Case Study: Ms. C. Academic Level : Bachelor Paper details Evaluate the Health History and Medical Information for Mr. C., presented below. Based on this information, formulate a conclusion based on your evaluation, and complete the Critical Thinking Essay assignment, as instructed below. Health History and Medical Information Health History Mr. C., a 32-year-old single male, is seeking information at the outpatient center regarding possible bariatric surgery for his obesity. He currently works at a catalog telephone center. He reports that he has always been heavy, even as a small child, gaining approximately 100 pounds in the last 2-3 years. Previous medical evaluations have not indicated any metabolic diseases, but he says he has sleep apnea and high blood pressure, which he tries to control by restricting dietary sodium. Mr. C. reports increasing shortness of breath with activity, swollen ankles, and pruritus over the last 6 months. Objective Data: Height: 68 inches; weight 134.5 kg BP: 172/98, HR 88, RR 26 3+ pitting edema bilateral feet and ankles Fasting blood glucose: 146 mg/dL Total cholesterol: 250 mg/dL Triglycerides: 312 mg/dL HDL: 30 mg/dL Serum creatinine 1.8 mg/dL BUN 32 mg/dl Critical Thinking Essay In 750-1,000 words, critically evaluate Mr. C.'s potential diagnosis and intervention(s). Include the following: Describe the clinical manifestations present in Mr. C. Describe the potential health risks for obesity that are of concern for Mr. C. Discuss whether bariatric surgery is an appropriate intervention. Assess each of Mr. C.'s functional health patterns using the information given. Discuss at least five actual or potential problems can you identify from the functional health patterns and provide the rationale for each. (Functional health patterns include health-perception, health-management, nutritional, metabolic, elimination, activity-exercise, sleep-rest, cognitive-perceptual, self-perception/self-concept, role-relationship, sexuality/reproductive, coping-stress tolerance.) Explain the staging of end-stage renal disease (ESRD) and contributing factors to consider. Consider ESRD prevention and health promotion opportunities. Describe what type of patient education should be provided to Mr. C. for prevention of future events, health restoration, and avoidance of deterioration of renal status. Explain the type of resources available for ESRD patients for nonacute care and the type of multidisciplinary approach that would be beneficial for these patients. Consider aspects such as devices, transportation, living conditions, return-to-employment issues.

RUBRIC; Clinical Manifestations of Mr. C. 10.0 Clinical manifestations are omitted. Clinical manifestations are partially presented. There are major omissions and inaccuracies. Clinical manifestations are summarized. An overview of the general symptoms is presented. Some findings are incomplete. Subjective and objective clinical manifestations are described. Overall, the clinical manifestations are accurate and reflect observed and perceived signs and symptoms. Subjective and objective clinical manifestations are detailed. The clinical manifestations are accurate and clearly report the observed and perceived signs and symptoms. Potential Health Risks for Obesity and Bariatric Surgery 10.0 Potential health risks for obesity and whether bariatric surgery is an appropriate intervention are not discussed. A partial summary on the potential health risks for obesity and whether bariatric surgery is an appropriate intervention is presented. There are major inaccuracies. More information is needed. No evidence or rationale is provided to support discussion. A summary on the potential health risks for obesity and whether bariatric surgery is an appropriate intervention is presented. There are some inaccuracies. More evidence or rationale is needed to support discussion. A discussion on the potential health risks for obesity is presented. A discussion on whether bariatric surgery is an appropriate intervention is presented but needs some evidence or rationale for support. A detailed discussion of the potential health risks for obesity is presented. A through and compelling discussion on whether bariatric surgery is an appropriate intervention is presented. The discussion is well-developed and supported by evidence and additional rationale. Functional Health Patterns 15.0 Actual or potential problems based on the assessment of functional health patterns of the patient are omitted or are irrelevant for the patient and his condition. The overall criteria for this assignment are not met. At least four actual or potential problems identified from the functional health patterns are presented. The identified problems are not entirely relevant for the patient and his condition. Rationale or evidence is required for support. At least five actual or potential problems identified from the functional health patterns are summarized. The identified problems are generally relevant for the patient and his condition. Some rationale and evidence is required for support. Five or more actual or potential problems identified from the functional health patterns are discussed. The identified problems are relevant for the patient and his condition. Overall, the discussion is supported by rationale and evidence. Some detail is needed for clarity or accuracy. Five or more actual or potential problems identified from the functional health patterns are discussed. The discussion is insightful, and the identified problems are highly relevant for the patient and his condition. The discussion is well-supported by rationale and evidence. Staging and Contributing Factors of End-Stage Renal Disease (ESRD) 10.0 Staging and contributing factors for ESRD are omitted or inaccurate. Staging of ESRD is partially summarized. The contributing factors for ESRD are vague. There are inaccuracies. The staging of ESRD and the contributing factors for ESRD are generally explained. Some information is required; there are minor inaccuracies. The staging of ESRD and the contributing factors for ESRD are explained. Some information or detail is needed for clarity or detail. The staging of ESRD and the contributing factors for ESRD are explained. The information is accurate and reflects contemporary practice and research. Health Promotion and Prevention for ESRD 20.0 Patient education for the prevention of future events, health restoration, and avoidance of deterioration of renal status is omitted. Patient education for the prevention of future events, health restoration, and avoidance of deterioration of renal status is partially summarized. There are inaccuracies. Some aspects are not relevant for the patient and his health status. Patient education for the prevention of future events, health restoration, and avoidance of deterioration of renal status is generally described. There are minor inaccuracies. Overall, the proposed items are relevant for the patient and his health status. Some evidence and rationale are needed to support the discussion. Patient education for the prevention of future events, health restoration, and avoidance of deterioration of renal status is described. The proposed items are relevant and appropriate for the patient and his health status. Evidence and rationale generally support the discussion. Patient education for the prevention of future events, health restoration, and avoidance of deterioration of renal status is thoroughly described. The proposed items are clearly presented and highly relevant and supportive of patient and his health status. Strong evidence and rationale generally support the discussion. Resources for ESRD Patients for Nonacute Care and Multidisciplinary Approach 15.0 Types of resources available for ESRD patients for nonacute care, and the beneficial types of multidisciplinary approaches, are not discussed. An incomplete explanation on the types of resources available for ESRD patients for nonacute care, and the beneficial types of multidisciplinary approaches, is presented. There are major inaccuracies. A general explanation on the types of resources available for ESRD patients for nonacute care, and the beneficial types of multidisciplinary approaches, is presented. There are minor inaccuracies. Some additional information is required. An explanation on the types of resources available for ESRD patients for nonacute care, and the beneficial types of multidisciplinary approaches, is presented. Some detail is required for clarity. A clear and detailed explanation on the types of resources available for ESRD patients for nonacute care, and the beneficial types of multidisciplinary approaches, is presented. The explanation demonstrates insight into both resources and multidisciplinary approaches for nonacute care for ESRD patients. Organization, Effectiveness, and Format