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Orem's Self-Care Deficit Theory in a Bedridden Patient With Chronic Kidney Disease and Post-Stroke Hemiplegia: A Case Report

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ABSTRACT

Patients with chronic illness and neurological disabilities often have impaired self-care. This case describes a 52-year-old male with Stage 5 chronic kidney disease, hemodialysis, and post-stroke hemiplegia who was semiconscious, bedridden, and dependent for daily care. He had a Stage 2 sacral pressure injury, pressure-area ulceration, and oral findings suggestive of candidiasis. Orem's theory guided compensatory nursing care, including hygiene, oral care, repositioning, skin protection, wound care, and infection monitoring. Improved hygiene and caregiver awareness were observed. The case demonstrates the usefulness of Orem's theory in guiding individualized care for highly dependent patients.

Introduction

Nursing theories provide structured frameworks for assessment, decision-making, intervention, and evaluation. Dorothea Orem's Self-Care Deficit Nursing Theory is particularly useful when patients cannot independently meet their self-care needs. It focuses on self-care agency, self-care demands, self-care deficits, and nursing systems.

Orem-based care has shown benefits in chronic wound management [1], activities of daily living and diabetic foot care [2], and prevention of peristomal skin complications [3]. The theory has also been applied to hospitalized patients with mental health conditions [4] and gastrointestinal cancer [5].

Orem's framework supports self-care management in asthma [6], community health and preventive practices [7], chronic skin conditions [8], and long-term anticoagulation care [9]. Self-care agency is also associated with psychological and chronic disease-related factors, emphasizing the importance of assessing patients' self-care capacity [10].

This case describes the application of Orem's theory in a highly dependent patient with Stage 5 chronic kidney disease, post-stroke hemiplegia, impaired consciousness, immobility, pressure injury, and poor oral hygiene.

Case Presentation

Patient Information

Mr. M. Aslam, a 52-year-old male, had Stage 5 chronic kidney disease and was receiving hemodialysis twice weekly. He had experienced an ischemic stroke approximately six months earlier, resulting in right-sided hemiplegia. He was predominantly bedridden and dependent on family members for most activities of daily living.

The patient was semiconscious and had been receiving nasogastric tube feeding for approximately 20 days. His immobility, neurological impairment, altered consciousness, and dependence on caregivers significantly reduced his ability to perform self-care.

Clinical Assessment

Clinical assessment revealed ischemic changes and ulceration over pressure-prone bony prominences, with a Stage 2 sacral pressure injury involving partial-thickness skin loss. White patches on the tongue and buccal mucosa with foul oral odor were clinically suggestive of oral candidiasis. Family members reported that oral care had not been provided for approximately three days. The patient was a 52-year-old male with Stage 5 chronic kidney disease receiving twice-weekly hemodialysis, with a history of ischemic stroke resulting in right-sided hemiplegia. He was semiconscious, predominantly bedridden, and receiving nasogastric feeding for approximately 20 days. His vital signs were BP 90/60 mmHg, temperature 100°F, and pulse 92 beats/minute.

Family Assessment

Family caregivers were involved in the patient's daily care but had limited knowledge regarding oral hygiene, repositioning, skin care, pressure injury prevention, and recognition of complications. Therefore, caregiver education was incorporated into the nursing plan.

Nursing Assessment and Problem Identification

The patient had a severe self-care deficit associated with hemiplegia, altered consciousness, generalized weakness, prolonged immobility, and chronic illness. Major nursing problems included impaired mobility, Stage 2 sacral pressure injury, poor oral hygiene, increased risk of infection, and dependence for activities of daily living.

Overall, the patient's therapeutic self-care demands substantially exceeded his self-care agency, indicating the need for compensatory nursing assistance.

Application of Orem's Theory

Orem's theory consists of three interrelated components: self-care, self-care deficit, and nursing systems. In this case, the patient's self-care agency was markedly reduced, while his therapeutic self-care demands were high.

His self-care needs included oral and personal hygiene, positioning, skin protection, nutritional support, prevention of complications, and assistance with activities of daily living. Previous clinical applications of Orem's theory similarly demonstrate the importance of assessing self-care capacity before developing individualized interventions [1].

Orem describes three nursing systems: wholly compensatory, partly compensatory, and supportive-educative. Because this patient was unable to perform essential self-care independently, a predominantly wholly compensatory nursing system was used. A supportive-educative approach was applied to family caregivers to improve their knowledge and participation [11].

Orem's theory was applied by comparing the patient's self-care agency with his therapeutic self-care demands. The overall clinical application of the theory to the patient's condition, identified self-care deficits, nursing interventions, and observed outcomes is presented in Figure 01.

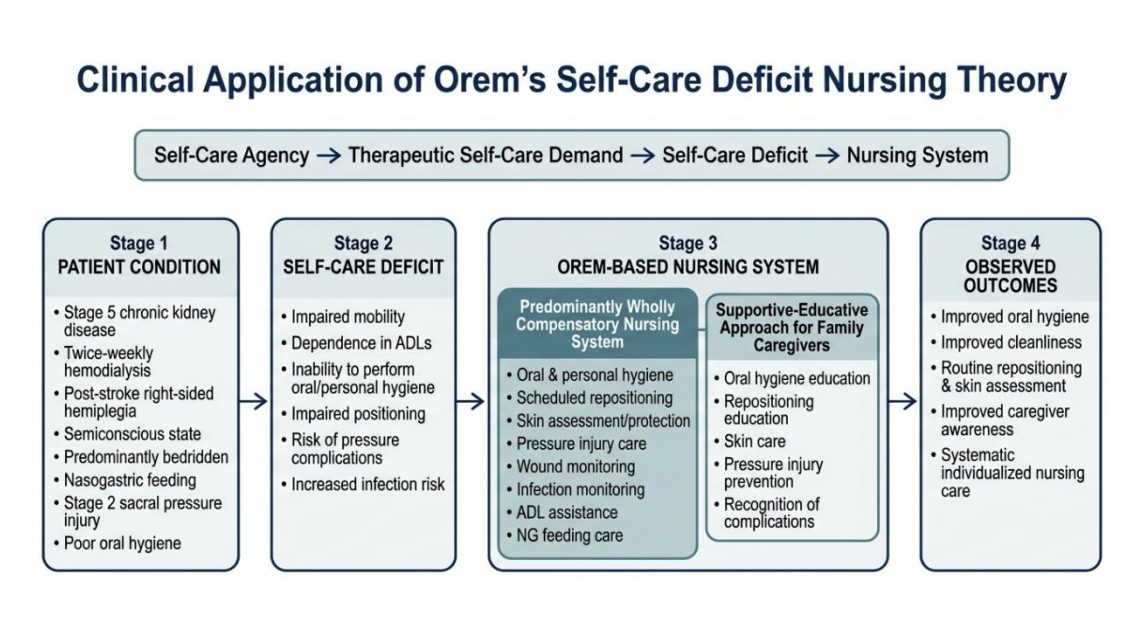

Figure 01: ***Clinical application of Orem's Self-Care Deficit Nursing Theory in a bedridden patient with chronic kidney disease and post-stroke hemiplegia.***

The three nursing systems were considered in relation to the patient's level of self-care ability. As shown in Figure 02, the predominantly wholly compensatory system was selected for the patient, while a supportive-educative approach was incorporated for family caregivers.

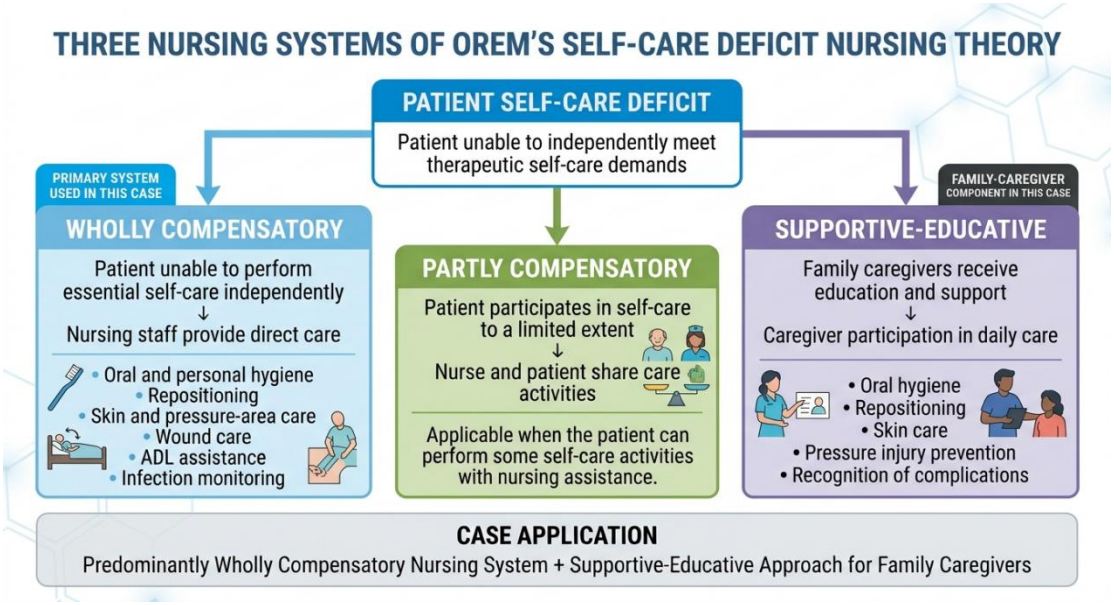

Figure 02: ***Three nursing systems of Orem's Self-Care Deficit Nursing Theory and their application to the present case.***

Nursing Interventions

Nursing care focused on meeting the patient's unmet self-care needs. Interventions included oral and personal hygiene, scheduled repositioning, skin assessment, pressure injury prevention, wound care, infection monitoring, and assistance with activities of daily living.

Regular oral care was provided and the oral cavity was monitored for changes. Repositioning, pressure-area assessment, pressure redistribution, and maintenance of clean and dry skin were incorporated into routine care. The existing sacral pressure injury was monitored and managed according to the clinical care plan.

Vital signs, wound condition, oral findings, consciousness level, and general clinical status were regularly observed for deterioration. Preventive care and self-care education are consistent with previous Orem-based approaches to reducing skin-related complications [3].

Family Education

Family caregivers were educated regarding oral hygiene, personal hygiene, scheduled repositioning, skin care, pressure injury prevention, recognition of complications, and assistance with activities of daily living.

The supportive-educative component was important because the patient was unable to independently perform essential self-care. Orem-based community interventions have similarly emphasized caregiver and patient education to strengthen preventive self-care practices [5].

Community nursing applications have also demonstrated the usefulness of Orem's theory in promoting practical self-care behaviors for chronic skin conditions [6].

Clinical Outcomes

Following structured nursing care, improvement was observed in oral hygiene and general cleanliness. Repositioning and skin assessment became integrated into routine care to reduce the risk of further pressure-related complications.

Family members demonstrated improved awareness of essential caregiving practices, particularly oral hygiene, repositioning, skin protection, and recognition of complications.

However, standardized quantitative outcome measures were not used, and multiple interventions were provided simultaneously. Therefore, the observed improvement cannot be attributed solely to Orem-based nursing care.

Discussion

This case demonstrates the usefulness of Orem's theory in a patient with severe functional dependence. The combination of chronic kidney disease, hemodialysis, post-stroke hemiplegia, impaired consciousness, immobility, pressure injury, and poor oral hygiene created substantial self-care demands.

Orem-based nursing interventions have demonstrated benefits in improving functional ability and wound-related outcomes, supporting the relevance of structured theory-based care in patients with impaired self-care capacity [2].

The theory is applicable beyond wound management. Its use in gastrointestinal cancer has supported self-care abilities and quality of life, demonstrating its relevance to patients with complex chronic conditions [7].

Similarly, Orem's theory provides a useful framework for understanding self-care among people with asthma and other chronic diseases requiring continuous self-management [8].

The present case also emphasizes the role of caregivers. When patients cannot perform self-care independently, family members may become essential participants in daily care. Research involving anticoagulated patients further supports the importance of self-care support and education in long-term health management [9].

Self-care agency is also influenced by broader psychological and chronic disease-related factors. Therefore, nurses should assess not only physical dependence but also the patient's ability and available support to participate in care [10].

Clinical Implications

Orem's theory can assist nurses in identifying the gap between patients' self-care demands and their self-care abilities. It may be particularly useful for patients with chronic disease, neurological impairment, altered consciousness, prolonged immobility, or dependence on caregivers.

The framework can guide compensatory nursing care while simultaneously supporting caregiver education. Community applications of Orem's theory further demonstrate its potential for promoting preventive care and continuity beyond the hospital setting [5].

Patient Perspective

Because the patient was semiconscious and unable to communicate adequately, a detailed patient perspective could not be obtained. Family observations were therefore considered when evaluating care and response.

Strengths and Limitations

The main strength of this case is the practical application of Orem's theory to a patient with multiple interacting conditions and severe self-care dependence. The theory helped organize nursing assessment, compensatory care, and caregiver education.

The major limitation is the single-case design, which limits generalizability. Furthermore, standardized quantitative outcome measures were not used, and several interventions were implemented concurrently; therefore, outcomes cannot be attributed exclusively to Orem's theory.

Conclusion

Dorothea Orem's Self-Care Deficit Nursing Theory provided a practical framework for identifying and addressing the substantial self-care deficits of a bedridden patient with chronic kidney disease and post-stroke hemiplegia. A predominantly wholly compensatory nursing system supported oral hygiene, personal care, repositioning, skin protection, wound care, and prevention of complications. Family education further strengthened caregiver participation. The case demonstrates that nursing theory can support systematic and individualized care for patients with complex and extensive self-care needs.

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