Task 1: Written Assignment

**Weight:** 30%

**Must Complete:** Yes

**Word Length:** 1500 words

**Notes:** Written Assignment

**Due Date:** Is displayed at the bottom of this page

**This assessment relates to:**  
[Learning Outcomes](https://handbook.une.edu.au/units/2021/HSNS362?year=2021) 1 4 5 6

Nursing managment of chronic conditions

Using the case study in Module one; Mathew Thornton to address the task below

Task:

Outline what strategies and assessments you as a Registered Nurse would provide as part of your care for Mathew Thornton. Ensure you include holistic, person-centred and culturally appropriate care. Reflect on how these strategies and assessments would facilitate optimum health outcomes and relate these to the National Strategic Framework for Mathew.

Mathew Thornton - Case Study

Mathew is a 33 year old Aboriginal gentleman with a history of obesity, diabetes type 2 and hypertension. He is seeking treatment in an out-patient clinic at Farmdale Community health centre with the local dietitian. The local dietitian suggest that he sees his local GP to get a referral to a specialist endocrinologist for medical weight loss management. He is well aware of the link between obesity, diabetes and cardiovascular disease and felt this appointment could be his last chance in getting help with his health problems and losing weight. As a child Mathew had been normal weight; during adolescence he played rugby for his local club and ended up in a prop position on the field (the props "prop up" the hooker in the scrum. They form part of the front row of the scrum and push against the opposition's props**)**. He gradually put on weight and was overweight in his early twenties. The football culture which he loved was fun and he drank a lot of beer and ate a lot of fast food such as meat pies at the football field after the games.

Mathew developed diabetes type 2 and hypertension in his early thirties (two years ago) and is now medicated with anti-hypertensive and anti-diabetics. His GP (primary care physician) had not really been interested in his weight and instead suggested higher doses of medications or insulin injections on multiple occasions. Mathew was not interested in insulin injections as he was afraid of gaining more weight.

Mathew has now been sedentary for the last 5 years and has also had to give up work as a local farm hand on his sister's property out of town. He had previously tried many weight loss efforts but his diet had been high in fat and calories although he was very well educated in nutritious food. However, he has admitted to overeating, and periods of bingeing. He drinks about 3 litres of coke a day and has at least three serves of hot chips per day.

Mathew is referred to a weight management clinic in a metropolitan tertiary hospital 600km form Farmdale .

His initial anthropometric measurements included a weight of 180kg with a height of 1.81m, a body mass index (BMI) of 54.94kg/m2 which classified him as morbidly obese. His fat % was 52.2% with 85 kg fat mass measured by bioelectrical impedance analysis (BIA) (Tanita Body Composition Analyzer BC-418) for analysing the composition of the body, such as weight, lean body mass (LBM), total body water (TBW), fat free mass (FFM) and basal metabolic rate (BMR). His HbA1c had in the last 2 months ranged from 11.7% to 8.8% and his BP was 160/95 mm Hg.