Questions:

1. What symptoms of an eating disorder is Tiffany demonstrating? Tiffany is exhibiting symptoms of anorexia nervosa.

2. What other assessment findings does the nurse anticipate? (See Table 13.3a – Chapter 13)

3. What laboratory tests will likely be ordered during this visit? Laboratory tests may include a complete blood count, electrolyte levels, glucose level, thyroid function tests, erythrocyte sedimentation rate (ESR), and creatine phosphokinase (CPK).

4. What type of psychotherapy would be helpful for Tiffany? Cognitive behavioral therapy and family-based therapy would be useful psychotherapy treatments for Tiffany.

5. What conditions would cause Tiffany to be hospitalized? Tiffany would be hospitalized if her vital signs are unstable, laboratory findings present acute health risk, and she has rapidly worsening symptoms or suicidal ideation with a plan and is unable to contract for safety.

6. Tiffany is hospitalized. Create a brief nursing care plan for Tiffany including a nursing diagnosis, SMART goal, and 3-5 nursing interventions.

Diagnosis: Imbalanced Nutrition: Less Than Body Requirements

SMART Goal: Client will gain at least one pound weekly until reaching healthy weight classification according to her BMI.

Sample Interventions:

- The client will be weighed on Mondays, Wednesdays, and Fridays and progress determined based on a target weight established by the dietician.
- A pleasant, calm atmosphere will be provided at mealtimes.
• The client will be observed during meals to prevent hiding or throwing away food and at least one hour after eating to prevent purging.
• The client will be encouraged to make her own menu choices as she approaches her goal weight.
• Knowledge and skills gained from individual, family, and group therapy sessions will be reinforced with the client and her family.

Answers to interactive elements are given within the interactive element.