

Health care

Business



Typically, it affects telethons (pulmonary TAB) but can affect other sites as well (extraordinary TAB). The disease is spread in the air when people who are sick with pulmonary TAB expel bacteria, for example by coughing. In general, a relatively small proportion of people infected with M. Tuberculosis will develop TAB disease. The Department of Health of the Philippines sites coughing as the most common mode of transmission to acquire tuberculosis.

Philippines is one of the High Burden Countries (Hubs) with tuberculosis that has been identified by World Health Organization. Others are: Afghanistan, Bangladesh, Brazil, Cambodia, China, the democratic Republic of Congo, Ethiopia, Indonesia, India, Kenya, Monogamous, Manner, Nigeria, Pakistan, Russian Federation, South Africa, Thailand, Uganda, the United Republic of Tanzania, Vietnam and Zanzibar. Epidemiological studies state that globally, about one third of the world population has been infected by TAB bacilli.

Based on the recent data came from the World Health Organization, globally, there is total notification of TAB of 9, 090, 211. Out of it are 2, 541, 283 smear positive cases and 1, 913, 682 smear negative cases.

Locally, Philippines have 235, 608 total notified cases. 93, 586 are smear positive while 1 15, 263 are smear negative. Tuberculosis is a major health problem in the Philippines. From 2010, it constantly belong to top 10 leading cause of mortality with a rate of 26. 3 deaths for every 100, 00 population and accounts for 5.

1% of total deaths.

More males died (17, 103) compared to females (7, 61 1). From the recent article posted by the World Health Organization (WHO) entitled: Multi-Drug Resistant Tuberculosis (MAD-TAB), October 2013 update to its website: http://WV. Who. Into/tab/challenges/mad/mad_tab_facets.

PDF? AU-I , the strains of tuberculosis bacilli have progress into more difficult levels. Other sub-categories or classification of tuberculosis are: Multi-drug resistant tuberculosis (MAD-TAB), Extremely-Resistant Tuberculosis (CDR-TAB) and Refinancing-Resistant Tuberculosis (OR-TAB) are now existing.

These types of TABS are unresponsive to the first-line anti-TAB rugs. It is now becoming alarming because the incidence of these types are getting higher and higher. According the 2013 update and data, about 20% of the previously treated TAB patients and 3. 6% of newly TAB Identified patients has MAD-TAB.

Also, 10% of the newly detected TAB has CDR-TAB, which are difficult to treat by second-line anta-TAB medications. More than half of the Identified cases are occurring In China, India and Russian Federation. 70, 000 deaths resulted by MIDRIB has been noted all over the world. Participate to the TAB management in order to avoid progression. Seeing the current situation of tuberculosis not just in local setting but also in the worldwide view makes it alarming.

The situation calls for an active participation not just in health sector but also the entire community as well. Being a health care provider and a nurse, considering the high mortality and morbidity rates of the mentioned disease, it is a must to have a conscious effort to take part in eliminating it.

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Without the help of every sector and awareness of the whole community, the bacilli will continue to spread and develop even more and may lead to more difficult strains of mycobacterium tuberculosis. Though there are plenty of diseases and other health risks inside the community, it is indeed that tuberculosis should be given higher priority due to its rapid transmission and prevalence. Sooner or later, without the efforts and awareness, it is possible that the entire population will get infected if people continually refuse to give our active participation.

Lastly, tuberculosis is a highly sensitive disease and it requires efforts and patience to treat it. This case study has given the nurse an opportunity to learn more and share to others that TAB is not just an ordinary disease that is easily to be treated and managed, that once a patient has been treated, there is no guarantee that it will never recur. TAB requires in depth knowledge, practice and attitudes. The health care provider must have correct and updated knowledge and skills, the nurse must implement correct practices to avoid it to progress into Multi-Drug Resistant (MAD) or Extremely Drug Resistant (CDR) tuberculosis.

From the lowest form of TAB, health care provider should be able to treat it using our correct medical and nursing management.

II. OBJECTIVES Short Term: After one day of nurse-patient interaction, the nurse: Has chosen a patient for the case study. Explained the purpose of choosing the patient for the case study. Established and maintained good rapport with the patient and the significant others (SO). Obtained pertinent data about the patient's condition.

Identified modifiable and non-modifiable risk factors relevant to the patient's condition. Performed initial physical assessment and identified actual and potential problems.

Observed the patient's environmental condition. Able to plan the course of nursing interventions needed in patient's rehabilitation and recovery. Able to identify any hindrance to patient or relatives' knowledge, skills and practice that may delay patient's recovery.

Long Term: After 2-3 days of handling the patient, the nurse shall have:
Identified actual and potential problems of the patient. Formulated nursing care plans relevant to the patient's condition. Explained to the patient and the relatives the nursing interventions and rationales behind. Involved the relatives in the implementation phase as agreed by the patient.

Evaluated the nursing interventions made and condition of the patient and compare them to the objectives set.

Was able to prepare and educate the patient and the relatives regarding rehabilitation and recovery. Resolved and corrected any hindrance to patient's recovery. Promoted and helped the patient and the relatives to have self-reliance to be able to take care of himself/herself and have faster recovery. B. PATIENT-CENTERED Short-term: After 1 day of nurse-patient interaction, the patient should have: Expressed the approval and participation for the case study to be conducted.

Established good rapport with the nurse.

Awareness on the activities necessary to complete the case study. Willingly answer the questions of the nurse regarding the patient's family history and other factors that may be contributing to the illness. Able to share relevant information and answer questions regarding the beliefs and practices.

Imparted their views about the possible effects of the health problems and what interventions must be done to solve them. After 2-3 days of nursing-patient interaction, the patient must have: Verbalized understanding of the presented actual and potential health problems.

Participated in formulation of the nursing care plans with the nurse.

Willingly participate in the implementation of the nurse's nursing care plans.

Evaluated the effectiveness of the nursing care plans together with the nurse. Has agreed to include relatives in the implementation of the nursing care plans to be able to receive strong support system and facilitate faster recovery. Was able to gain knowledge and skills relevant to faster recovery and rehabilitation. Was able to verbalize understanding of the disease condition and ways to prevent re-occurrence. Gained self-reliance needed in home health care management.