

Case study cushings

Business



On the way to J. S.'s home, you make a mental note to check him for signs and symptoms (S/S) of Cushing's syndrome. Clinical Presentation Centripetal (truncal) obesity or generalized obesity Thin arms and legs Bruising Weakness and fatigue Moon-faces with facial plethora Purplish-red striae on abdomen, breasts, and buttocks Impaired glucose metabolism Clinical presentation unexplained hypoglycemia Acne Hirsutism Menstrual Irregularities Hypertension 1 . Differentiate between Cushing's syndrome and Cushing's disease.

Cushing syndrome is the term used to describe a group of symptoms that occur when a person's cortisol levels are too high (known as hypercortisolism) for too long. The majority of people have Cushing's syndrome because they are regularly taking certain medicine(s) that continually add too much cortisol to the body.

Doctors call this an "exogenous" (outside the body) cause of Cushing's syndrome. Other people have Cushing's syndrome because something is causing the adrenal gland(s) to overproduce cortisol. 5 Doctors call this an "endogenous" (inside the body) cause of Cushing's syndrome.

Cushing disease is the most common form of endogenous Cushing's syndrome. It is caused by a tumor in the pituitary gland that secretes excessive amounts of a hormone called adrenocorticotropic hormone, or ACTH.

2. Your assessment includes the following findings. Determine whether the findings are attributable to J. S.'s COPD or possible Cushing's syndrome. Place an "L" beside the symptoms consistent with lung disease and a "C" next to those consistent with Cushing's syndrome.

L- A. Barrel chest C- B. Full-looking face (“ moon face”) pressure (/Y mm Hg
L- D.

Pursed-lip breathing, especially when patient is stressed C- E. Striate over
trunk and thighs C- F.

Bruising on both arms C- G. Acne L- H. Diminished breath sounds throughout
lungs C- I. Truncate obesity with supercritical and posterior upper back fat
and thin extremities 3. You inform the physician of the patient’s S/S. The
physician believes J.

S. Has developed Cushing syndrome and decides to discontinue
documentation therapy. Identify possible consequences of suddenly stopping
the documentation therapy.

Withdrawal symptoms: severe fatigue, weakness, body aches, and Joint pain.
It takes weeks to months for the adrenal glands to start making cortical on
their own again, so patient needs to taper off to allow time for body to start
making cortical again on its own in the right amounts.

4. Cuning’s syndrome can affect memory. Patients can easily forget what
medications have been taken, especially when there are several different
drugs. List at least three ways you can help J. S.

Remember to take his pills as prescribed. 1- put all pills in a weekly or
monthly pill box. – Set an alarm on his cell phone to remind him to take his
pills. – Place the pillbox by toothbrush so that apt can see them every
morning when brushing teeth. 5. J.

5. States that his appetite has increased but he is losing weight. He reports trying to eat, but he gets short of breath (SOB) and cannot eat any more. How would you address this problem? Tell the patient to eat several smaller more frequent meals. Drink after eating.

Eat high protein diet. Eat when well rested. 6. You advise J. S. To take his predations in the morning with food.

You ask him a series of questions RITE possible gastric discomfort, vision, and joint pain. Discuss the rationale for your line of questioning. Predations can cause upset stomach. It can have serious side effect with vision problems. If it's not helping with joint pain then the dose may need altering.

8. Differentiate between the glorification and mineralogist's effects of predations. Mortification's= the name mineralogist's derives from early observations that these hormones were involved in the retention of sodium, a mineral.

The primary endogenous mineralogist's is lodestone, although a number of other endogenous hormones (including progesterone and corticosteroids) have mineralogist's function. Alterations acts on the kidneys to provide active reapportion of sodium and an associated passive reapportion of water, as well as the active secretion of potassium in the principal cells AT ten cortical collecting tulle Ana active secretion AT protons Vela proton Tapes in the alumnae membrane of the intercalated cells of the collecting tubule.

This in turn results in an increase of blood pressure and blood volume. 000 Sociolinguistics= Corticosteroids (GO) are a class of steroid hormones that

bind to the glucocorticoid receptor, which is present in almost every vertebrate animal cell. Cogs are part of the feedback mechanism in the immune system that turns immune activity (inflammation) down. They are therefore used in medicine to treat diseases that are caused by an overactive immune system, such as allergies, asthma, autoimmune diseases and sepsis.

Gas have many diverse (pharmacologic) effects, including potentially harmful side effects. They also interfere with some of the abnormal mechanisms in cancer cells, so they are used in high doses to treat cancer.

Difference between Glucocorticoid receptors and Mineralocorticoid receptors?

Glucocorticoid have a high affinity for cortisol and Mineralocorticoid's have a high affinity for Aldosterone AND cortisol. 9. How would your assessment change if

J. S. Were taking a glucocorticoid that also has significant mineralocorticoid's activity?

I would look at potassium levels because he is taking furosemide and this mineralocorticoid's.

I would also look into hypertension symptoms or hypotension symptoms.

10. Review J. S. 's list of medications.

Based on what you know about the side effects of loop diuretics and steroids, discuss the potential problem of administering these in combination with dexamethasone. Loop diuretics lose potassium and can alter sodium/water balance. Steroids cause increased cortisol, which is anti-inflammatory, and it also increases levels of glucose in blood while raising BP.

It makes the patient at risk for infection. Diuretics lower BP while steroids can increase BP along with dioxin. Taking loop diuretics and dioxin can lead to dioxin toxicity, cardiac arrhythmia's and electrolyte imbalances.

All three of those: diuretics, steroids, and dioxin lower autism levels in body. Hypoglycemia. They also enhance the levels of dioxin in the body so toxicity can occur easier. 1 1 . Realizing that patients like J. S.

Are susceptible to all types of infections, you write guidelines to prevent infection. Identify four major points that these guidelines will include.