Whitaker Clinical Judgment Series: Regenerative and Restorative Care Worksheet

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Context — Early Spring on the Whitaker Ranch

It is early spring. Snow has melted, but mud and uneven terrain make walking difficult.

Recent events:

- Harold was treated for a mild CHF exacerbation two months ago but avoided hospitalization.
- Since then, he reports decreased stamina and requires frequent rest.
- Margaret's knee pain has worsened, and she now avoids stairs entirely.
- Ruth experienced a fall inside the guest house but did not sustain major injury.
- Daniel's foot ulcer required antibiotic treatment and has partially healed.
- Emily reports increased fatigue and states, "I feel like I'm holding everything together."
- Mobility demands are increasing as calving season begins.

You are analyzing the Whitaker family through a Regenerative and Restorative Care lens.

PART I – RECOGNIZE & ORGANIZE CUES

I.A – Individual Regenerative and Restorative Care Findings

When identifying cues, apply concepts from Chapter 17 (aging-related functional decline, fall risk, ADL/IADL limitations) and Chapter 10 (family adaptation to chronic illness and caregiver role shifts). For each individual listed below (APA formatting; textbook citations must have page numbers):

- Identify 3–5 functional or recovery-related findings.
- Identify mobility, endurance, cognitive, or safety concerns.
- Identify barriers to rehabilitation participation.
- Identify environmental risks specific to ranch life.
- Identify at least one modifiable factor.

Use clinical reasoning prompts to guide your thinking (do not answer directly):

- Which findings suggest declining functional reserve?
- Where is safety risk emerging?
- What modifiable factors could improve recovery potential?

- How does rural geography influence rehabilitation access?
- What behaviors may unintentionally delay restorative care?

Individual	Functional/Recovery Finding #1	Functional/Recovery Finding #2	Functional/Recovery Finding #3	Functional/Recovery Finding #4
Harold	Decreased endurance following recent CHF exacerbation (Robinson & Smith, 2026, p. ___) **Mobility/Safety Concerns:** Reduced stamina, uneven terrain, tractor use, and dizziness	Requires frequent rest periods during daily activities **Barriers to Rehabilitation:** Refusal of PT, strong independence values, and ranch workload	Dizziness and stumble while stepping off tractor indicate fall risk **Environmental Risks:** Muddy terrain, livestock areas, tractors, and uneven walking surfaces	Declines physical therapy despite functional decline **Modifiable Factor:** Participation in PT and supervised strengthening program
Margaret	Severe knee pain limits stair climbing and mobility (Robinson & Smith, 2026, p. ___) **Mobility/Safety Concerns:** Impaired mobility, stair difficulty, and fall risk	Requires assistance standing after lifting feed sack **Barriers to Rehabilitation:** Prioritizes caregiving over self-care and workload demands	Nearly fell carrying laundry upstairs **Environmental Risks:** Basement stairs, carrying heavy loads, uneven ranch terrain	Increasing caregiver burden contributing to fatigue **Modifiable Factor:** Use of assistive devices and activity modification
Ruth	Moderate cognitive decline with worsening evening agitation **Mobility/Safety Concerns:** Wandering, confusion, fall risk, and poor judgement	Recent fall inside guest house **Barriers to Rehabilitation:** Cognitive impairment and inability to consistently follow instructions	Wandering behavior increases injury risk **Environmental Risks:** Guest house separation, livestock pens, and dusk wandering	Requires supervision for safety and medication management **Modifiable Factor:** Increased supervision and environmental safety modifications
Daniel	Partially healed foot ulcer limits full recovery **Mobility/Safety Concerns:** Risk for reinjury and delayed wound healing	Returned to full ranch work prematurely **Barriers to Rehabilitation:** Work demands and slow activity level	Ignores recommendations for therapy and recovery **Environmental Risks:** Prolonged standing, heavy labor, and muddy terrain	Increased frustration and resistance to assistance **Modifiable Factor:** Activity modification and adherence to wound-care recommendations

Responses should be concise and can be written in bullet format.

I.B – Family-Level Restoration Patterns

Identify at least three (3) system-level restorative patterns emerging across the family. Utilize Chapter 10 (Families Living with Chronic Illness), 16 (Family Nursing in Acute Care Settings: pp. 506-509), and Chapter 17 (Families and Aging) to guide your thinking. Feel free to utilize other valid and relevant resources as well (APA formatting; textbook citations must have page numbers).

Students must:

- Identify at least three system-level restorative patterns emerging across the family.
- Demonstrate synthesis beyond listing individual findings.
- Explain how shifting roles and caregiver strain influence rehabilitation potential.
- Identify where independence values may unintentionally increase injury risk.
- Identify at least one pattern that increases fall or safety risk.

Prompts to consider (do not answer directly):

- *How are functional declines in one member affecting workload distribution across the household?*
- *Where is the family compensating effectively — and where is compensation masking risk?*
- *How does reluctance to accept outside help influence restorative potential?*
- *What patterns suggest increasing injury risk within the next 30 days?*
- *How does rural geography limit or delay restorative interventions?*
- *Where might caregiver fatigue undermine rehabilitation success?*
- *Which family member's recovery is most dependent on changes in others' roles?*
- *If current restorative patterns continue unchanged, what is the likely 3–6 month functional trajectory for this family?*

Pattern	Explanation (use expectations above)
Caregiver Role Overload and Functional Compensation	As Harold, Margaret and Ruth undergo greater functional impairment, family members assume more responsibility to compensate. Emily feels extremely tired and believes she is responsible for keeping the family together. Family members' support is associated with resilience, but overcompensation may disguise declining health conditions and prolong required measures. The increased likelihood of burnout, missed warning signals, and unsatisfactory rehabilitation outcomes is associated with caregiver strain (Kintz & Zeitzer, 2026, p. 302).
Independence Values Increasing Safety Risk	Even with increasing concerns about safety, many family members desire to be independent. Harold avoids physical therapy, Daniel returns to strenuous labor before he is well, and Margaret conducts physically demanding employment with limited mobility. Although

	independence is a value, these acts raise the potential for falls, injury, delayed recovery, and hospitalization (Sakamoto & Canning, 2026, p. 526).
Rural Environment Delays Restorative Interventions	The ranch environment has difficulties to rehabilitation programs, home health support and specialty care. Restorative care is limited by muddy ground, long travel distances, and seasonal workload demands Having a delay in action can result in progressive functional decline, increased risk of falls and less success in rehabilitation (Sakamoto & Canning, 2026, p.540-544).
Escalating Fall and Injury Risk Across the Family System	There are now several family members at danger of injury. Harold had a dizzy spell getting off a tractor, Margaret almost tumbled down some steps and Ruth wandered too close to the livestock cages. These events are indicators of diminished functional reserve and an increased environmental risk. The likelihood of the individual sustaining major damage in the following 30 days without assistance is substantial (Sakamoto & Canning, 2026, p.532).

Update #1 (2 weeks later)

- Harold declines referral to physical therapy, stating he can "build stamina on his own."
- Margaret nearly fell while carrying laundry up basement stairs.
- Ruth has increased evening agitation and attempts to exit the house at dusk.
- Daniel resumes full ranch work despite incomplete wound healing.
- Luke becomes distressed when routine changes disrupt household flow.

Reflect on how this update influences your thinking about disease stability and risk.

I.C – Patient & Family Values / Preferences

Consider how family adaptation and caregiver strain concepts from Chapter 10 influence the family's willingness to accept restorative interventions. Write three open-ended questions you would ask Harold and/or Margaret (and, as appropriate, Emily) to better understand the family's priorities and preferences related to recovery, rehabilitation, safety, and maintaining independence.

Your questions should explore:

- *Readiness for rehabilitation or therapy participation*
- *Preferences for staying on the ranch vs. using outside services*
- *Safety tradeoffs (mobility aids, home modifications)*
- *Role changes and workload redistribution*

- *Caregiver capacity and support needs*

1. Harold, what concerns do you have about participating in physical therapy or accepting outside assistance to help maintain your independence on the ranch?
2. Margaret, how do you balance caring for others with caring for your own health, and what type of support would make daily activities safer and easier for you?
3. Emily, what additional resources or assistance would help reduce your caregiving responsibilities while still allowing your family to remain on the ranch?

Identify two family values that may influence restorative decisions.

Value 1:Independence and self-reliance
Value 2:Commitment to maintaining ranch life and family roles

In 3–5 sentences, explain how these values would shape restorative planning. Click or tap here to enter text.

Consider:

- *Acceptance of PT/OT or home health*
- *Willingness to use mobility aids (walker/cane)*
- *Openness to home safety modifications*
- *Decisions about supervision for Ruth*
- *How the family reallocates chores to support recovery*
- *How the plan protects dignity while reducing fall/injury risk*

These values will considerably affect how receptive the family is to restorative approaches. They may decline physical rehabilitation, mobility assistance, or activity limits because they see freedom as vital to their identity. The family may choose home-based therapies versus facility-based therapy to stay on the ranch. Restoration planning should focus on preserving dignity and independence while implementing progressive safety adaptations, adaptive equipment, and realistic task changes. Shared decision-making may increase the acceptability of recommendations and long-term adherence to rehabilitation programs (Kintz & Zeitzer, 2026, p.298).

PART II – ANALYZE CUES

Using the information above, textbook concepts from Chapters 10, 16, and 17, and other relevant and valid resources, respond to each of the following responses (cite resource [APA formatting; textbook citations must have page numbers] in responses). Students should use 5-6 sentences for each response:

- Explain how decreased endurance and mobility influence future hospitalization risk. Older people with chronic health conditions are far more likely to be hospitalized if they have reduced stamina and less ability to move around. Harold's stamina is down since he had an exacerbation of his CHF recently, which means that his functional reserve is down and his ability to tolerate physical demands is down. Limited mobility is generally associated with reduced activity level, muscular deconditioning, higher risk of falling, and exacerbation of chronic disease symptoms. Her increasing soreness in her knees limits her ability to properly do activities of daily life and raises her risk for accident and loss of independence. Functional decline can lead to delayed recognition of worsening symptoms and decreased participation in preventative health care measures. If not addressed, both individuals are at a higher risk of falling, ER visits and hospitalizations (Fitzwater, 2026, p.506).
- Analyze how caregiver overload affects restorative potential. Overburdening the caregiver has negative effects on the patient outcomes and on the family functioning. Emily says she is quite exhausted, and that the load of running the house is heavy. Margaret continues to provide care as her movement becomes more limited. As the caregiving burden increases, physical and emotional fatigue might compromise the capacity to provide rehabilitative exercises, medication administration, and safety monitoring. Caregiver concern may also be associated with missed consultations, delayed action and inadequate commitment to restorative treatment programs. Family members' preoccupation with immediate duties over long-term recovery goals limits options for treatment. "Caregiver wellbeing is an important factor in continued recovery and preventing additional family system deterioration" (Kintz & Zeitzer, 2026, p. 302).
- Explain interaction between cognitive decline (Ruth) and environmental safety. Ruth's cognitive impairment makes her far more vulnerable to environmental dangers. "Her increased night agitation and roaming habits affect judgment and awareness of danger, which increases the chance of falls, injury or being lost. Specific hazards of the ranch setting are cattle areas, uneven ground, mud and inadequate supervision when labor is busy. Immediate safety problems can arise from the combination of cognitive impairment and environmental risks, as demonstrated by her recent trips to animal pens. Dementia may also contribute to diminished awareness of danger and capacity to follow safety procedures; therefore, environmental adjustments and enhanced monitoring may also be helpful in reducing harm and improving safety (Fitzwater, 2026, p. 506).

- Identify one individual at highest risk for injury in the next 30 days and justify reasoning. Ruth is at a high risk for harm over this next 30 days. She has had a recent fall, increased evening anxiety, recurrent wandering behaviors culminating in an incident in which she was located near livestock enclosures. Because of her cognitive disability, she is at danger of catastrophic injury from her inability to notice hazards and make safe decisions. While Harold and Margaret are largely at risk for mobility hazards, Ruth is at risk for cognitive and environmental hazards at the same time. Her wandering can be unpredictable and without warning, making her tough to supervise on a busy ranch. Without timely assistance, the likelihood of falls, exposure injuries or livestock related incidents is very high (Sakamoto & Canning, 2026, p. 534).

Update #2—Escalation in Functional Risk (10 days later)

- Harold becomes dizzy while stepping off the tractor and stumbles, catching himself on the railing. He denies injury but reports "just being tired."
- Margaret experiences significant knee pain after attempting to move a feed sack and requires assistance to stand from a seated position later that evening.
- Ruth wanders outside at dusk and is found near the livestock pens before Daniel brings her inside.
- Daniel reports frustration that "everyone keeps slowing things down," and declines further discussion about therapy referrals.
- Emily admits she has begun sleeping lightly due to fear of nighttime falls or wandering episodes. She states, "I can't keep this pace forever."
- Road conditions have improved, but calving season workload remains high.

Reflect on how this update affects prioritization (no response needed).

PART III – PRIORITIZE RESTORATIVE HYPOTHESES

Priorities should reflect functional decline, caregiver strain, or safety risks described in Chapters 10 and 17 (APA formatting; textbook citations must have page numbers). Based on the full case progression, including Update #2:

- Identify two priority restorative concerns requiring intervention.
- At least one priority must reflect immediate safety or injury risk.
- Consider both individual-level and system-level (family/caregiver) risk.
- Reflect rural context and feasibility of interventions.

Priority	Individuals Affected	Why it is urgent now	Risks if unaddressed (next 30 days)	Supporting Evidence (APA citation)
1: **Immediate Fall and Injury Risk Related to Cognitive Decline and Functional Impairment**	Ruth, Harold, Margaret	Ruth wandered near livestock pens after a previous fall, Harold experienced dizziness while exiting a tractor, and Margaret nearly fell on the stairs. Multiple family members are demonstrating increasing safety concerns simultaneously.	Serious fall injury, fracture, head injury, livestock-related injury, hospitalization, loss of independence, increased caregiver burden.	(Kintz & Zeitzer, 2026, p. 301-302)
2: **Caregiver Strain and Family Functional Overload Affecting Recovery Potential**	Emily, Margaret, Harold, Ruth, Daniel	Emily reports exhaustion and inability to maintain her current caregiving pace. Margaret continues caregiving despite worsening physical limitations. Family compensation strategies are becoming unsustainable.	Caregiver burnout, missed warning signs, delayed medical intervention, rehabilitation failure, worsening chronic illness, increased hospitalization risk.	(Sakamoto & Canning, 2026, p. 533-534).

In addition (3-4 sentences each):

- Explain how family roles or caregiver strain contribute to the problem. With the aging population with chronic illness, functional decline, and increasing care demands, the family has changed dramatically in its responsibilities. Emily and Margaret have taken on major caregiving roles while also managing household and ranch responsibilities. A greater caregiver burden means the family is less able to support rehabilitation, safety monitoring, and chronic disease management. Caregiver weariness can also delay the recognition of deteriorating symptoms, poor compliance with restorative programs, and increased risk of damage to both caregivers and care users. The family adaptation becomes more challenging when the caregiving demands surpass the available resources and support systems (Kintz & Zeitzer, 2026, p. 297.
- Reflect on the rural context and feasibility of interventions. Restorative interventions in the rural ranch environment bring distinct obstacles. Physical therapy, home health care, and specialist follow-up may be underutilized due to geographic

distance, transportation issues, limited rehabilitation providers, and seasonal duties on the ranch. However, interventions such as telemedicine visits, home-based exercise programs, and environmental improvements, as well as caregiver education, may enhance feasibility while family members remain on the ranch. Care plans must be personalized to fit family values, employment requirements, and a preference for independence. Interventions need to be safe, available, and implementable in the rural setting (Sakamoto & Canning, 2026, p. 524-525).

PART IV – REGENERATIVE AND INTERPROFESSIONAL RESTROATION PLANNING

IV.A – Functional Restoration Plan

Use Chapter 16 concepts related to care coordination, communication, and transition planning when designing restorative interventions (APA formatting; textbook citations must have page numbers). Select one individual:

☐ Harold

☐ Margaret

☒ Ruth

Using evidence-based guidelines (APA citation required; textbook citations must include page numbers):

1. Identify one evidence-based restorative intervention (e.g., PT, OT, home safety modification, cognitive support, supervised mobility program). Create a dementia safety plan that is comprehensive and includes home safety adaptations, routine activities, caregiver education, supervised ambulation, and an OT assessment. Studies have proven the effectiveness of environmental adjustments and routine-based techniques in reducing wandering, falls, and injury risk in older persons with cognitive impairments (Fitzwater, 2026, p. 506).
2. Develop one short-term safety stabilization goal (2–4 weeks—use SMART acronym to develop). Family caregivers indicated that after 4 weeks, improvements to the surroundings to make it safer, more monitoring at night, and a regular daily schedule will help Ruth remain fall-free and free of bouts of solo roaming.
3. Develop one longer-term functional independence goal (next 3 months—use SMART acronym to develop). Ruth will be able to safely perform activities of daily life with supervision from her caregiver and will demonstrate a 75% decrease in wandering tendencies after 3 months. Ruth will continue to be mobile without harm or hospitalization.

4. Identify two strategies to increase adherence despite resistance or workload barriers.
    - Establish a regular daily routine as consistent as possible to reduce wandering and frustration
    - Family members will take on some of the supervisory roles so that the caregiver does not become burned out and the burden is shared.
5. Address how autonomy will be respected while preventing injury. Encourage Ruth to engage in familiar activities and to keep as active as possible in her daily routines to allow her to maintain her independence.
6. Identify one measurable threshold that would trigger escalation (e.g., repeat fall, increased confusion, inability to transfer independently). Environmental aids and supervision will be utilized as safety interventions and not as restrictive restrictions. Family members will involve Ruth in decision-making as needed and will ensure proper protection to environmental dangers. It keeps us dignified and decreases the risk of harm and hospitalization.

Plans must now reflect heightened injury risk based on Update #2

IV.B—Environmental & Technology Adaptation

Consider aging-related fall risk and environmental safety concepts from Chapter 17 when developing environmental modifications (APA formatting; textbook citations must have page numbers). Students must:

- Identify one immediate environmental safety modification.
- Identify one technology-supported intervention to reduce injury or wandering risk.
- Specify:
    - What risk it mitigates.
    - Who ensures implementation.
    - Measurable outcome indicating improvement.
    - Monitoring responsibility.
    - Contingency plan if implementation fails.

Safety Modification (8-10 sentences): Environmental adjustments should be done right away. Outside doors should be locked with secure locking systems, and door alarms should be installed to reduce the chance of straying. Ruth's latest stroll near the enclosures where the animals are housed drives up the need for tighter safety procedures. Add motion-activated lighting around entrances and walkways to improve visibility after dark. Reduce the chance of falls by removing clutter from frequently used walkways. Set up an interior place for activities and keep it clutter-free. This can help with roaming while still allowing some movement. Apply safety

precautions such as the use of GPS monitoring devices to provide an additional layer of security in case Ruth departs the home unexpectedly. Emily and Daniel would adopt and maintain these safety measures. Improvement would be measured by no falls and no roaming occurrences over a 30-day period. The responsibility for monitoring would fall on family caregivers. If such measures are not successful and the wandering tendencies continue, the patient may need to be referred for further cognitive testing and possible higher-level supervision services (Sakamoto & Canning, 2026, p. 536).

This section must demonstrate purposeful integration of environmental (rural) and technology strategies.

IV.C – Interprofessional SBAR

Identify one interdisciplinary professional needed: Occupational Therapist

- Role specific to this case: The occupational therapist will assess Ruth's home environment, identify fall and wander risks, recommend adaptive strategies, and provide caregiver education to improve safety and functional independence.

Write a concise SBAR that reflects current instability risk:

Situation (why are you calling now?)	I am calling regarding Ruth Whitaker, an older adult with moderate Alzheimer's disease, who has increased wandering, recent falls, and increased evening agitation. Her danger of being unsafe has climbed dramatically during the last few weeks.
Background (History + new risk identified from update #2)	Ruth has a history of Alzheimer's disease and recently fell at her guest house. Her uncertainty has been becoming worse in the evenings, and she wandered outdoors recently at twilight and was located near the pens where the livestock are kept. Family caregivers feel that effective supervision is challenging because of competing caregiving and ranch obligations.
Assessment (include specific and measurable concerns)	Ruth shows a steady deterioration in cognition, increased roaming, increased fall risk, and impaired safety awareness. Recent events indicate a significant risk of harm if this is allowed to continue. In addition, caregiver strain may be a barrier to providing adequate supervision.
Recommendation (what you are requesting and timeframe)	Please provide a referral for occupational therapy home safety assessment within 7 days to identify environmental hazards, recommend safety modifications, and educate caregivers about wandering prevention strategies. Further recommendations for adaptive equipment and community resources would be appreciated.

PART V – COORDINATED & MEASURABLE RESTORATION ACTION STEPS

Develop 3 measurable restorative action steps.

- One immediate injury-prevention step (1-2 weeks)
- One functional strengthening or rehabilitation step
- One caregiver-support or role-distribution step

Action Step	Responsible Party	Timeline	Measurable Functional/Safety Outcome	Escalation Criteria if No Improvement occurs	Coordination Plan (Who initiates contact, with whom, method, follow-up plan)
1: Implement immediate wandering and fall-prevention measures for Ruth (door alarms, supervision schedule, removal of hazards, motion lighting).	Emily, Daniel, Margaret	1-2 weeks	No falls and no unsupervised wandering incidents for 14 consecutive days.	Repeat fall, wandering episode, injury, or inability to maintain supervision.	Emily will contact the primary care provider and occupational therapist. Family meeting will occur weekly to review safety concerns and adherence.
2: Begin home-based strengthening and mobility program for Harold, including daily walking, balance exercises, and energy conservation techniques.	Harold, Physical Therapist, Family Caregivers	Within 2 weeks	Harold will complete an exercise program at least 5 days a week and report improved stamina with fewer rest periods.	Additional falls, worsening dizziness, inability to complete activities of daily living, or declining endurance.	Primary Care provider initiates PT referral, PT provides home exercise plan and telehealth follow-up as needed.
3: Develop caregiver support and workload redistribution plan to reduce caregiver strain.	Emily, Margaret, Daniel, Social Worker	Within 2-4 weeks	Emily reports decreased fatigue and identifies at least two responsibilities reassigned to other family members.	Persistent exhaustion, sleep disruption, missed appointments, or inability to maintain	Social Worker or care coordinator facilitates family discussion regarding task redistribution.

Part VI—Evaluation and Anticipatory Guidance

Consider how family adaptation and caregiver strain concepts from Chapter 10 influence long-term sustainability of the plan (APA formatting; textbook citations must have page numbers). In 12-15 sentences (2 sentences per response), respond to the following:

- Explain how functional safety will be reassessed within two weeks.
- Identify early warning signs requiring urgent evaluation (e.g., repeat fall, nighttime exit, inability to transfer).
- Explain how the plan reduces injury and hospitalization risk.
- Address ethical tension between independence and safety.
- Identify signs of caregiver strain that require intervention.
- Identify when restorative care may need to transition to a higher level of support.

In two weeks, functional safety will be examined by looking at the frequency of falls, wandering occurrences, limitations in mobility, and the reports from caregivers concerning safety issues (Kintz & Zeitzer, 2026, p. 278). Family members will record the changes in endurance, balance, cognitive state, and ability to execute daily tasks independently.

Signs that need to be evaluated urgently include recurrent falls, worsening dizziness, difficulty transferring independently, severe deterioration in disorientation, successful roaming episodes, or new injuries. Other reasons include sudden functional decline, inability to perform activities of daily living, or signs of caregiver fatigue (Kintz & Zeitzer, 2026, p. 284-285). This restorative approach reduces risks to the environment, improves mobility, improves supervision, and allows early detection of functional decline, thus reducing the risk of injury and hospitalization. Integrated interventions and organized monitoring improve safety and, where possible, encourage independence (Kintz & Zeitzer, 2026, p.281). The dilemma is safety versus independence. Harold and Daniel want Ruth to be self-sufficient, but Ruth’s cognitive decline requires more supervision. The plan of care tries to find the middle ground between the two competing priorities by including shared decision-making and the least restrictive measures needed to prevent harm (Kintz & Zeitzer, 2026, p. 287).

Signs of caregiver strain that require assistance include chronic fatigue, sleep disturbance, irritability, anxiety, emotional exhaustion, social withdrawal, and trouble sustaining daily obligations. Emily's comment of “Emily can’t keep this pace forever” implies a considerable caregiver strain that demands urgent attention and support (Kintz & Zeitzer,2026, p. 301-302).

If Ruth’s wandering behaviors continue despite treatments, or if she has repeated falls or if family caregivers are unable to securely handle care needs, restorative care may need to move to a higher level of assistance. Other services may be required to maintain safety and quality of life, such as home health, adult day programs, respite care, or placement in assisted living (Kintz & Zeitzer, 2026, p.300). As functional demands change, the care plan will need to be amended and will require ongoing review, family communication,

and interprofessional collaboration. Planning and early intervention can help to maintain independence and prevent preventable harm and hospitalization. Restorative family-centered nursing care is about keeping a balance between prioritizing autonomy, safety, and caregiver well-being (Kintz & Zeitzer, 2026, p. 302).

Reference List (APA 7th Edition):

Robinson, M., & Smith, P. (2026). *Family health care nursing: Theory, practice, and research* (8th ed.). F. A. Davis Company.