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Clinical #6  
Case Study 1  
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John K. is a 65-year-old resident in a nursing home. He has past medical history of HTN and DM with metatarsal amputation of right foot in 2015. His medications are lisinopril 10 mg daily, metformin 1000 mg daily, Lantus 20 units sc hs. When his nurse administers morning medication, he reports a cough and fatigue.

1. Then the nurse should ask the patient when did the cough start, if the cough is productive or nonproductive, if there is any pain when he coughs. IF the cough is productive then ask the characteristics of the cough. The nurse should take vitals. After that the nurse should auscultate the lung regions.
2. The nurse's next actions depend on the results of the VS, ROM and PE. Whatever the results are the nurse should document it. If there is immediate concern for the patient's wellbeing, then the nurse should contact the doctor.
3. If the patient was transferred to a single room with a face mask, then it is to isolate the patient because of a possible respiratory infection and the healthcare team is concerned about transmission. The patient will most likely be put in droplet precautions.
4. When entering the room of a patient who is in droplet precautions the nurse should wear gloves, gown, mask with shield.
5. According to the WHO, upper respiratory specimens are to be collected by swabbing the nasopharyngeal and oropharyngeal swab. The NP should insert the swab into the nasal passage and with a slow and steady motion along the floor of the nose. Until the nasopharynx. Then rotate the swab a few times, withdraw the swab and places it in the transportation medium.
6. According to the CDC, "For transport, the patient should wear a facemask to contain secretions and be covered with a clean sheet."
7. When caring for this patient, the nurse should adhere to standard, contact and droplet precautions. That includes, wearing appropriate PPE and hand hygiene.
8. Since the patient is confirmed positive for COVID 19, then the HCP should don PPE for droplet precautions, which include standard precautions and the donning of respirator mask, gown, gloves and eye protection.
9. An HCP who was exposed to a patient who tested positive for COVID 19 does not have to be excluded from work. If they are asymptomatic, they will only be required to wear a face mask when caring for patients.
10. The PCP can discontinue transmission-based precautions if the patient tested negative or if 3 days have passed after the fever

resolved without using fever reducing medications AND after 7 days have passed since symptoms first appeared.

11. I would tell the patient to wash their hands with soap and water for a 20-30 seconds every opportunity they get and especially before they eat, after they come home from outside, etc. I would also instruct them to carry around hand sanitizer, avoid touching their face, mouth and nose without washing their hands. I would advise them to stay home as much as they can to limit contact with people who are potentially sick/ are sick. They should also be cleaning and disinfecting areas around their house often, such as the kitchen and bathroom.
12. Effective measure to prevent COVID 19 are to know how it spreads, clean hands often with soap and water, adhere to standard and droplet precautions, avoid close contact with those who are sick, clean and disinfect surfaces as frequently as you can. As a nurse manager I would reeducate the staff on this. Review and edit emergency plan protocols. I will also make sure the staff is also aware of things to do outside of the workplace to decrease the spread of the virus.
13. The nurse should tell the patient to check their temperature and self-isolate. Not all individuals who are exposed should be tested. If there is no high fever, or respiratory depression the patient does not need to be tested.
14. I would wear a N95 respiratory mask, face shield, gown, gloves, shoe covers and a head cover.
15. After donning the appropriate PPE, I would get a swab kit, insert the swab into the nasal passage until I reach the nasopharynx floor and rotate the swab a few times. Afterwards I would retract the swab and place it into the transport medium
16. I would adhere to standard precautions and use a mask, gown and gloves. Since the patient is a child of the age of 3 years, he or she may not be able to contain the vomit or ask for a container to vomit in before the vomit.
17. According to the CDC, people can recover form COVID 19, but if a new strain of coronavirus comes, they can be re-infected. They compare the coronavirus with influenza.
18. Standard precaution is used for all patients. Healthcare providers can evaluate the situation and don on PPE to protect themselves and prevent the spread of any infection. Examples of standard precautions are hand hygiene, use of PPE, cleaning and disinfecting equipment between patient use.

Contact precaution is used for patients who are suspected to have an infection or have an infection with a microorganism (MRSA, C.Diff) that can be spread through contact. HCP should wear PPE (gloves, and gowns) and wipe down machines or equipment after every encounter.

Patients should also be given their own disposable equipment when possible (thermometers, stethoscopes, etc)

Droplet Precautions are used with patients with suspected or known infections that are transmitted through droplets, coughing or sneezing). Examples of these are patients with Influenza or COVID19). HCP should wear gloves, gowns, masks, face shield and may need head covers, shoe covers when suctioning patients.

Airborne precautions are used for patients with infections that can be transmitted through the air. This includes, TB, measles, SARS, etc. Patients should be wearing a mask and HCP should wear N95 masks. The patient's room must remain closed at all times to maintain the negative pressure and to prevent transmission outside the room.

19. Discharge teaching:

Maintain isolation at home. You may break isolation if you have met all of the following criteria:

- a. You have been fever-free (temperature under 100 degrees Fahrenheit for 3 days without the use of fever reducing medications such as Tylenol.
- b. Your respiratory symptoms have improved. (No shortness of breath)
- c. Its been at least 7 days since the beginning of your symptoms.

Patients should also avoid contact with people to minimize the chance of spreading the virus. They should use their own bathroom, avoid sharing personal items, and disinfected surfaces frequently. Continue to wash your hands with soap and water for at least 20 seconds and do so frequently. Patients should take their temperature several times a day and monitor symptoms. IF symptoms (fever, cough, shortness of breath, etc) worsen then they should notify HCP.