Case study 1 and 2

Case Study 1 & 2 Name: Course: Date: Case Study 1 & 2 Case Study 1 One of the main symptoms that allow the patient to be deemed as anemic is the low level of hemoglobin in the bloodstream. The hemoglobin count for Ms. A is 8 grams per deciliter (g/dl). Since Ms.

A’s hemoglobin count is at a level that is less than the required 12 g/dl, then she is clearly suffering from anemia. However, Ms. A is suffering from a specific type of anemia called Iron Deficiency Anemia. This is because of the unique symptoms and circumstances that correlate with persons suffering from the disease.

Iron deficiency anemia is a class of anemia that is attributed to lack of the mineral Iron in the body. The condition is caused due to inadequate dietary ingestion and absorption of iron. Consequently, iron deficiency anemia can also arise from excessive bleeding, which can be from an array of sources such as uterine, intestinal or the urinary tract (Parker & Parker, 2004). Iron is a fundamental element of hemoglobin and low levels of iron lead to the decreased assimilation of hemoglobin inside the red blood cells. The disease commonly affects a considerable number of women than men. Therefore, in order to determine that the patient is suffering from Iron-deficiency Anemia, various indicators will be deduced to determine the assumption.

Regarding Ms. A, her symptoms are clearly related to the symptoms that arise from iron deficiency anemia. One of the main symptoms that anemic patients suffer from is shortness of breath or breathlessness. Breathlessness in anemic individuals is caused by the insufficient transportation of oxygen by the red blood cells to the lungs. Since iron is an intricate part of

hemoglobin, the deficiency of the mineral leads to decreased assimilation of the red blood cells with oxygen. Hence, the deficiency of iron in hemoglobin leads to reduced integration of oxygen in the red blood. This, in turn, leads to dyspnea or shortness of breath attributed to lack of oxygen in the lungs.

Other symptoms such as stiffness in the joints, low levels of energy and enthusiasm, light-headedness, increased temperature reading, increased heart rate and low blood pressure are common among anemic persons. Furthermore, the conditions experienced during Ms. A's menses such as menorrhagia and dysmenorrheal account for the cause of the iron related anemia.

This is because menorrhagia refers to excessive blood loss that occurs during menstruation. Moreover, the condition is usually accompanied by dysmenorrheal, which is excessive menstrual pain (Gomez, 2004). Hence, the main cause of the iron-deficiency anemia evident in Ms. A is excessive blood loss during menses. Normally, blood constitutes iron.

This mineral is usually located within the red blood cells. Therefore, if an individual loses blood, the person will lose a certain quantity of iron. Consequently, women who experience heavy menstruation periods risk suffering iron deficiency anemia due to the considerable amount of blood during the process. Since Ms. A indicates that menorrhagia and dysmenorrheal are the main conditions she experiences during her menses and that she has been suffering from them for 12 years, then most likely she is suffering from iron-deficiency anemia attributed to a continued state of excessive blood loss during her menses.

Moreover, her regular use of aspirin during her menses indicates that she is suffering from blood loss arising from gastro-intestinal bleeding. Diagnosis of Ms. A’s blood smear indicates that she is suffering from iron deficiency because of the presence of hypochromic and microcytic cells, which are small, pale and colorless. Her hematocrit value, which is at 32 percent, is low and thus indicates anemia. Moreover, her erythrocyte count (red blood count), which is 3. 1 x 10/millimeter and reticulocyte count, which is at 1. 5 percent, are low and evidently characterize anemia.

References Gomez, J. (2002). Anemia in women: Self-help and treatment. Alameda: Hunter House Publishers Parker, P. M.

, & Parker, J. N. (2004). Iron deficiency anemia: A medical dictionary, bibliography, and annotated research guide to Internet references. San Diego: ICON Health Publications.

Case Study 2 Mr. P, a 76-year-old man, is suffering from cardiomyopathy. Cardiomyopathy refers to the assessable weakening of the operation of the myocardium (MacRae, 2010). The constant deterioration of the heart muscle can lead to heart failure, which Mr. P has.

Additionally, Mr. P experiences symptoms that arise from cardiomyopathy such as 4+ pitting edema, dyspnea and crackles throughout the lungs. Moreover, Mr. P faces difficulty in sustaining diet restrictions and management of his polypharmacy. For a patient such as Mr. P, it will be extremely beneficial to provide an individualized care approach for him. The approach will start with diagnosis and the development of a treatment plan.

Moreover, an experienced and multidisciplinary team, which is governed by cardiology nurses and physicians, will be assigned to Mr. P. Moreover, the team can comprise interventional cardiologists, heart surgeons and rhythm specialists.

Moreover, the nurses will be helpful in providing healthy changes regarding the patient's lifestyle and diet. The treatment plan for the patient will include CHF and cardiomyopathy specialists. The specialists may propose modestly invasive procedures that involve surgery for the repair of the malfunctioning heart valves or correction of blockages. Moreover, the treatment plan will incorporate performance of clinical trials on the patient in order to research and determine the type of diminutive implanted mechanisms to treat Mr. P's condition. The treatment plan will also incorporate diagnostic procedures. These procedures can include echocardiography, Cardiac Nuclear Stress Imaging and Cardiac Catheterization (Ardehali, Perez & Wang, 2011). However, the procedures will have to be explained to the patient, and his spouse for them to understand the objective and use of the procedures.

Moreover, the treatment plan will be considerably subsidized since it will be based on the treatment of patients above the age of 70 with cardiac problems. This provision, which differentiates the plan from other plans, will allow for Mr. P and his wife to gain cardiomyopathic treatment at a negotiable and low fee. This will easily lower the financial burden that Mr. P and his wife have been experiencing due to diagnostic and treatment procedures.

In order to provide the patient, Mr. P and his spouse, with education based on cardiomyopathy and treatment procedures, it is crucial to create a method that will be useful in providing the patient and his spouse with the right information. One efficient method that can be used to provide education for the patient and his spouse is collaborative teaching. In this case, collaborative teaching will involve the use of two cardiologists in learning about the treatment and care approaches for the patient. Allowing the use of two cardiologists will allow for the use of one of the teachers as a practicum. Thus, one cardiologist will explain the theoretical aspect while the other cardiologist will be used as a practical subject for the first cardiologist. The rationale behind this method will be aimed at providing the patient and the spouse with an abstract of the procedures that will be used in solving cardiomyopathy.

The teaching plan for cardiomyopathy will be aimed at providing Mr. P and his wife with knowledge on cardiomyopathy, its symptoms, diet and lifestyle. The teaching plan is flexible and can therefore be fixed according to the needs of the patient and the spouse. The teaching plan will incorporate three classes that will occur during the day. Day 1 will be a common overview of Cardiomyopathy. This will take two hours, after which the patient and his spouse can engage the tutoring cardiologist on what they have not understood. Day 2 will involve knowing about the symptoms of cardiomyopathy.

This class will allow the learners to know about the symptoms that accompany weakening of the heart muscle. Day 3 will be based on diet and lifestyle. At this stage, the learners will be educated on the proper diet to

ingest, and the right lifestyles to maintain in order to avoid worsening of the heart muscle.

References Ardehali, R., Perez, M., & Wang, P. (2011).

A practical approach to cardiovascular medicine. Chichester, West Sussex: Wiley-Blackwell. MacRae, C. A. (2010). Genetics of cardiomyopathy and heart failure.

Philadelphia: Saunders.