

ADULT MEDICAL SURGICAL REMEDIATION

I. MANAGEMENT OF CARE

Chapter 8: Alzheimer's disease

Three stages: mild, moderate, and severe Alzheimer's

Mild Alzheimer's (early stage)

- Memory lapses
- Losing or misplacing items
- Difficulty concentrating and organizing
- Still being able to perform ADLs
- Trouble remembering names when introduced to new people

Moderate Alzheimer's

- Changes in sleep patterns
- Can wander and gets lost
- Difficulty with complex mental arithmetic
- Forgetting events of one's own history
- Difficulty performing tasks that require planning and organizing

Severe Alzheimer's

- Losing ability to converse with others
- Assistance for ADLs
- Incontinence
- Losing awareness of one's environment

Risk factors

- Advanced age
- Chemical imbalances
- Family history of AD or down syndrome
- Previous head injury
- Sex (female)

Nursing care

- Provide a safe environment
 - Frequent monitoring or visual check
 - Remove or secure dangerous items in the client's environment
- Initiate bowel and bladder program based on a set schedule
- Provide frequent walks to reduce wandering

II. SAFETY AND INFECTION CONTROL

Chapter 16: SPIRAL CORD INJURY

Risk factors

- High-risk activities (extreme sports or high-speed driving)
- Substance use
- Falls, especially in older adults
- Disease (metastatic cancer or arthritis of the spine)

Physical assessment findings

- Absent deep tendon reflexes
- Hypotension
- Flaccidity of muscles
- Swallow respirations
- Temporary loss of reflexive and autonomic function.

Nursing Care

Respiratory status

- Monitor respiratory status is the priority.
- Provide oxygen and suction as needed
- Assist with incubation and mechanical ventilation if necessary
- Teach the client about incentive spirometer use, coughing techniques, and deep breathing

Tissue perfusion

- Ensure proper positioning of the client by stabilizing the spinal cord following an injury
- Monitor hypotension, bradycardia, dependent edema.
- Clients who experience neurogenic shock are at greater risk for development of venous thromboembolism (VTE).

Neurologic status

Monitor for an increasing loss of neurologic function

Muscle strength and tone

- Encourage active ROM exercises when possible, and assist with passive ROM if the client lacks all motor function
- Muscle spasticity can affect a good sitting position in the wheelchair
- Muscle spasms can be painful for some clients while others do not feel pain

Nursing Actions

- Sit the client up to decrease blood pressure secondary to postural hypotension
- Notify the provider
- Monitor VS for severe hypertension and bradycardia
- Administer antihypertensives (nitrates or hydralazine)

III. HEALTH PROMOTION AND MAINTENANCE**Chapter: IMMUNIZATIONS****Td, DTaP, Tdap****Adverse effects**

- Mild: redness, swelling, and tenderness at the injection site, low fever, irritability
- Moderate: fever 105-degree F or greater, seizures
- Severe: acute encephalopathy

Contraindications: encephalopathy within 7 days following prior dose of the vaccine

Precautions

- Guillain-Barre' syndrome within 6 weeks of prior dose of tetanus toxoid
- Uncontrolled seizures
- Fever 105-degree or greater within 48 hr of prior dose
- Shock-like state within 48 hr of prior dose

MMR**Adverse effects**

- Mild: local reactions (rash, fever, swollen glands in cheeks or neck)
- Moderate: joint pain and stiffness lasting for days to weeks, febrile seizure
- Severe: transient thrombocytopenia, brain damage, and deafness

Contraindications: pregnancy

Precautions

- Simultaneous tuberculin skin testing
- Transfusion with blood product containing antibodies with the prior 11 months

Varicella

Adverse effects

- Mild: tenderness and swelling at injection site, fever, rash (mild) for up to 1 month after immunization.
- Moderate: seizures
- Severe: pneumonia, low blood count

Pneumococcal conjugate

Adverse effects

- Fever
- Anorexia
- Drowsiness
- Irritability
- Swelling, redness, and tenderness at site of injection

IV. PSYCHOSOCIAL INTEGRITY

Chapter: Coping

Stress

- Changes in an individual's state of balance in response to stressors
- Stress can be caused by sociocultural factors, including substance use, lack of education, and prolonged poverty
- Stress varies with life stage or changes, including losing parent, getting married, or having a baby.

Data collection

- Measure VS
- Observe for anxiety or irritability
- Ask client questions related to:

- Current stress and ability to cope
- Support systems
- Sleep patterns
- Changes in appetite
- Weight loss or gain

Nursing care

- Encourage regular exercise, adequate sleep, and rest
- Assist with time management
- Encourage massage, meditation, yoga, and imagery
- Limit noise environment

V. BASIC CARE AND COMFORT

Chapter 96: Postoperative Nursing Care

Risk factors for complications

Immobility, anemia, hypovolemia, hypothermia, cardiovascular diseases, respiratory disease, immune disorder, diabetes mellitus, obesity, age-related, and malnutrition

Wound healing

- Encourage the client to consume a diet high in calories, protein, and vitamin C
- If the client has diabetes mellitus, maintain appropriate glycemic control

Discharge teaching

- Inform the client about treatment instructions (wound care, catheter care, and use of assistive devices).
- Advise the client to inform the surgeon if pain is unrelieved by current medication
- Reinforce activity restrictions (driving, stairs, limits on weight lifting).
- Inform the client of emergency contact information

Complications

Airway obstruction

- swelling or spasm of the larynx or trachea, mucus in the airway, relaxation of the tongue into the nasopharynx.

Nursing actions

- Monitor decrease oxygen saturation values and cyanosis
- Monitor irregular respiratory
- Keep an emergency equipment at the bedside in the PACU
- Notify the anesthesiologist, elevate HOB if not contraindicated
- Provide humidified oxygen

Hypoxia

Decrease in oxygen saturation

Nursing Actions

- Monitor oxygenation status and administer oxygen as prescribed
- Encourage coughing and deep breathing to prevent atelectasis
- Position the client with HOB elevated
- Turn the client q2 hr to facilitate chest expansion.

VI. PHARMACOLOGICAL AND PARENTERAL THERAPIES

Chapter 44: Electrolyte Imbalances

a. HYPONATREMIA

Risk Factors

- Excessive sweating
- Diuretics
- Wound drainage
- Decrease secretion of aldosterone
- Kidney disease
- Low-sodium diet
- Hyperglycemia

b. HYPERNATREMIA

Risk Factors

- Kidney failure
- Cushing's syndrome
- Some medications (such as glucocorticosteroids)
- Excessive intake of oral sodium

Expected findings

- Thirst, tachycardia, orthostatic hypotension, irritability, muscle twitching, decreased or absent DTRs, seizures, coma.

c. HYPOKALEMIA

Risk Factors

- Overuse of diuretics, digitalis, corticosteroids
- Cushing's syndrome
- Loss via GI tract: vomiting, diarrhea, prolonged nasogastric suctioning, excessive use of laxatives
- Kidney disease

Expected findings

- Decrease B/P, weak pulse, altered mental status, anxiety, flattened T wave, prominent U waves, ST depression, prolonged PR interval, nausea, vomiting, constipation, and shallow breathing.

d. HYPOCALCEMIA

Risk Factors

- End-stage kidney disease
- Inadequate vit D intake
- Diarrhea or steatorrhea
- Inadequate intake of calcium or malabsorption issues

VII. REDUCTION OF RISK POTENTIAL

Chapter 54: Pancreatitis

Disease prevention

- Avoid excess alcohol consumption
- Eat a low-fat diet

Risk Factors

- Biliary tract disease: gallstones can cause a blockage where the common bile duct and pancreatic duct meet
- Alcohol use:
- Gastrointestinal surgery
- Trauma

- Cigarette smoking
- Medication toxicity
- Metabolic disturbances (hyperlipidemia, hypercalcemia, and hyperparathyroidism)

Expected Findings

- Weight loss
- Nausea and vomiting
- Sudden onset of severe, boring pain
 - Worse when lying down
 - Epigastric, radiating to the back, left flank, or left shoulder

Nursing Care

- NPO: no food until pain-free
- No smoking
- Limit stress
- Pain management
- No alcohol consumption
- Antiemetic medication as needed
- NG tube for gastric decompression if severe vomiting or paralytic ileus

Client Education

- Drink a full glass of water following pancrelipase
- Take pancrelipase with every meal and snack
- Wipe lips and rinse mouth after taking medication to prevent skin breakdown and irritation

VIII. PHYSIOLOGICAL ADAPTATION

Chapter 53: Airway Management

a. Low -flow oxygen delivery systems

Nasal Cannula

Advantages

- A cannula is safe, simple, and easy to apply method
- A cannula is comfortable and well-tolerated
- The client is able to eat, talk, and ambulate

Disadvantages

- The FiO₂ varies with the flow rate and depth of the client's breathing
- Extended use can lead to skin breakdown and dry mucous membranes
- Tubing is easily dislodged

Nursing Actions

- Assess the patency of the nares
- Ensure that the prongs fit in the nares properly
- Use water-soluble gel to prevent dry nares
- Provide humidification for flow rates of 4 L/min and greater

b. High-flow oxygen delivery systems

Venturi mask

Advantages

- It delivers the most precise oxygen concentration with humidity added
- Best for clients who have chronic lung disease

Disadvantages

- Use is expensive
- Eating, drinking, and talking are impaired
- The mask and added humidity can lead to skin breakdown

Nursing Actions

- Assess frequently to ensure an accurate flow rate
- Assess proper fit to ensure seal over the nose and mouth.
- Make sure the tubing is free of kinks
- Ensure that the client wears a nasal cannula during meals.