

**Reading Hospital School of Health Sciences
Nursing Program
NRS 200 Acute Care/Complex Issues
Clinical Community Project Assignments
Fall 2019**

Name: Alayna Pauley

Week 3 Assignment

Due 9/24/2020 at 0800

During week three, you will research the three priority health concerns identified by your individual. Complete the following questions in this document and submit to your clinical instructor's Dropbox on Edvance360. Please handwrite the concept map and submit a picture or scanned copy into your clinical instructor's Dropbox on Edvance360.

- Identify the client's three priority health concerns that you noticed during your initial phone interview.
 - The first concern with my individual is her gastrointestinal issues she suffers with and she currently is being tested to rule out if she has Crohn's disease or if it is something else other than that. She is concerned because then she may need to be put on medications or try alternative options to help treat the disease if she does in fact have it.
 - Her second concern is her hypothyroidism due to the fatigue she struggles with due to her hypothyroidism which is affecting her daily productivity. She mentioned how it has been hard being at college and being tired all the time because she has a lot of classes, she is busy with at the moment.
 - Her last concern is her BMI which she has been struggling to lower it over the years she recently has lost some weight, but it's been hard for her to continue to lose weight. She wanted to lose weight to overall feel better and to be healthier also her doctor has always mentioned to her that her BMI should be lower.

- Research the medical diagnoses related to each priority health concern in the Medical-Surgical or Pathophysiology textbooks to gain a better understanding of the disease process and how it can affect the client (signs and symptoms, client education needs, treatments, etc.).
 - Crohn's Disease
 - Chronic inflammatory bowel disease that can affect any part of the GI tract. Slow progressive inflammation of the bowel or digestive tract. Ulcerations form in the superficial mucosa and will progress into the deep mucosa which then will produce granulomas. Neutrophils infiltrate the area and form abscesses leading then to colonic atrophy. The bowel becomes thicker, shorter, and narrower. There is no known cause but can be from altered immune response to intestinal bacteria, lymphatic obstruction, or genetic predisposition. Signs and symptoms of Crohn's disease includes fever, soft or semiliquid stool (without blood), right lower abdominal quadrant tenderness or distension, possible abdominal mass, hyperactive bowel sounds, and oral ulcers. Treatment includes diet alterations such as foods that the individual knows will worsen diarrhea, avoid raw fruits and vegetables, decreased fat, avoid dairy, soft bland foods (during flare up), and adequate caloric and vitamin intake. There also are many different medications that an individual can take to reduce the effects that come along with the disease. The medications include antispasmodics (abdominal cramps), corticosteroids (reduce inflammation), proton pump inhibitor (nausea, vomiting), natalizumab (moderate to severe), bile acid sequestrants (diarrhea), antibiotics, and IV fluid replacement (fluid loss). Surgery may also need to be done if there are any acute intestinal obstructions that develop. Nursing interventions that would be done are vital signs, GI focused assessment, daily weight, nutrition/ diet, serum electrolytes, and CBC. An individual with Crohn's disease needs to be educated on their diet, medications, plan of care after discharge, educate family, and the importance of daily weight.
 - Hypothyroidism
 - Lack of the thyroid hormone which can worsen if it is not controlled or treated. Women are more likely to have hypothyroidism than men and it typically comes about later on in life. Medications individuals take can also alter the thyroid hormone levels which may indicate that there is a deficiency. Some symptoms that are present with hypothyroidism include fatigue, hair loss, brittle nails, dry skin, numbness and tingling fingers, menstrual changes, dry tongue, ataxia, absent/ decreased bowel sounds, weak pulse, muscle weakness, puffy face hands and feet. Hypothyroidism also can slow down your metabolism which can cause an individual to gain weight easier and also struggle with losing weight. Lab values that will be

done are TSH which is the thyroid stimulating hormone the TSH level will show an increase in value with hypothyroidism. Also, the T3 (triiodothyronine) and T4 (thyroxine) hormone would be tested as well because if there is too little or too much it can indicate a thyroid hormone deficiency. Pharmacological interventions for hypothyroidism include the use of Synthetic levothyroxine (Synthroid or Levothroid) which is prescribed to replace and balance hormones. The medication known as liothyronine sodium may also be used which is used for the T3 hormone. For these individuals it is important to allow rest time and daily weights are important. Nurses should be monitoring the individual's vital signs, I/O, daily weight, GI assessments, serum TH levels, and assisting them with coping strategies. The individual should be educated on the medications and tests they will be receiving to help improve the effects that can come from having a thyroid deficiency.

- Obesity

- Obesity occurs when the fat cells grow larger in response to the foods an individual consumes. Obesity is categorized by a BMI greater than 30 kg/m². Causes of obesity can vary but with regards to my individual it can be due to hypothyroidism because a person who has it will have a decreased metabolic rate due to the deficiency in the hormone. It will be harder for the individual to metabolize their food fast like a healthy individual which can cause an individual to gain weight easier and also make it more difficult to lose weight. Medications an individual is on can also cause them to gain weight depending on the side effects the medication has. Labs that can be done on individuals who are obese are serum lipid levels (may be normal or elevated), hemoglobin A1c, and thyroid activity tests. A dietitian may be implemented to educate the individual on specific diets and foods one can eat to help them lose weight. Also, an exercise plan can be discussed with the individual to help them become more active if they were previously sedentary which can assist them with weight loss. Medications that may be used would be medications if the individual was diabetic, have cardiovascular issues, or if they have hyperlipidemia. Bariatric surgeries can also be implemented if the client has struggled with losing weight. It is important to not push the individual but to gradually add in lifestyle changes that can really assist them with weight loss.

- Choose the top priority health concern and utilize the concept map below to summarize the client's priority medical diagnosis. Complete the concept map with all the topics you would expect to find for a client with this diagnosis, this would include common medications, labs, and diagnostic tests, and assessment findings.

My individual's priority health concern should be her hypothyroidism because she struggles with many of the side effects that come along with it. I want to research it more and be able to see if I can find anything that may be able to help her cope with the side effects better and live an overall better life with the condition.

- Obtain one scholarly, nursing article for the medical diagnosis related to each priority health concern (3 articles total). Summarize the findings, complete an APA reference list, and submit findings and reference list.

Article One: Patient Understanding of "Flare" and "Remission" of Inflammatory Bowel Disease

The article I chose regarding Crohn's disease which can also be known as Ulcerative Colitis is a chronic inflammatory condition of the gastrointestinal tract. Crohn's disease is also related to the term inflammatory bowel disease (IBD). The disease comes along with a variety of symptoms that can affect one's everyday life. It can have a negative effect on an individual and also affect the quality of one's life. The disease is become more present in the younger population compared to previous years (Balbale, 2019, p. 376). IBD is more commonly treated in outpatient settings than in the hospital setting which is more beneficial for individuals because they can have a stronger relation with the healthcare provider of their choice. Goals for treating the disease have been more focused on preventing further damage within the intestinal lining and stopping further damage from occurring (Balbale, 2019, p. 376). Individuals with Crohn's can live a normal lifestyle even though they will live with a chronic disease. It is very important for an individual with the disease to understand what the disease does to the body and the treatments that will be implemented to help them live a normal life. The remainder of the journal focuses on the use of medical jargon which should be very limited to allow the client to fully understand what is going on with their current health status (Balbale, 2019, p. 376). Especially since Crohn's disease is chronic it is crucial that the individual fully comprehends what the health care provider is telling them about. Many words tend to get used that confuses individuals which can be a negative for them because they could leave a doctor's appointment confused and misunderstood. It would be beneficial for the health care provider and the client to discuss different words that are used to talk about the disease so that there are no misunderstandings.

Article Two: Hypothyroidism in Women

The article I chose regarding hypothyroidism specifically for women which relates directly to my individual's main health concern. Hypothyroidism is the second most common endocrine disorder that affects women. The thyroid regulates the body's metabolism and all the vital bodily functions (Dunn, 2016, p.93). Hypothyroidism is a condition that occurs when the body does not produce the thyroid hormone enough.

Women are at an increased risk as they age, with pregnancy, postpartum, and once menopause occurs. One of the most common causes of hypothyroidism is Hashimoto's thyroiditis which occurs when there is direct damage to the thyroid gland due to inflammation. Hypothyroidism is due to lack of T3 and T4 and an increase in TSH levels (Dunn, 2016, p. 94). When T3 and T4 hormones decrease the TSH will increase production to compensate for the loss of those two hormones. Diagnostics will be used to try and pinpoint the cause of the decreasing production of the thyroid hormone. A focused assessment also would be completed which would include looking at the skin, ankle reflex, and if bradycardia is present (Dunn, 2016, p. 95). Testing is important to have done because hypothyroidism symptoms can be similar to those of anemia and hypoglycemia. Along with hypothyroidism an individual can be diagnosed with chronic fatigue syndrome and chronic inflammation (Dunn, 2016, p. 96). The use of levothyroxine is a common medication used to treat hypothyroidism which increases the thyroid hormone. The dosage depends on age, BMI, and other illnesses that they may have. It is crucial that women are educated on the signs and symptoms of hyperthyroidism because it could develop if medications are taken improperly. Also, if a dose was missed the women should not double the dose to make up for that dose that they missed (Dunn, 2016, p. 97). This article displays useful information for someone who is currently diagnosed or newly diagnosed with hypothyroidism because it clearly displays the important information regarding the disease.

Article Three: Understanding Health Policy to Improve Primary Care Management of Obesity

Obesity is very common in today's society and education needs to continue to be done to help reduce the population who has it and to help them understand an alternative lifestyle to the one they currently are living in. Health care providers can assist families in a lifestyle change and provide them with useful information. Obesity is when an adult's BMI is over 30 kg/m² (Bowen, 2018, p. 46). Obesity can depend on an individual's genetics, physical, environmental, and psychological overall wellbeing (Bowen, 2018, p. 47). Obesity can lead to other chronic illnesses such as diabetes, hypertension, and coronary artery disease. Preventing chronic illnesses that come along with obesity is crucial and altering an individual's lifestyle before their BMI continues to increase is important. Education in pediatricians' offices is where it should be introduced to the parents and if the child is at the proper age they can understand as well. It is important for health care providers to spend adequate time with their clients in order to educate them further and come up with a plan that the client agrees to and fully understands (Bowen, 2018, p. 48). Specialty clinics may be incorporated if an individual's obesity leads them to other chronic conditions. If an individual would be going to multiple doctors it is important that they are in communication with one another to ensure that the client is getting treated properly for their obesity concern and their other health concerns. Also, the Healthy People 2020 wants individuals to get their BMI checked with each visit (Bowen, 2018, p. 49). Some treatments that individuals who are struggling with obesity can do are setting a weight loss goal that is realistic, assessing for change that may occur, and planning how to change their lifestyle. Health care providers can also advocate to make changes in the food options that are provided healthier food options in schools and also, they can focus on providing access to healthier foods for those who may not have access (Bowen, 2018, p. 50). Clients health care providers are the main individuals who are able to advocate for changes to help individuals become more educated on a healthier lifestyle and also help provide those who are less fortunate be able to live a healthy lifestyle too.

References

- Balbale, S., Bedell, A., Darguzas, E., Keefer, L., Trivedi, I., Reddy, S., & Rosh, J. (2019). Patient Understanding of “Flare” and “Remission” of Inflammatory Bowel Disease. *Society of Gastroenterology Nurses and Associates, 42*(2), 375-385. Retrieved September 23, 2020.
- Bowen, P., Lee, L., McCaskill, G., Bryant, P., Hess, M., & Ivey, J. (n.d.). Understanding Health Policy to Improve Primary Care Management of Obesity. *The Nurse Practitioner, 43*(4), 46-52. Retrieved September 23, 2020.
- Dunn, D., & Turner, C. (2016). Hypothyroidism in Women. *Nursing for Women's Health, 20*(1), 93-98. Retrieved September 22, 2020.

S/S: fatigue, hair loss, brittle nails,
 dry skin, numbness or tingling
 fingers, menstrual changes, apathetic,
 mask-like, constipation, depression

Medications

Synthroid or Levothyroid
 the effects of some
 meds may last longer

* some meds may
 alter thyroid test
 results

Assessments

Weight
 Skin assessment
 V/S (bradycardia, ↓ resp.)
 GI assessment (bowel sounds)

Labs/DX testing

TSH level → thyroid stimulating hormone
 cortisol → ↓ TSH
 T₄ → determines what problem is affecting the thyroid
 T₃

stimulated product

PT age, sex, medical DX, HPI

hypothyroidism → leuko- thyroid hormone
 female 20 years old

Risk Factors

Women more affected than men.
 can effect all body functions
 can worsen / progress
 Hashimoto's thyroiditis
 iodine deficiency

Treatments

restore metabolic state
 replacing missing hormone
 ↓
 medication therapy
 encourage self care
 schedule (to allow time for test)

Complications

could also have ...
 GI bleeding, hyponatremia,
 hypotension, bradycardia,
 hypoglycemia, hypothermia
 ↓ metabolism
 fatigue
 ↑ weight (trouble losing weight)