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Geriatric patients include the older individuals with overall impaired function. There is no defined age at which an individual becomes geriatric although it mainly occurs in individuals with more than 75 years with physical impairment, cognitive impairment, and chronic illnesses. Geriatric patients mainly undergo the condition due to the aging immune system, psychosocial setting, and lifestyle choices (Jones, 2004). Most of the frail elderly patients have skin wounds such as shingles, herpes, bumps, and bullous pemphigoid. The wounds are a problem to the elderly patients as they age due to incontinence, immobility, and poor nutrition. Wounds lead to reduced skin elasticity as the collagen and the elastic tissues degrade. The collagen and elastic tissue are important as they provide strength and make the skin flexible. The wounds also predispose the geriatric patients to other infections.
Aged 89, John Williams (my patient) presented various signs and symptoms. The patient had a history of shingles and had been given various medications to curb that. Some of the signs and the symptoms presented by the 89-year-old man included allergic reactions especially when cold, constant headaches and itching skin. John Williams lacked family support as the family had deserted him on the streets until he found his way to an elderly care Centre. The care plan for the patient included the following.
Comprehensive geriatric assessment involves interdisciplinary diagnostic and multidimensional process that aims at determining the psychological, medical, and functional abilities of the patient. The comprehensive assessment emphasizes the importance of life, prognosis and the outcome that acts a way in which the condition can be curbed. Assessment is mainly done on the frail patients since they are at risk of incident disability and homeostasis. During the assessment, the patient gave information on the previous treatment that he had in other institutions. In this scenario, the patient was checked for the various treatments he had undergone and that included the copies of the recent lab reports. The patient was also asked various assessment questions to determine his mental status and judgment skills.

## Diagnoses

Diagnosis of Shingles in geriatric patients includes various clinical examinations such as the culture of the vesicle fluid to find the virus that causes the condition. Electron microscopy and immunofluorescence is also important as a method of diagnosis as they aid in examining the vesicle fluid. Polymerase chain reaction (PCR) is important in the detection of the condition. PCR helps in detecting the viral DNA in the vehicle, and that helps in early diagnosis of the shingles (Gulanick & Myers, 2011). The PCR mechanism is important as it helps predicting individuals at risk of long-term pain.

## Management

Skincare using antivirals is important for the geriatric patients. Calamine lotion, which is important as it helps relieve burning pain, will help the patient be comfortable and stop scrubbing the skin. The patient should leave the lesions to dry and naturally form a scab.
Analgesics such as Dihydrocodeine, paracetamol and codeine will also be useful to the patient as they help in reducing pain by about 60-70% (Wolters Kluwer Health, 2013). Treating postherpetic neuralgia, which is common in geriatric patients with shingles, is done using gabapentin.

## Patient education

Geriatric patients with shingles should use soothing skin care to help treat the burning rashes. The patients are also advised to observe personal hygiene, which is important in preventing the infection. Drinking plenty of water is also important to the patient as it hydrates the skin (Jones, 2004).
The patient care was effective as it involved various aspects that are important in curbing the infection. In the future, I will assess all the possible wounds that may interfere with the skin integrity of geriatric patients.

## References

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