiotherapy and occupational therapy services in order to address his mobility limitations, promote his independence with everyday function, and decrease his risk for falls (Marcu et al., 2021). Mr Wonga's difficulty accessing services may be improved by referral to a community-based Aboriginal Health Worker or outreach rehabilitation team (O'Brien et al., 2021). Involving the family of Mr Wonga in all care planning and communication is also ultimately important in order to respect his cultural values and support his connection to the Country and community (O'Brien et al., 2021).

Culturally responsive care, emotional support, health education, and coordinated case management will promote Mr Wonga's physical recovery and overall well-being. His GP, allied health providers, and an Aboriginal health liaison officer should plan subsequent care with him through a case conference (O'Brien et al., 2021).

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