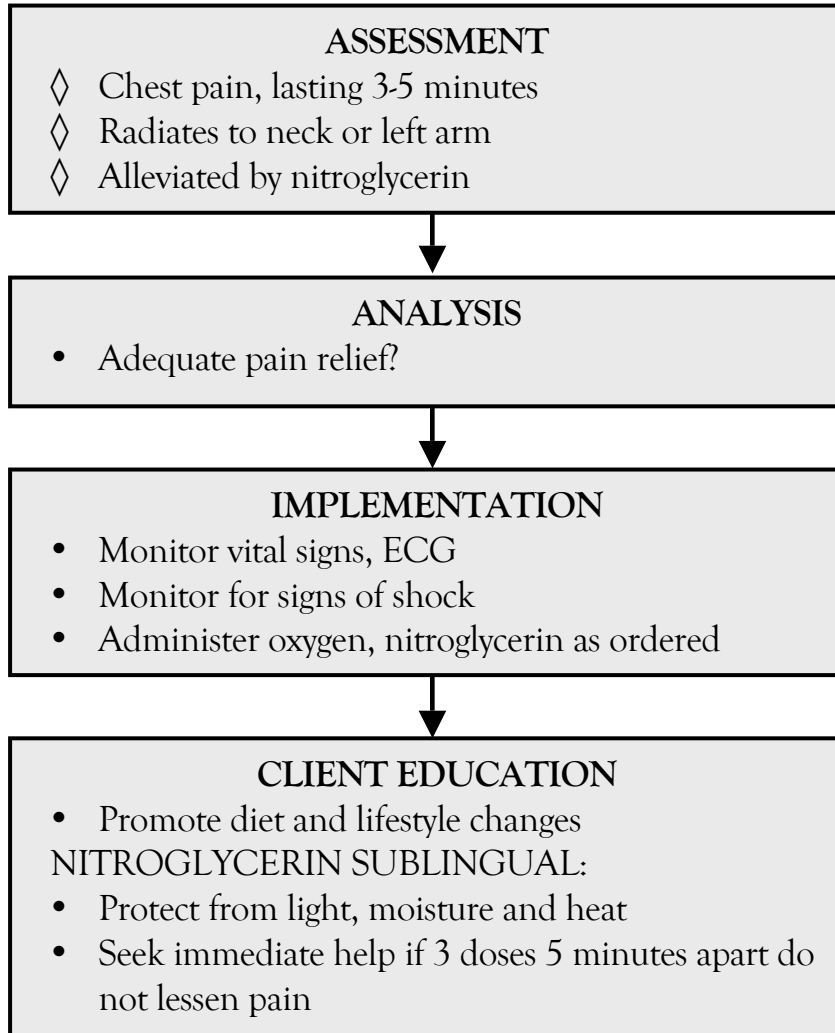


4.7.) ANGINA PECTORIS



Unstable angina: - lasts longer than 15 minutes
- increases in intensity
- occurs at rest

Teach client importance of reducing risk factors:

1. Stop smoking
2. Control blood pressure
3. Lower lipids aggressively
4. Control blood glucose in diabetic patients

5.5.) PNEUMOTHORAX

Accumulation of air in pleural space → collapse of lung

ASSESSMENT

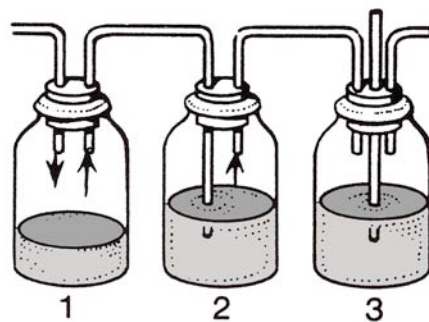
- ◇ Sudden sharp pain
- ◇ Shortness of breath
 - Hypotension, shock
 - Neck vein distension
 - Absent breathing sounds over collapsed lung



IMPLEMENTATION

- Bed rest
 - Monitor vital signs
 - Oxygen as needed
- THORACOSTOMY / CHEST TUBES:
- Encourage coughing after chest tube is placed (this facilitates lung expansion)
 - Watch for air leak (bubbling)
 - Do not reposition tube
 - If tube dislodges, cover with gaze and call for help

client →



- 1 = collection bottle
- 2 = water seal bottle
- 3 = suction control bottle

COMMON CHEST TUBE PROBLEMS:

air leak	continuous bubbling in water seal bottle
kinks in tubing	no fluctuations in water seal with inspiration
insufficient suction	no bubbling in suction control bottle

6.1.) ALTERATION IN NUTRITION

Body mass index = weight / height² (normal is 20~25 kg/m²)

1. convert pound to kg: 1 lb. = 0.453 kg
2. convert feet to meter: 1 ft. = 0.305 m
3. convert inches to meter: 1 in. = 0.025 m

EXAMPLE: “Client is 5’10 tall and weighs 180 lbs.”

1. weight (180 lbs.) = 81.5 kg
 2. height (5 ft. +10 in.) = 1.525 + 0.25 m = 1.78 m
 3. BMI = 81.5 / (1.78 · 1.78) = 81.5/3.17 = 25.7
- client is slightly overweight

MARASMUS (=SEVERE MALNUTRITION)

- Watch for electrolyte imbalance
- Do not refeed too rapidly !

OBESITY

- “Yo-yo dieting” may be a/w increased risk for coronary artery disease
- Surgery (gastroplasty, gastric bypass) only for severe obesity (BMI > 40)

ANOREXIA NERVOSA

- Psychotherapy often required
- Restore normal eating pattern / caloric intake
- Force-feed in life-threatening situations



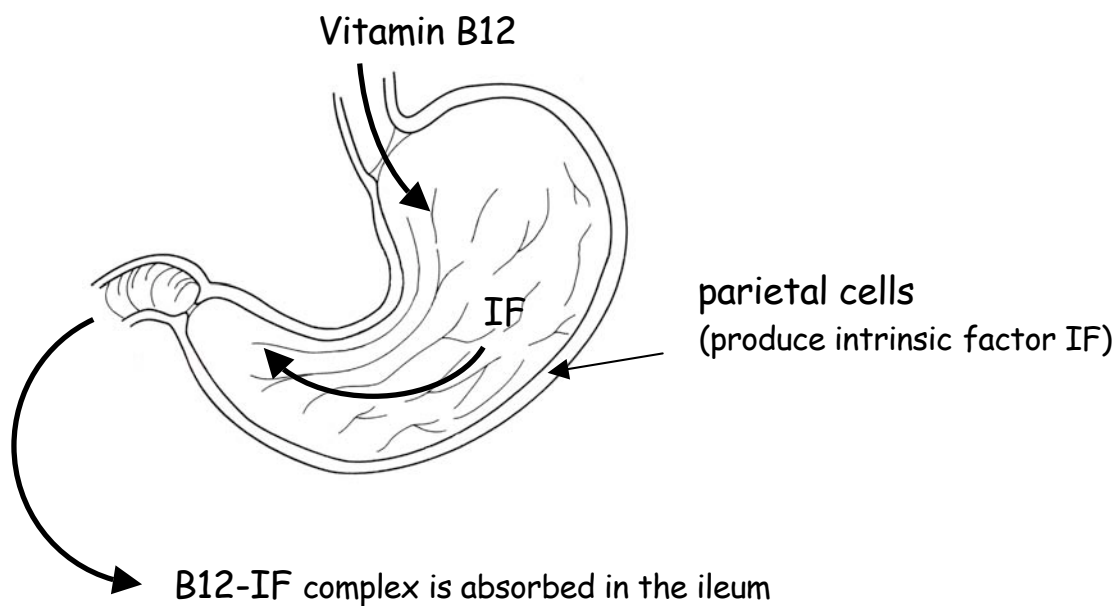
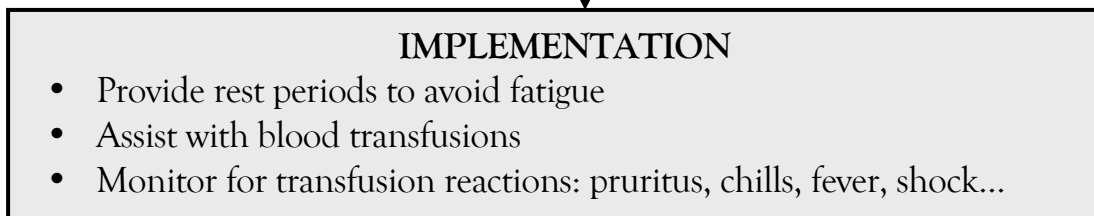
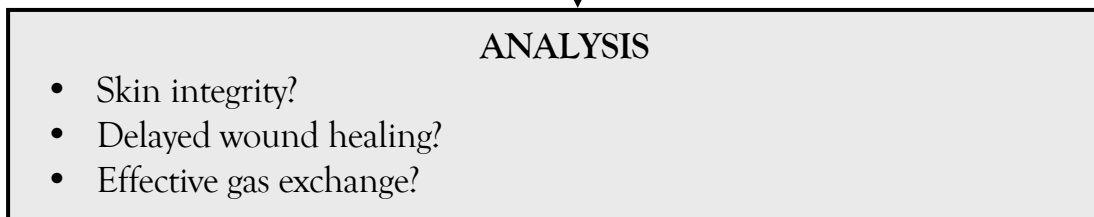
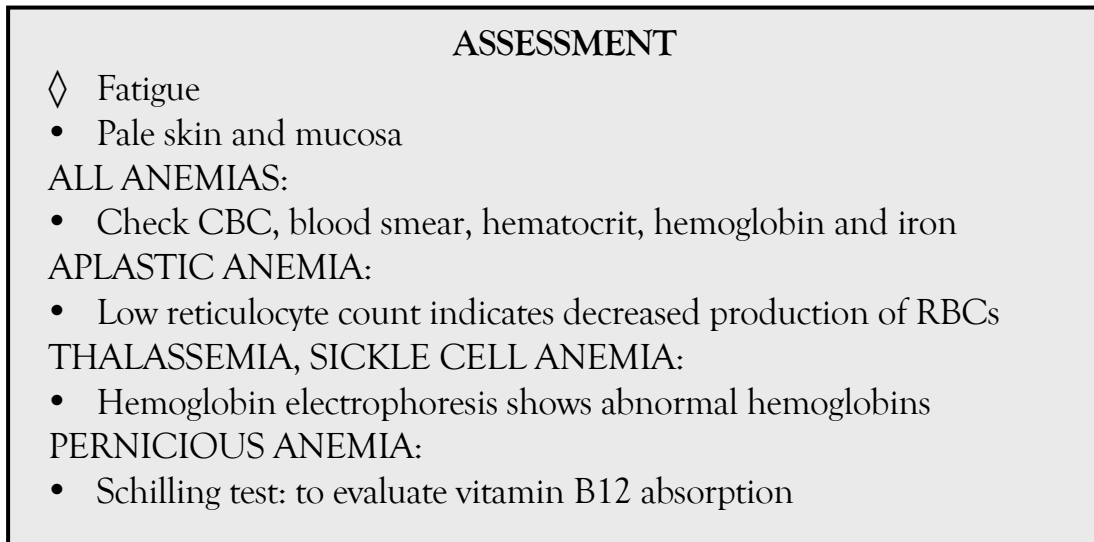
"I look too fat..."

10.4.) ANEMIAS

acute blood loss	- hematocrit remains normal in acute phase!
chronic blood loss	- may lead to iron deficiency
iron deficiency	- search for occult bleeding, especially in elderly
Vit. B12 or folic acid deficiency	- required for RBC maturation in bone marrow <u>Alcoholics:</u> B12 and folate deficiency common <u>Pregnancy:</u> Folate deficiency common: <i>give supplements!</i>
pernicious anemia	- chronic gastritis type A (autoimmune disease) - antibodies against intrinsic factor from stomach → reduced vit. B12 absorption in small bowels
sickle cell anemia	- abnormal hemoglobin (electrophoresis) - “sickle cells” seen on blood smear - painful crises, leg ulcers
thalassemias	- abnormal hemoglobin (electrophoresis) - “target cells” on blood smear
hemolysis	- antibodies against RBCs - fragile RBCs

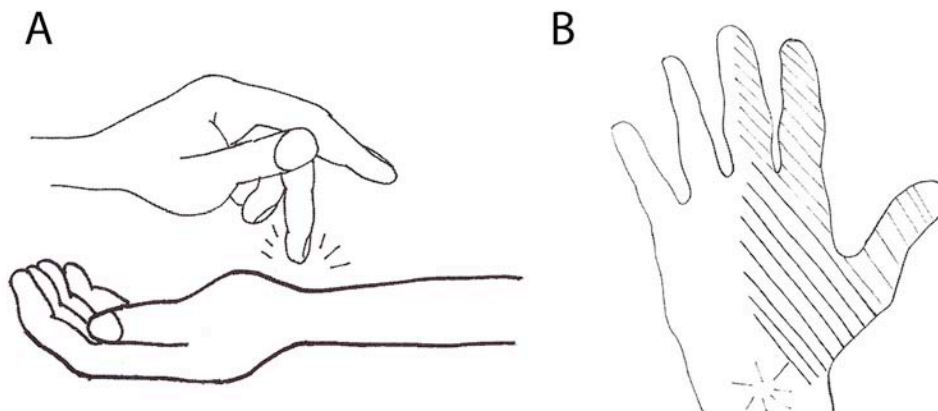
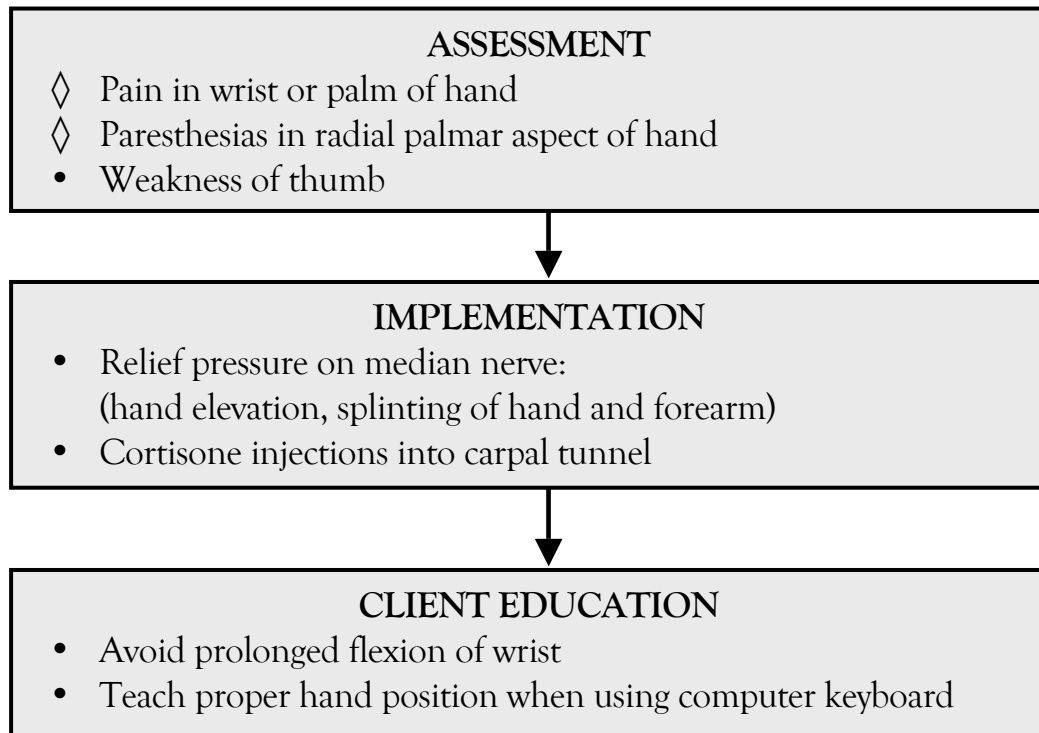


Blood hemolysis → increased serum bilirubin !



12.10.) CARPAL TUNNEL SYNDROME

Compression of median nerve at wrist joint



From Tétréault & Ouellette: *Orthopedics Made Ridiculously Simple*, MedMaster, 2009

Tinel Sign: Tapping on the wrist of the patient (A) triggers tingling and numbness in the median nerve territory (B, palmar view).

13.1.) SIGNS & SYMPTOMS

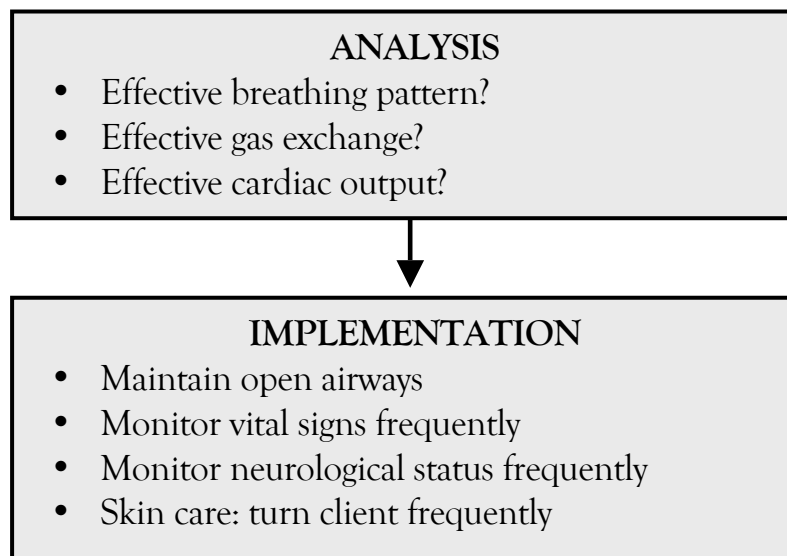
decorticate posture	legs extended, arms flexed - damage above mid brain
decerebrate posture	legs and arms extended, wrist pronation - damage to mid brain
asterixis	"flapping tremor" (wrist joint and fingers) - liver failure
ataxia	reeling, wide gait - cerebellar disease - alcoholism
athetosis	slow involuntary snakelike movements (especially face, neck and upper extremities) - damage to basal ganglia
chorea	bursts of rapid, jerky movements - Huntington's disease (chorea plus intellectual decline) - rheumatic fever
cogwheel rigidity	jerking of arm muscles when passively stretched - cardinal sign of Parkinson's disease - side-effect of antipsychotic drugs
Gower's sign	proximal muscle weakness - characteristic way to rise from the floor (Duchenne's muscle atrophy)

13.2.) GLASGOW COMA SCALE

(coma = 7 points or less)

eye opening response	1 point: no response 2 points: to pain 3 points: to speech 4 points: spontaneously
motor response	1 point: no response to pain 2 points: abnormal extension (decerebrate) 3 points: abnormal flexion (decorticate) 4 points: withdraws from pain 5 points: localizes pain 6 points: obeys verbal commands
verbal response	1 point: no response 2 points: incomprehensible sounds 3 points: inappropriate words 4 points: confused 5 points: oriented to time, place and person

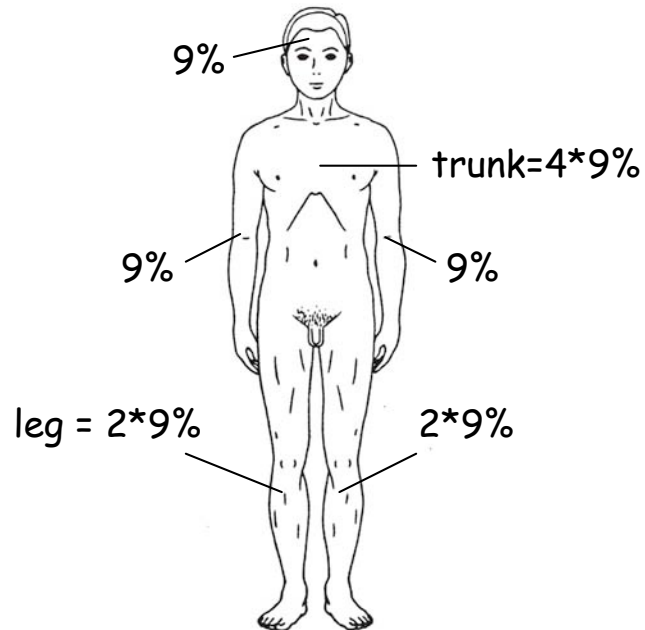
THE COMATOSE CLIENT:



16.12.) BURNS

EXTENT:

➤ *Rule of 9: The body is divided into 11 areas, each representing 9% of surface.*



DEGREE:

First degree	<ul style="list-style-type: none">- pink to red- mild edema- <i>no scarring</i>
Second degree	<ul style="list-style-type: none">- pink to red, blanches on pressure- blister formation- hair does not pull out easily- <i>scarring possible</i>
Third degree	<ul style="list-style-type: none">- reddened areas don't blanch to pressure- formation of devitalized, leathery tissue- hair pulls out easily- <i>scarring expected</i>

ASSESSMENT

- Determine degree
- Determine extent

SIGNS OF CO TOXICITY:

- ◇ Headache, irritability, confusion
- ◇ Muscular fatigue
- Nausea, vomiting
- Convulsions, coma, death

EMERGENCY CARE

- First aid **ABC**
- Prevent shock
- IV fluids to maintain urine output $> 0.5 \text{ mL/kg/h}$
Crystalloids: Salt solutions (for example Ringer's lactate)
Colloids: Contains large organic molecules (for example albumin)
- Treat respiratory distress

ACUTE CARE

- NPO for first 24h, assess bowel sounds (paralytic ileus is common)
- Monitor ECG (risk of arrhythmia due to electrolyte imbalance)
- Watch for signs of infection and sepsis
- High-protein, high-calorie diet

WOUND CARE:

- Cleanse wounds and change dressing twice daily
- Non-viable tissue ("eschar") should be removed
- Topical antimicrobial creams or ointments
- Maintain asepsis!

REHABILITATION

- Prevent contractures
- Provide counseling



Half of all fire deaths are due to inhalation of smoke and CO.

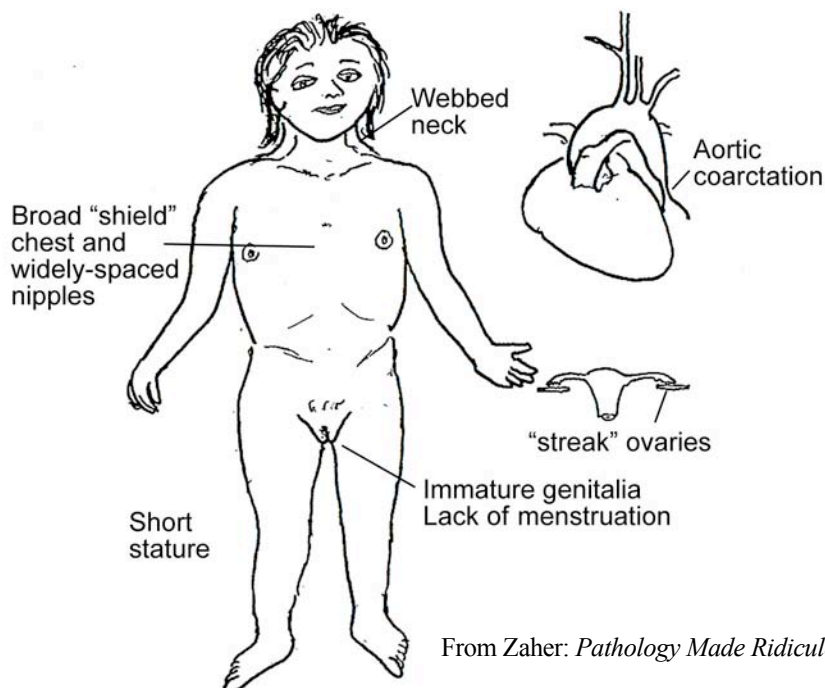
17.5.) PRIMARY AMENORRHEA

= Client never menstruated before

- Absence of menses by age 16 if secondary sexual characteristics are present.
- Absence of menses by age 14 if secondary sexual characteristics are absent.

Turner syndrome	XO (missing X chromosome)
testicular feminization	XY, testosterone receptor defect (genetically male, but fully developed female)
dysgenesis	- absence of tubes, uterus, cervix, upper vagina
Stein-Leventhal (polycystic ovaries)	- infertility - hirsutism - endometrial hyperplasia
imperforate hymen	- monthly abdominal pain but no menses

TURNER SYNDROME:



From Zaher: *Pathology Made Ridiculously Simple*, MedMaster, 2007

Turner syndrome is the most common cause of primary amenorrhea.

22.1.) THE "DIFFICULT" CLIENT

CLIENT	YOUR BEST RESPONSE
withdrawn	<ul style="list-style-type: none">- allow client to set pace- encourage social activities or games
depressed	<ul style="list-style-type: none">- assess suicide potential- let client talk about personal problems- do not leave client alone
suicidal	<p>crisis intervention to asses suicide potential:</p> <ul style="list-style-type: none">- ask for intent "Are you tired of living?..."- previous attempts?- specific plan?- social support system? <p>- make a "No-Suicide Contract" !</p>
anxious	<ul style="list-style-type: none">- convey interest and care- don't "force" client- help client identify sources of anxiety- suggest relaxation techniques
violent	<ul style="list-style-type: none">- remain calm and in control of the situation- give client space, avoid sudden movements- encourage verbal expression of anger- restrain or seclude if necessary