STUDENT NAME Hannah Rossi

CONCEPT Testicular Self-Exam REVIEW MODULE CHAPTER

Related Content

(E.G., DELEGATION, LEVELS OF PREVENTION, ADVANCE DIRECTIVES)

- Testes are to produce and store sperm.
- Left teste is lower than right.
- Testes are responsible for producing testosterone and androgens.

Underlying Principles

The purpose of this exam is to look for signs of testicular cancer and any abnormalities such as a masses, swelling, etc.

Nursing Interventions

WHO? WHEN? WHY? HOW?

- This is for males and encouraged for 20-35 yr olds who are high risk for testicular cancer.
- This is done monthly, in a warm environment, use both hanfs, palpate scrotum, check for lesions and or masses, identify structures - smooth, egg shaped, one normally larger; spermatic cord firm and smooth.

Medication

STUDENT NAME: Hannah Rossi
MEDICATION: Estrogen (Esterified)
CATEGORY CLASS: Estrogen (Hormone)

Expected Pharmacological Action:
Responsible for development and maintenance of female reproductive system and secondary sexual characteristics; modulates release of gonadotropin releasing hormones, reduces FSH , LH
(reduces elevated levels of gonadotropin hormones, FSH, and LH).

Therapeutic Use:
Management of moderate to severe vasomotor sx of menopause. Tx of hypoestrogenism due to hypogonadism, castration, or primary ovarian failure. Prevention of osteoporosis in postmenopausal women. Palliative treatment of inoperable, progressive cancer of the prostate and breast in men, and of the breast in postmenopausal women. Treatment of moderate to severe vulvar and vaginal atrophy due to menopause.

Complications: Vaginal bleeding (spotting, breakthrough bleeding), breast pain/tenderness, gynecomastia. Headache, hypertension, intolerance to contact lenses. Anorexia, nausea. Loss of scalp hair, depression.
Adverse Effects: Prolonged administration may increase risk of breast, cervical, endometrial, hepatic, vaginal carcinoma; cerebrovascular disease, coronary heart disease, gallbladder disease, hypercalcemia.

Medication Administration:
Vasomotor Symptoms Associated with Menopause PO: ADULTS, ELDERLY: 0.3 mg/day cyclically or daily.
Vulvar and Vaginal Atrophy PO: ADULTS, ELDERLY: 0.3 mg/day cyclically or daily. Intravaginal: ADULTS, ELDERLY: 0.5–2 g/day cyclically.
Hypoestrogenism due to Hypogonadism PO: ADULTS: 0.3–0.625 mg/day given cyclically. Dose may be titrated in 6- to 12- mo intervals. Progestin treatment should be added to maintain bone mineral density once skeletal maturity is achieved.
Hypoestrogenism due to Castration, Primary Ovarian Failure PO: ADULTS: Initially, 1.25 mg/day cyclically. Adjust dosage, upward or downward, according to severity of symptoms and pt response. For maintenance, adjust dosage to lowest level that will provide effective control.
Postmenopausal Osteoporosis Prevention PO: ADULTS, ELDERLY: 0.3 daily or cyclically.
Breast Cancer (Metastatic) PO: ADULTS, ELDERLY: 10 mg 3 times/day for at least 3 mos.
Prostate Cancer (Advanced) PO: ADULTS, ELDERLY: 1.25–2.5 mg 3 times/day.
Abnormal Uterine Bleeding IV, IM: ADULTS: 25 mg; may repeat once in 6–12 hrs.

Contraindications/Precautions:
Contraindications: Hypersensitivity to estrogens. Breast cancer (except in pts being treated for metastatic disease), hepatic disease, history of or current thrombophlebitis, undiagnosed abnormal vaginal bleeding, pregnancy, DVT or PE (current or history of), angioedema or anaphylactic reaction to estrogens, estrogen-dependent tumors. Known protein C, protein S, antithrombin deficiency or other thrombophilic disorder.

Precautions: Asthma, epilepsy, migraine headaches, diabetes, cardiac/renal dysfunction, history of severe hypocalcemia, lupus erythematosus, porphyria, endometriosis, gallbladder disease, familial defects of lipoprotein metabolism. Hypoparathyroidism, history of cholestatic , jaundice.

Nursing Interventions:
Question for hypersensitivity to estrogen, hepatic impairment, thromboembolic disorders associated with pregnancy, estrogen therapy. Assess frequency/severity of vasomotor symptoms. Review results of baseline mammogram in pts with breast cancer. Assess B/P periodically. Assess for edema; weigh daily. Monitor for loss of vision, diplopia, migraine, thromboembolic disorder, sudden onset of proptosis

Interactions: anticoagulants; herbs w/ estrogenic properties (fennel, red clover, ginseng); may increase glucose, HDL, calcium, triglycerides. May decrease serum cholesterol;

Client Education:
Avoid smoking due to increased risk of heart attack, blood clots.
Avoid grapefruit products.
Diet, exercise important part of therapy when used to retard osteoporosis.
Promptly report signs/symptoms of thromboembolic, thrombotic disorders: sudden severe headache, shortness of breath, vision/ speech disturbance, weakness/numbness of an extremity, loss of coordination; pain in chest, groin, leg.
Report abnormal vaginal bleeding, depression.
Teach female pts to perform breast self exam. Report weight gain of more than 5 lbs a wk.
Stop taking medication, contact physician if pregnancy is suspected.

Evaluation of Medication Effectiveness:

monitor for improvement of sx of condition being treated