

Human
immunodeficiency
virus essay sample
essay



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You are working at a physician's office. and you have merely taken C.

Q. . 38-year-old adult females into the audience room. C. Q. has been divorced for 5 old ages.

has two girls (ages 14 and 16) . and works full clip as a legal secretary. She is here for a everyday physical scrutiny and requested that a human immunodeficiency virus (HIV) trial performed. C. Q.

stated that she is in a serious relationship. is contemplating matrimony. and merely wants to do certain she is " okay" . No abnormalcies were noted on chemical sciences and haematology surveies.

The physician petitions you perform a rapid HIV trial. which is an antibody trial. Within 20 proceedings. the consequences are available and are positive. Does a positive rapid HIV trial mean that C.

Q. decidedly has HIV? If it is negative. does it intend she decidedly doesn't have HIV? There are three types of consequences a individual could perchance have from a Rapid HIV trial. A Non-reactive or Negative Consequence means that the trial did non observe any HIV antibodies. However.

this does non intend that a individual is immune to HIV. It can take up to three months from the clip of possible exposure for the organic structure to develop the antibodies to HIV. An Invalid Consequence: does non use to this instance survey. but it means this that the HIV trial can non be interpreted. An invalid trial consequence means there was a job running the trial.

either related to the trial device or the specimen. In this instance, another trial would be given. Peoples are no more likely to have a reactive or non-reactive consequence from an invalid 1.

A Reactive or Preliminary Positive Result means HIV antibodies were detected in her organic structure. Therefore a collateral trial such as the Western smudge will be given to extinguish the opportunity of a false positive consequence. The Western smudge is the most common trial used to corroborate positive consequences from an ELISA or rapid HIV trial. Its advantage is that it is less likely to give a false-positive consequence because it can more efficaciously distinguish HIV antibodies from other antibodies. What reding do you necessitate to supply to C. Q.

? C. Q needs a great trade of learning and reding before traveling place. She should be taught about antiretroviral therapy. This includes the dangers of non adhering to curative regimens.

how and when to take each medicine. drug interactions to avoid. and side effects that need to be reported to the primary attention supplier instantly. She will necessitate direction about keeping a healthy immune system and forestalling transmittal of the disease to her household. and sexual spouses. She should be taught to acknowledge clinical manifestations that should be reported to her clinician.

including symptoms of progressing disease. drug reactions. and dangerous timeserving diseases. C.

Q should be encouraged to advance self-care. supplying physical attention as necessary. doing extra referrals for community resources as needed. turning to spirituality issues.

and helping household members and friends cope with her unwellness. Case Study Progress
The doctor informs you that C. Q. 's western smudge trial consequences confirm that she is HIV positive ; he requests that you be present when he talks to her.

Before going to C. Q. 's room the physician requests that you give C. Q. verbal and written information about local HIV support groups and assist C. Q. name a friend to contact to help her during this time.

She looks at you through her tears and says. " I can't believe it. J. is the lone adult male I've had sex with since my divorce. He told me I had nothing to worry about.

" I can't believe he would do this to me" . C. Q. 's statement is based on three premises (1) J.

is HIV positive ; (2) he deliberately withheld the information from her ; and (3) he deliberately transmitted the HIV to her through unprotected sex.

Based on your knowledge of HIV infection. how would you advise C. Q.

? In this scenario it is possible that C. Q. 's spouse may have been infected and not know about it. There is also a possibility that he did not want to tell her due to her legal secretary occupation. Regular testing is essential in the fight against HIV.

As C. Q's nurse I would promote her two girls (ages 14 and 16) to be tested. If they are infected. they can be started on ART to handle the infection.

and delay patterned advance of the disease. Unprotected sexual contact (seeds. vaginal secretions. or blood) with a spouse infected with human immunodeficiency virus (HIV) is the most common manner of HIV transmittal in this instance. It is of import that C. Q regulations out any sexually transmitted diseases before holding sexual intercourse with a new spouse.

Lab proving it is recommended as it allows people to first happen out they do non hold the virus. or other STDs. and do informed determinations about their sexual spouses and activities. In add-on to offering alternate accounts and researching options.

what is your most of import function at this clip? The most of import thing to make at this clip is to stablish trust and supply nursing attention in a nonjudgmental manner. It is besides of import to supply C. Q. with multiple chances to raise inquiries and concerns. Assess how patient is get bying with new diagnosing. Offer support group & A ; promote discouraging feelings towards state of affairs.

Immediate intercessions include learning C. Q. about drug therapy. which clinical manifestations to describe.

back uping her in her (swearing) relationship. and measuring her ability to pull off her disease at place. Discrimination related to HIV infection can take to societal isolation. dependance. defeat.

low self-image. loss of control. and economic force per unit areas. It is of import for C. Q.

to experience that she has a support system that she can travel to forestall any negative behaviours that will impact self-management. C. Q. asks you whether she has AIDS. What do you state her? AIDS is diagnosed when an person with HIV infection develops at least one of the undermentioned conditions: a CD4+ T cell count below 200 cells/? L. An timeserving infection ; fungous.

viral. protozoal. bacterial. malignant neoplastic diseases.

blowing syndrome. and/ or Aids Dementia (ADC) . 6. Why is it a good thought for C. Q. to hold person she trusts conveyance her place this eventide? It is of import to enroll household and friends to back up and reenforce the program to follow.

Newly diagnosed patients may non be able to retain or understand information. Having person C. Q. trust conveyance place can be highly helpful for times of support. With these types of diagnosing patients may non be able to get by and develop terrible anxiousness.

panic onslaughts. and depression. One of the ends of attention is patient safety. and on-going appraisal and support based on patient's input is a must.

C. Q. gives you of the name and phone figure of a comparative she wants you to name. You remain with her until she leaves with her relation. Has C.

Q's right to privacy been violated? Explain why or why non.

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Her privateness has non been violated because she was given the option of naming a relation. She besides gave the figure and by that action she is accepting her right to inform the comparative and obtain the necessary support. Case Study ProgressC. Q.

returns to the office 4 yearss subsequently to discourse her diagnosing.

What are the ends for C. Q at this clip? Immediate intercessions include learning and supervising C. Q.

about drug therapy and which clinical manifestations to describe. back uping her in a trusting relationship. measuring her ability to pull off at place. research lab trials.

and conformity with medicine regimen. What extra research lab trial would you expect for C. Q? The patterned advance of HIV infection is monitored by two of import research lab appraisals: CD4+ T-cell counts and HIV viral burden. 10.

C. Q asks whether there is any intervention available. How would you react? Absolutely. with progresss in intervention. HIV is managed as a chronic disease.

since people are go forthing longer. The major drug categorizations for HIV include entry/fusion inhibitors. non-nucleoside contrary RNA polymerase inhibitors (NNRTIs) . nucleoside contrary RNA polymerase inhibitors (NRTIs) .

nucleotide reverse transcriptase inhibitors (NtRTIs) . integrase inhibitors. and protease inhibitors (PIs) . Treatment regimens can be complex.

The drugs have side effects and often interact with other medicines. Current guidelines for getting downing ART are based on the grade of immunosuppression as measured by the CD4+ T-cell count. C. Q. asks why she has to take so many drugs alternatively of a “ big dose” of one drug.

What would you tell her? The end of drug therapy in HIV infection is to diminish viral burden. keep an increased CD4+ T cell counts. Prevent HIV-related symptoms timeserving diseases. hold disease arrested development. and prevent transmittal. HIV can non be cured. but antiviral therapy (ART) can detain disease patterned advance by diminishing viral reproduction. Drugs used to handle HIV work at assorted points in the HIV reproduction rhythm. The major advantage from utilizing drugs from different categories is that combination therapy can suppress viral reproduction in several ways. doing it more hard for the virus to retrieve and diminishing the likeliness of drug opposition.

A major job with most drugs used entirely (monotherapy) or taken in unequal doses. For that ground combinations of three or more drugs should be used. After reexamining the type of drugs and how to take them. I would promote attachment to antiviral intervention.

The physician starts C. Q. on a regimen of Truvada (tenofovir and emtricitabine), Reyataz (atazanavir), and Norvir (Norvir). What general information will you give C.

Q. About ART therapy? Truvada is the first drug approved to cut down the hazard of HIV infection in unaffected persons who are at high hazard of HIV infection and who engage in sexual activity with HIV infected-partners. Many antiviral drugs have unsafe and potentially deadly interactions with other normally used nonprescription and herbal therapies. As C.

Q. 's nurse I would besides discourse the dangers of non adhering to curative regimens. how and when to take each medicine. drug interactions to avoid. and side effects that need to be reported to the primary attention supplier. What other issues will you discourse with C.

Q at this visit? I would discourse the importance of discursing the issue with her girls. spouse so they can besides acquire tested and treated. Another issue I would discourse is bar schemes. Safe sex patterns.

including hazard decrease and guidance. every bit good as the importance of regular HIV testing. Does C. Q. have legal duty to inform J.

of her HIV province? As an HIV-positive individual. C. Q. has the duty to unwrap her HIV position with J. She besides has the right to oppugn J. sing his hidden HIV infection as he can be penalized.

It is of import for C. Q. to besides understand about HIV Torahs in her province. Harmonizing to " Why California HIV Disclosure Laws Are A Threat

To Public Safety (California Health And Safety Code Section 120291) " " any <https://assignbuster.com/human-immunodeficiency-virus-essay-sample-essay/>

individual who exposes another to HIV by prosecuting in unprotected sexual activity (anal or vaginal intercourse without a rubber) . when the septic individual knows at the clip of the unprotected sex that he or she is infected with HIV.

has non disclosed his or her HIV-positive position. and acts with the specific purpose to infect the other individual with HIV. is guilty of a felony. ” The jurisprudence clarifies that “ a person’s cognition of his or her HIV-positive position. without extra grounds.

is non sufficient to turn out specific purpose. ” C. Q. needs to understand that cognizing she is HIV-positive and does non state her spouse she can be charged with a offense. C. Q.

besides needs to be informed that if a HIV trial is positive. the clinic will describe the consequences to the province wellness section. This is done so that public wellness functionaries can supervise what’s go oning with the HIV epidemic in the metropolis and province. It’s of import for C.

Q. to cognize that because of Federal and province support for HIV/AIDS services is frequently targeted to countries where the epidemic is strongest.

C. Q besides needs to cognize that there are “ third party” Torahs. Basically.

if they know that individual has a important hazard for exposure to HIV from a patient the staff member knows is infected with HIV. This is called “ duty to warn. ” Case Study ProgressTwo hebdomads subsequently. C. Q. visits the office and asks to talk to you in private.

She thanks you for speaking to her the twenty-four hours she received the intelligence of her diagnosing. As a nurse, it is ever of import to hold a positive result particularly on hard instances such as this 1. Collaborating efficaciously among hospital staff to supply the upmost attention is important in patient's chronic disease direction. The mail end is to diminish viral burden.

keep an increased CD4+ T cell counts, forestall HIV-related symptoms timeserving diseases, hold disease arrested development, and prevent transmittal