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Case Study, Chapter 54, Management of Patients With Kidney Disorders

1. James Bean, a patient 67 years of age, is 3 days postoperative after a coronary artery bypass graft operation. The patient has a history of hypertension, type 1 diabetes, coronary artery disease, and end-stage kidney disease, which is treated with hemodialysis three times per week. The patient has a left atriovenous (AV) shunt. The patient is taking the following medications:

- Sevelamer (Renagel): 2 capsules with each meal
- Vitamin D, B_{12}, and iron supplements with meals
- Calcium carbonate (OS-Cal): 3 tablets with each meal
- Procrit (epoetin alfa): 100 U/kg/dose subcutaneously every Monday, Wednesday, and Friday (dialysis days)
- 70/30 NPH and regular insulin 30 U twice daily (Fingerstick blood sugars taken before meals and at bedtime and regular insulin given per sliding scale.)
- Coreg (carvedilol): 12.5 mg twice daily
- Lanoxin: 0.125 mg (every other day, on even days)
- Acetaminophen with Codeine No. 3: 1 to 2 tablets every 6 hours
- Diphenhydramine hydrochloride (Benadryl): 25 mg every 8 hours PRN for itching
- Docusate sodium (Colace): 100 mg b.i.d.

(Learning Objective 6)

a. The patient is ordered to have daily dialysis. What is the rationale for this order?
    a. The patient is likely receiving dialysis to remove toxic substances and to remove metabolic wastes. Dialysis is a treatment used a lot for people with kidney disease and hypertension.

b. The patient is going to hemodialysis at 9 AM on an odd day. Which medication or medications should the nurse hold before sending the patient?
    a. The patient should hold Benadryl and Lanoxin.

c. What nursing management considerations should be made for this patient?
    a. Explain the procedure to the patient and obtain the consent. Watch the patients vital sign, record their weight, and electrolytes. Evaluate the abdomen to decide where to place the catheter. Have the patient empty their bowel and bladder to reduce the risk of puncture during the insertion of the catheter. Provide the client with his regular insulin due to the high dextrose concentration.

2. Dudley Wayne is a 62-year-old factory worker. Mr. Wayne makes an appointment with his primary provider because he has lost 15 pounds in the last 2 months, and has recently noticed blood in his urine. He denies pain on urination. During the admission assessment, Mr. Wayne states that he is a two-pack-per-day smoker and just thought he was losing weight because of increased work stress. He also states that he worked 30 years in a building that was recently closed due to asbestosis contamination. Upon physical examination, Mr. Wayne complains of pain when the provider percusses and palpates his flank area. A CT scan is ordered along with an ultrasonogram; both reveal a mass in the renal pelvis. (Learning Objectives 1 and 3)

a. What risk factors for renal cancer does Mr. Wayne demonstrate?
    a. Smoker
    b. Stress
    c. Exposure to asbestosis

b. The diagnosis of renal cancer is made. What are the classic symptoms of this disease process?
    a. Hematuria
    b. Pain
    c. Weight loss
    d. Increasing weakness
    e. anemia

c. Upon further evaluation, metastatic renal carcinoma is diagnosed, and Mr. Wayne is scheduled for renal artery embolization. What is the rationale for this procedure?
    a. The rationale for this procedure is to impeded the blood supply to the tumor which then kills the tumor cells.

d. Mr. Wayne develops postinfarction syndrome. What clinical manifestations does the nurse correlate to this syndrome? How are these symptoms managed?
    a. The patient will have pain localized at the flank and abdomen. Along with that they can expierence elevated temperature and certain GI symptoms. The pain is usually treated with analgesics. Also, antiemetic medications, restriction of oral intake and IV fluids are used to treat GI symptoms.

Hinkle, J.L. & Cheever, K.H.(2018). Brunner & Suddarth's textbook of medical-surgical nursing(14th ed.). Philadelphia, PA: Wolters Kluwer Health Lippincott Williams & Wilkins