

Case Study- Community Acquired pneumonia (CAP)

Scenario

The sister of C.K. called to report her 71-year-old brother came down with a fever 2 days ago. Now he has shaking chills, productive cough, and inability to lie down to sleep because "he cannot stop coughing." C.K. is examined at the hospital's primary care clinic, is diagnosed (Dx) with community- acquired pneumonia (CAP), and is admitted to your floor.

1. What would you include in your assessment/ what would you expect to find?
2. What is CAP how is it different from other pneumonias?
3. What causes it usually?
4. What diagnostic test do you think the HCP would order? Why?
5. What are the clinical signs and systems for this disease process?
6. What would treatment be?
7. What would you include in patient teaching? Discharge planning?
8. Dietary considerations.
9. What are some complications of CAP?

Case Study- aspiration pneumonia

Scenario

A 35 year alcoholic male with a history of seizures is admitted with a three week history of fever, generalized weakness, poor appetite, and cough productive of green, foul - smelling sputum. On physical examination, the temperature is 100.3 degrees P. pulse is 96 beats per minute, respiratory rate is 20 breaths per minute, and BP is 120/80 mm. There are many missing teeth with gingivitis and dental caries. He has rales and decreased breath sounds over the right base. Chest x-ray shows consolidation in the superior segment of the right lower lobe.

1. What type of infection is suggested by his foul smelling sputum?
2. What are the clinical signs and systems for this disease process?

3. What are the other predisposing factors for aspiration? What factor/s predisposed this patient to aspirate?
4. What diagnostic test do you think the HCP would order? Why?
5. What would treatment be?
6. What would you include in patient teaching? Discharge planning?
7. Dietary considerations.
8. Discharge considerations.

Case Study- Chronic bronchitis

Scenario

Mr. O'Connor is a 62-year-old auto mechanic who presents with progressive shortness of breath for the past several days. His problem began four days ago when "I got a cold." His "cold" consisted of a sore throat, rhinorrhea and myalgia. His job forces him to work in the cold and damp air. At first he just felt tired but later he developed a cough and shortness of breath. Initially, the cough was dry but within 24 hours of onset, it produced abundant yellow-green sputum. He states, "I cough up a cup of this stuff every day." He didn't think much of the cough because he continually coughs during the winter of each year. The shortness of breath has worsened so that he can hardly speak now. However, he does complain of swelling of his ankles: "I've had this for more than a year. He has been treated for similar episodes of coughing and shortness of breath during the past two years. He smokes 1-2 packs of cigarettes per day and has done so for the past 35 years.

1. What is Chronic Bronchitis explain patho?
2. Who is at risk for developing?
3. What is the clinical presentation for Chronic Bronchitis?
4. What would you expect to find on assessment?

5. What diagnostic test would be done? What does this test tell you?
6. What would you expect treatment to consist of?
7. What patient teaching would you teach pt.? Name at least 3
8. What do you think brought him to see HCP?
9. What are early, late, and chronic symptoms of hypoxia?
10. Where are the best places to check for cyanosis?
11. What is a symptom of chronic hypoxia?

Case Study- COPD

Scenario:

S.W., a 50-year-old Caucasian man, comes to the emergency department with worsening dyspnea, fever, cough, and increased purulent sputum production. He is accompanied by his sister, who says John has been experiencing shortness of breath;

feeling fatigued and has not been thinking clearly. His sister states that John has had a cold for the past three days, which he tried to manage with Tylenol. According to past medical history, John has been a smoker for 30 years and has quit one year ago when he was diagnosed with chronic obstructive pulmonary disease.

1. What is emphysema explain patho?
2. Who is at risk for developing?
3. What is the clinical presentation for emphysema?
4. What would you expect to find on assessment?
5. What diagnostic test would be done? What does this test tell you?
6. What would you expect treatment to consist of?
7. What patient teachings would you teach pt? Name at least 3
8. Discharge planning. Include diet consideration, ADL
9. What about O2 therapy and these patients?

Case Study- Hospital acquired pneumonia

Scenario

RP is a 68 year-old male who was admitted to the hospital from his long-term care facility after 1 week of dyspnea and cough. He was seen by a staff physician at the long-term care facility and was diagnosed with a COPD exacerbation. He was

prescribed azithromycin, but has not improved after 3 days of antibiotics. What would you include in your assessment/ what would you expect to find?

1. What is HAP how is it different from other pneumonias?
2. What causes it usually?
3. What diagnostic test do you think the HCP would order? Why?
4. What are the clinical signs and systems for this disease process?
5. What would treatment be?
6. What would you include in patient teaching? Discharge planning?

Case Study- TB

Scenario

You are a public health nurse working at a county immunization and tuberculosis (TB) clinic. B.A. is a 61 yr. old female who wishes to obtain a food handler's license and is

required to show proof of a negative Mantoux (purified protein derivative (PPD) test before being hired. She came in your clinic 2 days ago, to obtain a PPD test for TB. She has returned to have you evaluate her reaction.

She admits that her mother had TB when she was a child but says she has never tested positive. She says, I feel just fine and I don't think all this is necessary."

1. What is TB and what microorganism causes it, main organ it affects? (Why does it like this organ?)
2. What is the route of transmission for TB? Is it easily transmitted?
3. Who is at high risk for developing it?
5. What is the preferred method for TB screening? How would you know if it is a positive or negative result?
6. What are clinical presentations for TB? (Signs and Symptoms)- Late and Early disease.
8. What diagnostic studies would be ordered and why?
9. How do you determine whether the test is positive or negative? What is consider positive in a healthy adult? What about immunocompromised?
10. You measure and note that the area of erythema measured 30mm in diameter and are of induration is measures 16mm in diameter. Determine whether B.A. has active TB?
11. What does a positive PPD result mean?
12. How would you determine whether B.A. has active T.B?
13. What is multidrug resistant TB? How can you ensure pt. takes Rx?
14. When are they no longer considered contagious?
15. Do all TB patients require hospitalization? If in the hospital what kind of isolation? What kind of mask has to be wore? Who wears mask is patient is out of their hospital room?
16. What patient teaching should you include? Discharge planning
17. What would B.A, have to have from now on instead of a skin test?