

Adelita Reyna  
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Tuberculosis is something I was worried I contracted when I was working in the lab at the hospital. I was asked to get a blood specimen from a patient that was considered a "hard stick" at an outside location nursing home. I walked in the patient's room and spent over 10 minutes in there while the patient was coughing and looked very ill. There was no special precautions or any indication like an isolation cart outside the room for me to know that the patient currently had tuberculosis. I notified Human Resources of the incident and they drew labs on me and continued to check on me but I never had a positive TB test or indications on an X-ray. I started to feel the signs and symptoms that was listed like the: fatigue, fever, chills, poor appetite, coughing but never tested positive. But to find out how contagious it is from the video, I am very lucky to not have contracted it despite how I was feeling. I am more cautious now when I enter any patients room because you just never know anymore what a patient has contracted. Also, I have a lot of respiratory issues and consider myself at risk especially for isolation precaution patients. I didn't know there was a such thing as "Latent TB". As that certain conditions can cause it to become active even though the bacteria at first was inactive in the body.

Emphysema & Bronchitis: COPD was made more clear in your lecture. Especially in knowing how to care for a patient experiencing any one of those disease processes. I didn't realize how many people are affected by COPD. I actually had the privilege of caring for a patient on the unit with COPD and the symptoms that was listed is exactly how she was feeling and presented with when I was doing my assessment on her. For sure the tissue changes that the disease process affected her lungs to decrease volume of oxygen in the lungs as she inhaled and wasn't able to expel the full amount inhaled and so to see "air trapping" in person and not just described in lecture was pretty cool. Smoking was a common cause for COPD and she most definitely regretted ever picking up the habit. I always assumed Emphysema and Bronchitis were the same thing as COPD but to know that COPD is mainly a umbrella term used to group lung conditions which are characterized by increasing breathlessness.

Obstructive sleep apnea: Now that I have gained over 70 pounds I feel like I suffer to a degree of some sort of sleep apnea since the weight pushes up on my diaphragm as I'm laying down on my back causing me to not get the proper amount of oxygen while I'm sleeping. Also I'm told that I've started to snore and there's periods in between each snore where it seems I do not breathe for a second or two but no longer than that. I might just overthink it but that's the only reason I can think of as to why I feel so fatigued waking up despite sleeping for 7 plus hours and I have only noticed it after gaining so much weight after foot surgery. I do have three of the risk factors which is obesity, non-white, and nasal obstruction like Allergic Rhinitis as to why I am on a nasal spray and Singular. Videos like this are helpful to know how to care for yourself with these types of disease process. I may not be able to "cure" this but a lot of the risk factors I can modify to in hopes lessen the symptoms. This is knowledge I can pass on to patients who may have questions about their diagnoses.

Pneumonia is something my father frequently gets due to his age and being a type two diabetic. This video is actually one that I have shown my father to help explain it because he thought it was from going outside in the cold frequently causing him to get sick. Due to frequent hospitalizations with pneumonia I am able to pick up often when he's starting to come down with it which were listed in the video such as: Fever, shivering chills, shortness of breathe

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and seating. He always says he just needs to sleep it off but we still take him in and results show WBC of 11+.

Chest tubes: Even though she covered the anatomy and how the chest tube correlates as to what the box is showing I still am sort of confused as to how placing a chest tube in the lung to "re-inflate" it. After watching the video I searched for another video to show a visualization of the actual lung and what happens in this whole process. Truly thankful for the advances in medicine to know that there are tools like this to help the outcome of a patient but placing a chest tube after trauma, or surgery. For sure on the floor if I still have further questions on chest tubes I will ask because not every patient will have one and so in case I don't come across them often I will make sure to get an in service on the drainage system and how to troubleshoot the, as well. I just need to make sure to remember to include the drainage in the patients I & O's for documentation and the drainage system is also a part of my physical assessment when caring for a patient with one.