

# Fever and headache case study health and social care essay

[Health & Medicine](#)



**ASSIGN  
BUSTER**

Prior to parturiency, the client chows balanced repasts daily. He takes Multivitamins. He drinks 8-12 spectacles of H<sub>2</sub>O daily. He doesn't hold any nutrient allergic reactions. His lesions heal fast. Complete set of dentitions, doesn't utilize dental plates. The client is DAT ( diet as tolerated ) diet with no dark colored nutrients.

### **Elimination Pattern**

The client doesn't hold trouble extinguishing. He doesn't utilize laxatives. His stool is formed. He defecates one time or twice daily. No jobs experienced when urinating. His piss is normal in colour and sum. Upon parturiency, the client defecates one time day-to-day. Still no trouble urinating.

### **Activity and Exercise**

The client has sufficient energy to make the day-to-day activities he desired. He jogs around their small town sometimes. He likes to read books during his trim clip. He can to the full take attention of himself. While in the infirmary, the client walks around his room. He feels weak most of the clip, because he is merely lying down. He watches telecasting while in the infirmary.

The client doesn't hold hearing troubles and doesn't utilize hearing AIDSs. He doesn't have on reading spectacles. He normally decides for himself but seeks advice from his older sister.

### **Sleep/Rest**

Before parturiency, the client doesn't hold trouble kiping. He makes certain to acquire adequate remainder for the following twenty-four hours 's activities. He doesn't see incubus. Now, the client said that he was non able

to kip good because he is really concerned about his wellness. He sleeps a small late and wakes up early the following twenty-four hours.

### **Self-perception**

The client describes himself as simple and determined. He feels good about himself. He does n't let petty jobs to acquire the best of him.

### **Role-Relationship**

The client lives with his sister and her household. They portion with thefamilydisbursals. Whenever they encounter jobs, they sit down and discourse them.

Sexuality-Reproductive. The client is sexually active but refuses to speak about his sexual life.

### **Coping/Stress Tolerance**

When stressed, the client tries to loosen up himself foremost before confronting the job because he might do determinations he will repent. He talks to his sister or close friends whenever he has jobs. He does n't take any medicines or drugs. He handles jobs maturely.

### **Values/Beliefs**

The client is spiritual. He prays frequently, though seldom attends mass. He has programs for himself in the hereafter and he says he will make his best to accomplish them.

### **Environmental History**

The client lives in a private subdivision in Malabon, Manila with his sister and her household. He describes their small town as quiet and peaceable. Few

autos pass by their street. They segregate their refuse and maintain their milieus clean.

## **Consequence**

Doppler Scrotal/Testes

The testicles are normal in size, echopatterns and constellation with no focal lesions noted. The right steps about 4. 4 tens 2. 6 s2. 1 centimeter ( LWH ) . While the left steps about 4. 0 tens 2. 8 ten 2. 1 centimeter ( LWH ) . No extratesticular mass lesion is noted. The epididumes are non unusual. Free fluid aggregation is seen within the left scrotal pouch.

Impression:

- Left Hydrocoele.
- Normal Testiss and epididymes
- No grounds of varicocoele

## **List of Priority Problem**

1Hyperthermia related to desiccation secondary to DHF phase 1

Deficient Fluid volume related to active fluid volume secondary bleeding

Activity Intolerance related to generalise failing secondary to DHF phase 1

## **Ongoing Appraisal**

- On DAT ( Diet as Tolerated ) with NDCF ( No Dark Colored Foods )

- Proctor VS q4, rigorous I & A ; O

- Dx process: CBC, Platelet count, Potassium, Urinalysis
- Dengue Titers
- Master of educations: Aeknil 1 A IV q4

Nafarin 1 check TID

Azithromycin 500 milligram OD

7/15/10

- Addition unwritten fluid intake
- Dx process: Blood Typing ( Result: Bachelor of arts )

7/16/10

- Facilitate station BT as ordered
- Give antamin 1 amp 30 min prior to BT

7/17/10

- Warm compress over scrotal are TID

7/18/10

- WOF marks of shed bleeding

7/19/10

- Cold compress 10 min BOD and displacement to warm compress 10

Command

- Scrotal Support

7/20/10

- May travel place

## **Discharge Plan**

Medicine: Celebrex 200 milligram 1 check 2x a twenty-four hours PRN for hurting

Exercise: Avoid strenuous exercisings

Treatment: Patient must take medicines for hurting as needed.

Bed remainder.

Increase unwritten fluid intake

HealthEducation: Promote patient to hold a healthy life style.

Practice good hygiene.

Diet: Diet as tolerated.

Eat balanced repasts daily, nutrients high in fibre.