

Richard Kumpi
Remediation Adult H2

1. Management of care: Alzheimer's Disease

- a. **Risk factors:** advanced age, chemical imbalances, family history of AD or Down syndrome, genetic predisposition, previous head injury, sex (female).
- b. **Laboratory tests:** no specific lab test can definitively diagnose AD, several lab tests can rule out other causes of dementia,
- c. **Nursing care:** assess cognitive status, memory, judgement, and personality changes, initiate.

2. Safety and infection control: spinal cord injury:

- a. **Health promotion and disease prevention:** causes of most SCIs are trauma (motor vehicle accidents), diving accidents, and gunshot wounds. Hyperflexion injuries are caused by acceleration injuries that cause sharp forward flexion of the spine (head-on collision, fall, or diving).
- b. **Risk factors:** high-risk activities (extreme sport or high-speed driving), participation in impact sports (football or driving), acts of violence (gunshot and knife wounds), substance use, disease, falls, especially in older adults.
- c. **Expected findings:** report of lack of sensation of dermatomes below the level of the lesion, report of neck or back pain.

3. Health promotion and maintenance: cancer disorders: skin cancer:

- a. **Risk factors:** occupational history of chemical carcinogens, history of severe skin injury, immunosuppression therapy, exposure to ultraviolet light over long periods of time, chronic skin inflammation, burns light-skinned people (blonde or red hair, fair skin, freckles, blue eyes), presence of several large or many small moles, family or personal history of melanoma
- b. **Nursing care:** monitor for evidence of infection. Assess for other physiological indications of infection. Manifestations that stem from the immune response (increased WBC, fever, pus, redness, inflammation) are not likely due to immunosuppression.
- c. **Therapeutic procedures:** chemotherapy: the primary choice of treatment for lung cancers. It is often used in combination with radiation and or surgery. Photodynamic therapy: is performed through bronchoscopy to treat small, accessible tumors. Radiation therapy: is effective for lung cancer that has not spread beyond the chest wall and is used as an adjuvant therapy.

4. Psychosocial integrity: Coping

- a. **Stress:** describes changes in an individual's state of balance in response to stressors, the internal and external forces that disrupt that state of balance. It can be good or bad and produces a similar biological response in the body.

- b. **Coping:** coping describes how an individual deals with problems and issues. It is the behavioral and cognitive efforts of an individual to manage stress. Factors influencing an individual's ability to cope include the number, duration, and intensity of stressors, the individual's past experiences, current support system, and available resources.
- c. **Nursing care:** encourage health promotion strategies (regular exercise, optimal nutrition, adequate sleep and rest). Assist with time management and determining priority tasks. Encourage appropriate relaxation techniques (breathing exercise, massage, imagery, yoga, meditation).

5. Basic care and comfort: Chronic Kidney Disease

- a. **Diagnostic procedures:** cystoscopy, retrograde pyelography, kidney biopsy
- b. **Therapeutic procedures:** peritoneal dialysis, hemodialysis, kidney transplantation
- c. **Client education:** monitor the daily intake of carbohydrates, proteins, sodium, and potassium. Monitor fluid intake according to prescribed fluid restriction, avoid antacids containing magnesium, take rest periods from activity, follow instructions for home or outpatient peritoneal dialysis or hemodialysis. Check BP and weight at home. Diet, exercise, and take medication as prescribed. Take part in a smoking-cessation support group and counseling.

6. Pharmacological and parental therapies: Tuberculosis

- a. **Risk factors:** frequent and close contact with an untreated individual. Lower socioeconomic status and homelessness. Immunocompromised status (HIV, chemotherapy, kidney disease, diabetes mellitus, Crohn's D). poorly ventilated, crowded environments, advanced age, recent travel outside of the USA to areas where TB is endemic. Immigration (from Mexico, Philippines, Vietnam, China, Japan, and Eastern Mediterranean countries). Substance use. Healthcare occupation that involves performance of high-risk activities (respiratory treatments, suctioning, coughing procedures).
- b. **Expected findings:** persistent cough lasting longer than 3 weeks, purulent sputum, possible bloody-streaked, fatigue and lethargy, weight loss and anorexia, night sweats and low-grade fever in the afternoon.
- c. **Client education:** TB is often treated in the home setting. Air bone precautions are not needed in the home setting because family members have already been exposed. Exposed family members should be tested for TB. Continue medication therapy for its full duration of 6 to 12 months, even up to 2 years for multidrug-resistant TB. Failure to take the medications can lead to a resistant strain of TB. Continue with follow-up care for 1 full year. Sputum samples are needed every 2 to 4 weeks to monitor therapy effectiveness. Clients are no longer considered infectious after 3 consecutive negative sputum cultures and can resume work and social interactions.

7. Reduction of risk potential: Head injury

a. **types of brain injury:** A concussion: occurs after head trauma that results in a change in the client's neurologic function but no identified brain damage and usually resolves within 72 hr. A contusion: occurs when the brain is bruised, and the client has a period of unconsciousness associated with stupor and confusion. A diffuse axonal injury: is a widespread injury to the brain that results in coma and is seen in severe head trauma. Intracranial hemorrhage: can occur in the epidural, subdural, or intracerebral space. It is a collection of blood following head trauma.

b. **Health promotion and disease prevention:** wear helmets when skateboarding, riding a bike or motorcycle, skiing, and playing football or any other sport that could cause head injury. Wear seat belts when driving or riding in a car. Avoid dangerous activities,

c. **risk factors:** motor vehicle or motor crashes, illicit drug and alcohol use, sports injuries, assault, gunshot wounds, falls.

8. Physiological adaptation: hyperthyroidism

a. **Risk factors:** Graves' disease, thyroiditis, toxic adenoma, toxic nodular goiter, exogenous hyperthyroidism is caused by excessive dosage of thyroid hormone.

b. **Expected findings:** nervousness, irritability, hyperactivity, emotional lability, decreased attention span, change in mental or emotional status. Weakness, easy fatigability, exercise intolerance, muscle weakness, heat intolerance, weight loss, and increased appetite, insomnia and interrupted sleep, frequent stools and diarrhea, menstrual irregularities, decreased fertility, photophobia, pretibial myxedema, vision changes (eyelid retraction, globe or eyeball lag), goiter, elevated systolic BP and widened pulse, tachycardia, palpitations, and dysrhythmias, dyspnea, ...

c. **Nursing care:** minimize the client's energy expenditure by assisting with activities as necessary and by encouraging the client to alternate periods of activity with rest. Promote a calm environment. Assess mental status and decision-making ability. Intervene as needed to ensure safety. Monitor nutritional status, provide increased calories, protein, and other nutritional support as necessary. Monitor I&O. administer antithyroid medications.