

d.5.4 (D)

Baba Educational Society

36/50

Retest

ABR

Submitted to

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Adult health Nursing

Ques-1 Mrs Rama aged 49 yrs admitted in hospital with Pneumonia

- Discuss the clinical Manifestation of Pneumonia
- Explain Management of Pneumonia.

Ans-a Clinical Manifestation of Pneumonia-

- * Cough - Typically productive with sputum that may be purulent, bloody or rusty-colored
- * Dyspnea - Shortness of Breath, especially on exertion
- * Chest Pain - Often pleuritic (sharp worsened by deep exertion breathing or coughing)
- * Tachypnea - Rapid breathing due to hypoxemia
- * Wheezing or crackles - Heard on auscultation over affected lung field
- * Fever - often high grade ^{with} ~~and~~ chill or rigor
- * Fatigue or Malaise - Generalized weakness and exhaustion
- * Sweat - Associated with fever.

* Lypnois - In severe cases due to hypoxemia

* Confusion or Altered Mental status - Particularly in older Adults or those with severe hypoxemia.

* Myalgia or Arthralgia - May occur with viral or atypical pneumonia.

* Headache - Prominent in viral or atypically cases like Influenza or Legionella.

b) Management of Pneumonia -

1) Medical Management -

• The main goal of Medical Management is to -:

a) Maintain Adequate gas Exchange

b) Treat Infection

c) Promote airway clearance.

2) Antibiotic therapy - Depending upon the causative agent organism
It improve outcome in patient with bacterial pneumonia

Drug - Amoxicillin, tetracyclines.

To prevent from infection.

2) Antiviral- Viral Pneumonia usually isn't treated with medication and can go away on its own. Such as Oseltamivir, Zanamivir

3) Oxygen therapy- To prevent or treat hypoxemia.

4) IV fluid- fluid delivers directly to vein (IV) to treat or prevent hydration.

5) Antipyretic- To Reduce fever such as NSAID, Aspirin, Paracetamol.

• Non pharmacological-

1) Breathing treatment and exercise- To help loosen Mucus Membrane and help you to breathe.

2) Using humidifier- To make a steamy shower or bath to make it easier to breathe.

3) Drink plenty of water- Prevent from dehydration. Drink at least 6L water per day.

Nursing Management

1) Teach patient about the cause, sign and symptom and treatment.

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- 2) Monitor patient vital signs
- 3) Auscultate Breath sounds
- 4) Encourage PT to cough and expectorate secretions
- 5) Change position frequently
- 6) Maintain patent airway
- 7) Instruct patient to take oral fluid as individually appropriate
- 8) Encourage patient to take protein rich diet.
- 9) Instruct patient to avoid alcohol intake.
- 10) Instruct patient to talk about his/her fear and ask questions.

Q2 - a) Define cognitive heart failure — (2)

b) Discuss clinical Manifestation of cognitive heart failure — (5)

c) Explain Management of cognitive heart failure. — (8)

Ans - a) Cognitive heart failure is a clinical syndrome characterized by the heart's inability to pump sufficient blood to meet the body's metabolic demand, leading to symptoms such as breathlessness, fatigue, and fluid retention.

* Congestive heart failure is a serious or chronic condition in which the heart muscle is unable to pump enough blood to meet the body oxygen and nutrient needs. It is characterized by sign and symptom of fluid overload or inadequate tissue perfusion.

Ans-b) Clinical Manifestation of Congestive heart failure.

• Left side heart failure -

D - Dyspnea

O - Orthopnea

C - Cough

H - Hemoptysis

A - Adventitious breath sound

P - Pulmonary congestion

1) Large quantities of frothy sputum.


2) Inadequate tissue perfusion

3) Oliguria or nocturia

4) Pulmonary congestion

5) Tachycardia

6) Third rales


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7) fatigue.

Right Sided Heart failure -

- 1) Congestion of visceral or peripheral tissue.
- 2) Edema of lower Extremities
- 3) Hepatomegaly
- 4) Nausea or Anorexia
- 5) Weight gain due to retention of fluid
- 6) Accumulation of fluid in the Peritoneal cavity.

Ans-1) Management of Congestive heart failure.

The main goal of congestive heart failure is

- 1) To improve the performance of ventricular pump.
- 2) To reduce the myocardial workload.

• Pharmacological Intervention

- 1) Vasodilator therapy - NITG₁, Beta Blockers eg metoprolol and Calcium channel Blocker eg - vermapil.
- 2) Diuretics - Buctanide (Bumax) and frousemide (Lasix)

3) Angiotension- Converting Enzyme (ACE) Inhibitor

4) Digitalis- Positive Inotropic agents (Digoxin) Increase the heart ability to pump more effectively by improving the contractile force of muscles.

5) Beta Blockers: Beta adrenergic Blockers (Carvedilol, Metoprolol and Bisoprolol) decrease myocardial workload and protect against fatal dysrhythmia by blocking nor-epinephrine effect of sympathetic Nervous System.

6) Aldosterone Antagonists - Decrease the Sodium Retention, Sympathetic Nervous System activation and Cardiac remodeling.

Surgical Management -

- 1) Coronary angioplasty
- 2) Coronary artery Bypass surgery
- 3) Implantable Cardiac Defibrillator (ICD)
- 4) Intra-aortic Ballon pump (IABP)
- 5) Left ventricular Assist Device (LVAD)
- 6) Valve Replacement Surgery.

7) Heart Replacement surgery

8) Pacemaker Insertion

9) Cardiac Resynchronization Therapy (CRT)

Nursing Management -

1) Monitor pt health status including the hemodynamic status.

2) Promote Self Management.

3) Monitor Central Venous pressure reading.

4) Monitor vital signs of the patient.

5) Assess patient Nutritional status.

6) Instruct PT to reduce salt intake.

7) Avoid alcohol consumption and smoking.

8) Instruct patient to measure weight daily.

Q3. Short Question Answer

a) Dermatitis

b) Paget Disease

c) Hyperthyroidism

d) Polycythemia

e) Gas Gangrene

Ans-1 Dermatoses

Definition-

Dermatoses is a broad group of skin disease or disorder that affect the skin, nail, hair, or mucous membrane. Caused by various factors such as infection, allergies, autoimmune reaction, genetic condition or environment influences.

Etiology-

- 1) Infection
- 2) Autoimmune disease.
- 3) Irritants
- 4) Heredity / Genetic susceptibility.

Risk factor-

- Aging
- Gender
- Immunodeficiency disease.
- Genetic factor
- Exposure to dry treatment.
- Malnutrition, poverty
- Overcrowding
- Poor hygiene.


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Clinical Manifestation-

- 1) Rashes
- 2) Lesions
- 3) fever
- 4) Redness
- 5) Swelling
- 6) Itching.

Diagnostic Evaluation-

- 1) Punch skin Biopsy
- 2) Incisional skin Biopsy
- 3) Excisional skin Biopsy
- 4) Shave skin Biopsy.

Medical Management-

- 1) Management of dermatoses depend upon the specific underlying disease.
- 2) Pharmacological treatment usually include-
 - a) Moisture
 - b) Antibiotics
 - c) Keratolytics

d) Antipsychotics

e) Anti-inflammatory

Nursing Management:

- 1) Assess the general condition of the PT.
- 2) Provide knowledge about the disease condition.
- 3) Maintain diet chart of the patient.
- 4) Provide medication prescribed by physician.
- 5) Instruct patient to avoid any cream.

b) Paget Disease.

Paget Disease is a progressive Metabolic skeletal disorder Resulting from excessive osteoclast activity. It is chronic condition that cause ~~Abnormal~~ enlargement and weakening of Bone.

Etiology-

- Exact cause is unknown
- It may be cause by Infection from Blood Borne virus.

Risk factor-

- Ethnicity

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- Aging
- Genetics

Clinical Manifestation.

- 1) Pain
- 2) Pre-disposition to fracture
- 3) Osteoarthritis
- 4) Tinnitus
- 5) Dementia
- 6) Malignant Bone Tumor
- 7) Bladder and Bowel dysfunction
- 8) Congestive Heart failure.

Diagnostic Evaluation.

- 1) Elevated serum alkaline phosphate.
- 2) Bone scans
- 3) Bone Biopsy

Medical Management-

- 1) Manage pain with NSAID such as Ibuprofen, Aspirin
- 2) Calcitonin is the main medication used for this disease.
- 3) Tibial osteotomy may be done to align knee and relieve pain.

4) In severe cases Surgery may be required to relieve pinched Nerve or Bone fracture or to replace a joint severely affected by arthritis.

Nursing Management-

- 1) Administer Analgesic
- 2) Teach safety measure to prevent falls, good lighting etc.
- 3) Make sure patient know how to use Mobility aids
- 4) Assist PT with activities as needed.
- 5) Encourage PT to perform Exercise to maintain physical abilities and prevents falls.

c) Hyperthyroidism

Hyperthyroidism is a excessive secretion of thyroid hormone which accelerates many body function causing a Hyperthyroidism

Etiology.

- Grave disease.
- Acute thyroiditis
- Sub acute thyroiditis
- stress
- Pituitary adenoma.

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- Pituitary resistance to T₄
- Iodine induced Hyperthyroidism.

Risk factor-

- Being female
- Being over Age.
- Pituitary disorder
- Hypothalamic disorder.

Clinical Manifestation-

- 1) Tachycardia
- 2) Blood pressure.
- 3) Weight loss
- 4) Diarrhea
- 5) Muscle weakness
- 6) Malnutrition
- 7) Nervousness
- 8) Anxiety
- 9) fine tremors
- 10) Abdominal Pain.

Diagnostic Evaluation-

- CBC

- Thyroid Scan.

- Thyroid ultrasound.

Management.

Medical Management-

1) Antithyroid such as Methimazole

2) Radioactive Iodine therapy

3) Dexamethasone

4) Beta adrenergic Antagonists.

5) Adjunctive therapy.

Surgical Management-

1) Thyroid Biopsy

2) Thyroidectomy.

Nursing Management-

1) Educate PT about hyperthyroidism

2) Monitor vital sign of the PT.

3) Monitor patient intake/outtake.

4) Auscultate Heart sound

5) Assess nutritional status of pt.

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d) Polyythemia-

Polyythemia Vera (PV) is an ~~exo~~ elevation of RBC, Hgb and Hct beyond their Normal Range. An Increased in the Actual No of RBC or absolute erythrocytosis is caused by abnormal Increase in Bone Marrow Activity.

Etiology

- 1) Pregnancy
- 2) High cholesterol
- 3) Smoking
- 4) History of Blood clots.

Risk factor-

- Chronic Hypoxia.
- Long term cigarette and smoking.
- living in high altitudes.

Clinical Manifestation-

- 1) Elevated Hct
- 2) Severe pain
- 3) sweating
- 4) weight loss
- 5) splenomegaly.

- Hyperuricemia

- Reddish purple skin

Diagnostic Evaluation.

- CT scan

- CBC

- Bone Marrow Aspiration.

- ABG.

Management

- Medical Management

1) Allopurinol - Zyloprim - It reduce Hyperuricemia

2) H₁ and H₂ Blocker - (Cyproheptadine or Cimetidine)

3) low dose Aspirin reduce the effectiveness of the increased No of platelets.

4) ^{tes}Interferon has been used when other treatment do not ~~use~~ reduce thrombocytosis.

Nursing Management:-

1) Explain the disease process, nothing that lifelong treatment is required.

2) Monitor pt vital sign

3) Assess the level of pain its location and severity.

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4) Encourage and Assist PT with ambulation.

5) Perform phlebotomies as ordered.

c) Gas Gangrene

A bacterial infection that produce gas with tissue is known as gas gangrene. It is caused by clostridium spore bearing gram positive perfringens bacteria.

Etiology-

- Clostridium perfringens
- Group A streptococcus.
- staphylococcus.
- Vibrio vulnificus

Risk factor-

Wound ~~there~~ are too deep

Muscle injuries.

Diabetes

Severe damage tissue.

Clinical Manifestation.

- 1) fever
- 2) Swelling
- 3) Jaundice.

- 4) Vomiting
- 5) Increase Heart rate.
- 6) Air gas in subcutaneous tissue.
- 7) foul smell
- 8) Excessive sweating.

Diagnostic Evaluation.

- 1) Microscopic Examination
- 2) Blood ^{CU} Culture
- 3) Xray
- 4) CT scan

Medical Management -

- 1) Early and adequate wound debridement and Irrigation to Remove debris, necrosis and foreign material
- 2) Chemotherapy
- 3) Antibiotic therapy

Nursing Management -

- 1) Assess the sign of gas gangrene
- 2) Clean the wound area
- 3) Avoid Contaminated Material.

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4) Encourage PT to ventilate his/her feeling concern and ask questions.

5) If high risk wound give Penicillin to pt.

Q4 - Short Answer question

a) Pleural effusion - Pleural Effusion is the abnormal accumulation of fluid in the Pleural cavity and this cavity between the lung and the chest wall, resulting from imbalance in the fluid production.

b) Peptic ulcer - is a sore or lesion that form in the lining of the stomach, duodenum, or esophagus due to the erosion of the mucosal layer.

c) wound healing is the process by which the Body repair damage tissue involving four main phase - hemostasis, inflammation, proliferation, Maturation.

d) Hyponatremia - is a condition characterized by abnormally low level of sodium (Na^+) in the Blood typically defined as serum sodium concentration less than 135 mEq/L .