



Acquired Immune Deficiency Syndrome and Mild Encephalopathy

Simulated Clinical Experience (SCE™) Overview

Location: Patient's Home

History/Information:

The home health agency received this report from the discharge nurse regarding the patient's discharge: The patient was admitted to the hospital seven days ago for changes in mental status, low grade fever, nausea, and vomiting. His medical diagnosis was determined to be Cryptococcal Meningitis secondary to Acquired Immune Deficiency Syndrome (AIDS). Definitive tests staged his encephalopathy as moderate (stage 2). The patient experiences episodes of disorientation, forgetfulness, and confusion and is easily re-orientated to his surroundings, gait is unsteady, and he exhibits periods of hand tremors when he attempts tasks that require fine motor skills. The patient lives alone with his pet bird and has a friend that is nearby to assist him. His healthcare provider recently spoke with him regarding a Living Will and placed an Advance Directive in his permanent file at the patient's request. The Advance Directive designates the patient's brother as his durable power of attorney for healthcare. The patient previously was able to manage all aspects of self-care including his medications. His prognosis is six months.

Healthcare Provider's Orders:

Admit to Home Healthcare

Diagnosis: AIDS with moderate encephalopathy

Daily weights

Vital signs daily

Flucytosine 100mg/kg/day PO every 6 hours for 3 weeks

Follow Flucytosine with Fluconazole 400mg PO daily for 10 weeks

Heparin flushes 10units/mL 3mL prn

Central line dressing change on initial home visit and then per protocol

Consults: Psychiatric, Care Provider, Occupational Therapy, Physical Therapy, Social Services

Routine medications:

Zidovudine 250mg PO every 4 hours

Foscarnet sodium 120mg/kg/day IV over 2 hours

Folic Acid 200mcg IM every day

Cyanocobalamin 200mcg IM every month

Enfuvitide 90mg SQ twice daily

Tenofovir disoproxil fumerate 300mg PO daily with meal

Clopidogrel bisulphate 75mg PO daily

Atenolol 50mg PO daily

Cimetidine 300mg PO three times daily

Atorvastatin calcium 40mg PO daily

Alprazolam 1mg PO three times daily

Amitriptyline hydrochloride 150mg PO twice daily

Prednisolone 15mg PO four times daily

Pyridoxine hydrochloride 50mg PO daily

Nevirapine 200mg PO twice daily

Vitamin E 1000units PO daily

Abacavir sulphate 300mg PO twice daily

Psyllium hydrophilic muciloid 2 tabs PO daily

Naproxen 500mg PO twice daily

Hydrocodone 7.5mg/acetaminophen 500mg PO every 4 hours prn

Learning Objectives

1. Performs a complete physical, psychosocial, and safety assessment of the patient and home environment and analyzes history information, to formulate an appropriate plan of care for the patient diagnosed with AIDS related encephalopathy (ANALYSIS).
2. Identifies and implements nursing measures consistent with complications and safety issues of patients diagnosed with AIDS associated encephalopathy (APPLICATION).
3. Designs and implements a plan of care for teaching home safety and medication administration (APPLICATION).
4. Collaborates with other healthcare providers as necessary to identify resources to assist patient to remain in the home (APPLICATION).

Questions to Prepare for the Simulated Clinical Experience

1. What is AIDS encephalopathy?
2. What criteria is used to determine a medical diagnosis of encephalopathy?
3. What is meant by a viral load?
4. List the criteria for AIDS diagnosis.
5. Why would the patient receive blood thinners and medications to lower cholesterol?
6. What teaching should be done with the family of an AIDS patient?
7. What information may be shared with the family of an AIDS patient?
8. What resources would be available for the patient if no family were present to help?
9. Compare and contrast the Living Will and a DNR.
10. How do they differ? How is a Living Will and DNR different from a Medical Power of Attorney?
11. What priorities are necessary for the patient to have a successful outcome?
12. What ethical decisions must be made by the nurse?
13. How could the nurse's personal values and ethics affect decision making?
14. Discuss the importance of the report called to the EMS and the hospital as it relates to the patient's outcome and continuity of care.
15. Describe and discuss palliative and comfort care.

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