How to Write a Case Study

A case study is an in-depth analysis of a real-life situation or incident, as a way to illustrate content and theory to a real or simulated life situation or both. Case studies allow the learner to acquire cognitive reasoning, critical thinking, and decision-making skills.

HERE are some suggestions for how to write a case study. Remember, this is just a guide! Please be aware that different supervisors/tutors often have slightly different approaches and as such, their requirements may vary. Ensure you check the guidelines provided by your faculty/department and follow these to the letter.

Selecting the Topic

The author should select a topic that is focused, reality-based, relevant, and reflects evidence of best practices in nursing. The topic can deal with a care scenario from a past nursing experience or one that highlights and emphasizes the scope of current nursing practice.

Planning: Write Objectives

In the planning stage, it might be helpful to write at least three objectives or outcomes that reflect what can be learnt from the case study.

Example (N.B. in these examples, the patient diagnosis is schizoaffective disorder)

At the conclusion of the case study, it should be possible to:

1. Identify the characteristic behaviours presented in schizoaffective disorder.
2. Identify the components for diagnosing schizoaffective disorder.
3. Identify the common pharmacological approaches to the treatment of schizoaffective disorder including side effects and nursing considerations.

Developing an Introduction

An introduction is one or two opening paragraphs that set the stage for the case study scenario. Within the introduction, the patient, symptoms, and related circumstances of the situation may be described and may also present the history of the patient leading up to the events to be addressed in the scenario.

Example

J.A., a 35-year-old sanitation worker, was brought to the emergency department by her sister after being found in her home repeating “my neighbours are trying to kill me”. J.A. stated that she often hears voices and sees people who tell her to kill herself.

In the emergency department J.A. was assessed and comforted. Her personal hygiene had been deteriorating and her teeth were discoloured and falling out. Her sister helped with the exam and stated that J.A. “had not shown up for work and would not answer
her phone. I had to break into her house just to get to her”.

**Additional History/Background** (Including: medical and nursing history; family and social history; physical examination findings).

By incorporating another paragraph or two (which might be under separate headings), the author can expand on the introduction of the case scenario. Additional information may be included to add richness, clarify the case, or expand on the background information given in the introduction. For example, laboratory or diagnostic results, physical assessment findings, or additional information about the patient’s history and illness, may be discussed, which provides supplementary information that provides a clearer perception of the problem.

**Example**

J.A. has a history of schizoaffective disorder. She discontinued her medications three weeks ago. According to a study performed in 2002, encouraging medication adherence early in the course of schizoaffective disorder will actually help the patient to continue to take the medication long term (Robinson, et al. 2002).

Schizoaffective disorder is characterized by an uninterrupted period of illness in which two major criteria are present:

- **Delusions** – False beliefs and disturbances in thinking; firm convictions and thoughts about the world that are not based in reality. When challenged about the unlikely hood of their beliefs, clients preserve relentlessly.
- **Hallucinations** – Problems with sensory perception that seem to reflect reality. The individual is convinced that he or she can hear, see or smell something that is not perceived by others.
- **Catatonia** – A state of psychologically induced immobilization at times interrupted by episodes of extreme agitation.
- **Negative symptoms** – Refers to the functional deficits observed in schizophrenia. They include flat affect, lack of motivation, social withdrawal, poor attention, and alogia (Glod, 1998, Ed.)

When compared with schizophrenic patients, schizoaffective patients have consistently better outcomes. However, when compared with typical affective disorder patients, schizoaffective patients have a poorer outcome.

**Family and social history**

Provide pertinent details.

**Example**

J.A.’s mother was diagnosed with depression when she was forty years old and committed suicide ten years after.

**Physical examination/Assessment findings**

**Example**

J.A. was very apprehensive to let the medical person get near her. Her sister helped with the examination. She appeared to have poor hygiene as evidenced by her unwashed hair
and yellow/ black teeth. She was guarded and defensive, reported not sleeping well and a poor appetite. J.A. had little direct eye contact and was hard to keep occupied. She confirmed that she had been having hallucinations and delusions but denies that she might want to commit suicide. Her sister states that J.A. has been on numerous antipsychotic medications in the past and she cannot tolerate the side effects so she stops taking them.

### Course of Care: Planning/Treatment/Evaluation

Outline the course of care, treatments of choice and evaluate planned outcomes:

**Example**

J.A was put on an antipsychotic medication, 25mg 1 time daily initially, increasing to 50 mg per day after two weeks with a target dose of 400mg per day. Review of existing studies of pharmacological agents in the treatment of schizoaffective disorder suggests that use of an antipsychotic agent is necessary (McElroy, Keck and Strakowski, 1999). Although there are many different types of treatments available, many with positive outcomes, antipsychotics are the mainstay of treatment for schizoaffective disorder (Glod, 1998).

Clozapine, and antipsychotic medication, is commonly used as a last resort in patients with schizoaffective disorder. Some common side effects of Clozapine are: sedation; dizziness; hypertension; tachycardia and constipation. Nursing implications for clozapine (clozaril) include the monitoring of: mental status; blood pressure; onset of tardive dyskinesia; frequency and constancy of bowel movements; transient fever and WBC with platelets.

The Manisses Community group (1999) note that Olanzapine (Zxprexa) has also been used to treat schizoaffective disorder. Some side effects of this drug are: dry mouth; constipation; weight gain; insomnia; orthostatic hypotension; tachycardia and fever. Some nursing implications for Olanzapine include monitoring of: blood pressure; mental status; onset of extrapyramidal symptoms; tardive dyskinesia and the onset of neuroleptic malignant syndrome. Treatment of patients with schizophrenia or schizoaffective disorder may improve when olanzapine doses are increased above 20mg daily, and that the higher doses seem to be well tolerated (Manisses Community Group, 1999).

Risperidone, also known as Risperdal, is also used in the treatment of schizoaffective disorder. It is an antipsychotic agent that works by antagonising dopamine and serotonin (NewsRX, 2002). Some common side effects of risperidone include: aggressive behaviour; headache; constipation; dry mouth; weight gain; visual disturbances and sedation. (Lacey, 1996, p.127) When caring for patients who are prescribed risperidone, nurses should monitor mental status and mood changes; blood pressure; extrapyramidal symptoms; tardive dyskinesia and neuroleptic malignant syndrome.

J.A. was immediately transferred to a psychiatric unit where her medications could be monitored until she was stable and able to return to her home. She was given community group therapy information. Five days after her admission to the psychiatric unit she was discharged back into the community. Her medications were overseen by a home health care nurse and Behaviour Management Systems. She attends a group
References
A reference list should follow. The example here is in the Harvard format.

Example


Appendices
Any additional material, such as graphs, copies of questionnaires etc., should be included, if appropriate. You should not include anything that is not referred to in your report.

References and further reading: