

Risk factors for c.v. case study

Business



Research shows that risk factors for C. V. are not evaluated as frequently in women as in men (Karachi, 2013), pharmacological treatment for C. V. in women is less aggressive, and surgical procedures, such as cardiac catheterization, are not performed as frequently in women as in men (Cabala, 2013; Sheered et al. , 2013). Healthcare providers may fail to diagnose C. V. in women because signs and symptoms in women are different from those experienced by men, such as jaw and neck pain, fatigue, and insomnia (Karachi, 2013). Other symptoms typical in women include shortness of breath, nausea, depressive, and epigenetic pain (Cabala, 2013).

Furthermore, “ electrocardiograms and exercise electrocardiograms are less sensitive to changes in women, making it more difficult for providers to diagnose coronary artery disease” (Cabala, 2013, p. 28). The purpose of this paper is to outline the nurse’s responsibility to understand the contributing factors to C. V., its pharmacological treatment, side effects and contraindications of treatment, and patient education for a post-menopause female patient. Case study: Mrs.

. K Three days ago, Mrs.. K, a 63 years old white female, was brought to the ER with complaints of left shoulder pain radiating up to her neck for 2 hours.

EEG and cardiac enzymes confirmed diagnosis of acute myocardial infarction (AMI), cardiac catheterization and angioplasty were performed without complications; she was later admitted to the telemetry unit. Mrs.

. K reported taking Hydroelectrically (HECTIC) 25 MGM. Once a day for 10 years for diagnosis of hypertension. Assessment revealed she is slightly overweight, her Job as a secretary is sedentary. Mrs..

K also indicated she commutes to and from work one hour each way. Meals are mostly of convenience odds and meal times are irregular. Mrs.. KS physician informed her that laboratory results showed she has Diabetes Mellitus Type II (DAM II) in addition to coronary artery disease (CAD).

The physician informed her of the addition of three medications: motormen 2 50 MGM. Twice a day, transportation (Lipton) 10 MGM. Once a day, and unilateral yeasted) 10 MGM. Once a day. Contributing factors Contributing risk factors to CAD include increasing age, gender, ethnicity, diet, obesity, genetic predisposition, sedentary lifestyle, smoking, stress, bacterial infections, hypertension, diabetes, and menopause (Karachi, 2013).

In the case study, Mrs.

. K is positive for the following risk factors: age, gender, menopause, diet, obesity, sedentary lifestyle, stress, hypertension, and diabetes. DAM II was newly diagnosed during this admission. Mrs.. K is not able to control or modify her age, gender, or post-menopause status (Karachi, 2013).

However, other risk factors like diet, obesity, stress, and sedentary lifestyle can be managed by modifying her diet, stress management, and promoting exercise (Karachi, 2013). Along with pharmacological agents, interventions to modify Mrs..

KS diet, weight, and physical activity will be effective in the management of diabetes and hypertension (Karachi, 2013; Cabala, 2013). Treatment: current and new medications, rationale, and contraindications In this case study, while inpatient, Mrs..

K was diagnosed with CAD and DAM II, and her hysteria added three new medications to her current regimen of HECTIC 25 MGM. Once day. The new medications are meteoroid 250 MGM. Twice a day, transportation (Lipton) 10 MGM. Once a day, and unilateral (Vacates) 10 MGM.

Once a day.

Cabala (2013) reported that “ blood pressure control, diabetes management, and optimal lipid levels are central to AHA (American Heart Association) recommendations for major risk actors intervention, intended for women who are either at ‘ risk or at ‘ high risk for cardiovascular events, owing to such factors as established C. V., diabetes, hypertension, hyperventilation’s, and other medical or behavioral concerns” (p. 31-32).

HECTIC (hydroelectrically) A ethicize diuretic and first-line drug therapy to manage essential hypertension, is the “ most frequently used of the ethicize diuretics and the prototype of this class” (Karachi, 2013, p. 59). For the treatment of hypertension, it is used as single therapy or in combination with other intensiveness drugs (Karachi, 2013). AHA Class I recommendations include a ethicize diuretic as “ first-line drug therapy for Omen with high blood pressure” (Cabala, 2013, p. 32). Dosage.

For the treatment of hypertension in the adult patient, the recommended dose is 25-100 MGM per day, by mouth (Karachi, 2013).

Contraindications/cautions.

Patients with allergy to dizziness and sulfonamides, fluid and electrolyte imbalances and severe renal functions, and during lactation; caution should be used with the following medical conditions: lupus, gout, diabetes mellitus, liver disease, hyperthyroidism's, pregnancy (Karachi, 2013). Meteoroid Meteoroid, a beguiled, an oral glucose-lowering drug, decreases glucose release from liver and enhances insulin sensitivity; it “ decreases the production, and increases the uptake of glucose” (Karachi, 2013, p. 627).

Widely used as monetary, is generally recommended as first-line drug therapy when DAM II is first diagnosed Peters, Chubb, W.

Davis, & T. Davis, 2013). Cabala (2013) reported that AHA Class Ia recommendations indicate women with diabetes should attain LLC levels “ below 7. 0% through life modification and drug therapy’ (p. 32).

Dosage. 500-850 MGM per day, by mouth, in divided doses. Maximum 2, 550 MGM. Per day, doses should be reduced for geriatric patients or compromised renal functions (Karachi, 2013). Contraindications/ cautions. Patients Witt allergies and/or skin reaction to the medication.

Avoid I in patients with renal insufficiency because it has been “ associated with the development of lactic acidosis” (Karachi, 2013, p. 627).

Transportation (Lipton) TTS use A first-line drug therapy to lower serum cholesterol, an HEM-Coca reeducates inhibitor, ‘ causing a decrease in serum

cholesterol level, Olds, and triglycerides, and an increase in HAD levels” (Karachi, 2013, p. 790). Shah’s Class bib recommendations Indicate, “ women over age 60 who have a greater than 10% estimated coronary artery disease risk may use lipid-lowering therapy with statins” (Cabala, 2013, p. 32).

Dosage. According to Karachi (2013), transpiration’s usual dose is 10 MGM per day, by mouth, doses may range from 10 MGM to 80 MGM per day, may be taken anytime during the day.

Contraindications/cautions. Patients with allergies to any of the statin drugs or fungal by-products, in patients with irreproachably, acute renal failure, or alcoholic liver disease. “ Caution should be used in patients with impaired endocrine function because of the potential alteration in the formation of steroid hormones” (Karachi, 2013, p. 789).

Unilateral (Vasates) An angiotensin-converting-enzyme (ACE) inhibitor prescribed for the “ treatment of hypertension, heart failure, and left ventricular dysfunction in adults” (Karachi, 2013, p. 709).

Shah’s recommended preventative drug interventions for women indicates an ACE inhibitor should be prescribed “ after MI, or with clinical evidence of HF, LEVEL 40%, or diabetes” (Cabala, 2013, p. 31). Dosage. Karachi (2013) in Table 43.

2 indicates ‘ usual dosage 10-40 MGM/day PO; reduce dose in geriatric patients and patients with renal impairment; 2. 5 MGM PO b. I. D. For HF or left ventricular dysfunction” (p.

709). Contraindications/cautions. Any patient with history of allergy to any of the ACE inhibitors or impaired renal function, during pregnancy and lactation.

Caution should be used in patients with heart failure or patients with salt/volume depletion. : Karachi, 2013).

Medication side effects and patient education Nurses encounter multiple barriers to effective patient education such as nursing shortage, language barriers, and an aging population (Karachi, 2013; Sheered et al. , 2013). Despite challenging barriers, “ the patient needs to be educated to be his or re own advocate and to take steps to avoid medication errors” (Karachi, 2013, p. 53). Mrs..

KS nurse is responsible to teach her all potential side effects of all her medications including drug-food interactions.

HECTIC (hydroelectrically) Side effects. Call physician or seek emergency medical care if any of these occurs: dehydration, frequent vomiting, diarrhea, or excessive sweating; nausea or severe stomach pain, hives, difficulty breathing, swelling of your face, tongue or throat, fainting, severe headache, bruising or bleeding, tachycardia or irregular heartbeat or lettering, chest pain, rapid weight gain, constipation, skin rash, aliped, photosensitive, persistent dry cough, dizziness, lightheadedness, change in the amount or color of urine, yellowing of the skin or eyes, loss of appetite, muscle Meanness. Karachi, 2013; Apostates online, n. D.

). Drug-food interactions. Food decreases absorption of medication; take on an empty stomach (one hour before or 2 hours after meals). Avoid salt-substitutes containing potassium. Drink plenty of Neater and avoid drinking alcohol.

(Karachi, 2013; Apostates online, n. D.). Patient education. Teach patient how to monitor blood pressure at home (teach-back teeth), inform physician of the results. Do not take aspirin, ibuprofen, unproven, or acetaminophen; they may decrease the medication therapeutic detect and should not be taken unless approved by her physician.

Karachi, 2013; Apostates online, n. D.). Meteoroid Side effects. Most common side effects include diarrhea, flatulence, mild nausea, upset stomach, nausea, loss of appetite, heartburn, allergic skin reaction. Call your physician or get emergency medical help if any of the following symptoms occurs: dizziness, muscle pain or weakness, numb or cold feeling in your arms and legs, rube breathing, stomach pain, nausea with vomiting, slow or uneven heart rate, dizziness, or feeling very weak or tired.

(Karachi, 2013; Apostates online, n. D.). Drug- food interactions.

Take medication with meals. Avoid drinking alcohol to decrease adverse side effects.

(Karachi, 2013; Apostates online, n. D.). Patient education. Teach patient use of Gloucester for self-monitoring (teach-back method). Signs and symptoms of hypo and hyperglycemia.

Skin assessment including feet. Medication is more efficient when paired with changes in diet and exercise. (Karachi, 2013; Apostates online, n. D.).
Lipton (transportation) Side effects.

While to the medication, you may experience dizziness, blurred vision, headaches, constipation, upset stomach, insomnia, and nervousness.

Other side effects include nausea, vomiting, abdominal pain, and flatulence. Report to your physician if any of the following occurs: yellowing of eyes or skin, vision changes, unusual bleeding, dark urine, light colored stools, muscle pain accompanied by fever, increased thirst or urination, dry mouth, itching, confusion or memory problems. Seek emergency care if you have seizures. (Karachi, 2013; Apostates online, n.

D.). Drug- DOD interactions. May be taken with or without food. Small frequent meals may minimize gastric disturbances.

Avoid drinking alcohol to decrease adverse side effects.

Do not drink grapefruit Juice while taking this medication. Follow a low-fat diet. (Karachi, 2013; Apostates online, n. D.).

Patient education. May be taken at any time during the day. Avoid driving or operating machinery while adjusting to medication. Medication is more efficient when paired with changes in diet and exercise. Regular eye check up with an ophthalmologist (at least once a year) to check for cataracts.

(Karachi, 2013; Apostates online, n. .). Vacates (unilateral) Side effects.

Call your doctor at once if you have swelling, rapid weight gain, little or no urinating, or if you feel short of breath, have chest pain, pounding heartbeats or fluttering in your chest, a slow heart rate or weak pulse, a tingly feeling, muscle weakness or tightness, swelling of your face or lips, tongue, throat, or hives (Karachi, 2013; Apostates online, n. D.

). Drug-food interactions. Food reduces absorption of medication, take on an empty stomach, one hour before or two hours after meals. Consume a salt-free diet, and avoid salt-substitutes. Avoid drinking alcohol.

Do not take acetaminophen, aspirin, ibuprofen, or unproven; they may decrease the medication therapeutic effect and should not be taken unless approved by her physician. (Karachi, 2013; Apostates online, n. D.). Patient education.

Do not stop taking this medication unless instructed by a physician. Other drugs may interact with unilateral, including prescription and over-the-counter medicines, vitamins, and herbal products, do not take any medication or supplement unless recommended by [Our doctor. (Karachi, 2013; Apostates online, n. D.). Additional in-patient education General medication education

Give Mrs.

. K education sheets for each medication with drug name, dosage, schedule, method of administration, and side effects, include signs and symptoms of hypo and hyperglycemia. Instruct her to consult her physician before taking any OTC drugs and herbal supplements. Take medications

exactly as prescribed by your doctor; do not stop taking this medication or change the dosage without your physician's approval. If one dose is missed, take it as soon as she remembers, but if it is near the time of the next dose, skip the missed dose and resume usual dosing schedule; do not double the dose to catch up.

Store medications at room temperature away from light and moisture, unless otherwise instructed. Do not store medications in the bathroom or kitchen. Keep all medications away from children and pets. Get {Our prescription refilled before you run out of medicine completely. Make sure to follow up with your physician and follow his/her instructions on regular lab work to monitor blood count, liver and renal function. Always inform doctors and nurses of all medications you are taking during office visits, scheduling tests or procedures.

: Karachi, 2013; Apostates online, n. .). Post-operative education Remind Mrs..

K it is important to drink at least eight glasses of water after the procedure to flush the contrast material from her system. Remind Mrs.. Aka family or friend must be available to drive her home when discharged. Provide Mrs..

K with post-discharge information provided by catch lab including post-discharge site care, do not take a tub bath or swim or use a Jacuzzi for one week after procedure, you may shower, keep site clean and dry; call your physician if bleeding, swelling, or severe redness or bruising is noted.

You may return to work and resume driving after clearance by your physician. Cleveland Clinic, 2012). Lifestyle modifications Increase physical activity. To lose weight and slow down progression of disease, and lower blood glucose and blood pressure.

“ Brisk walking is a great form of exercise. Studies have shown that an overall energy expenditure of about 1, 000 calories/week has added health benefits” (Four, Mueller, & Dirking, 2013, p. 3).

Initiate a “ walk for lunch” group at work to walk for 30 minutes every day during lunchtime. Studies show “ worksheet interventions to be effective for improving physical activity behavior fitness, work attendance, and Job stress,” (Campbell & Bop, 013, p.

523). Weight reduction. Plan meals ahead, drink water instead of sodas and juice, avoid fast foods and vending machines, snack on low-fat yogurt, fruits and detestable, eat more fish and lean meats, take home made lunch to work, reduce salt and fat intake, encourage Mrs..

K to discuss with her physician and diabetic nutritionist a weight loss program with support group such as Weight Watchers Campbell & Bop, 2013).

Referrals Diabetic Team (educator, nutritionist, exercise physiologist). Initial consultation for education regarding self-monitoring blood glucose and use of Gloucester, diet, Loire count and exchanges. Post discharge referral and appointment to develop an individualized plan to guide the patient and

attain her goals of diabetes and blood pressure control, diet and nutrition, weight loss, and exercise.

An interdisciplinary team providing team-based care and collaborating with their own expertise can improve outcomes (Craven, Bane, & Kolas, 2013).

Cardiac Rehabilitation.

Refer to cardiac rehab therapist for initial evaluation. ‘ Cardiac rehabilitation, emphasizing C. V. risk reduction and/or a physician-guided none- or communion TTY-based exercise training program, should e recommended Omen who have had a recent cardiovascular event” (Cabala, 2013, p. 30).

Social work.

Refer to hospital’s licensed social worker to assist with referral to community services, support group and stress management seminar, and psychosocial evaluation as component of a cardiac rehabilitation program (McCarthy, Dickson, & Chuan, 2011). Home health. Referral to home health for URN evaluation and one follow-up visit and physical therapy evaluation should be considered for Mound and B/P checks, medication education reinforcement, glucose monitoring and reinforcing self-monitoring.

Home health care nurses recognize those patients who are in need of certain services that may reduce re-hospitalizing” (Tao, Linebacker, Chem., Khan, ; Dalton, 2012, p. 356).

Outpatient follow-up Post-discharge follow-up is essential to monitor and improve patient compliance. Post-discharge phone calls to review post-surgical status, review medication education, reinforce referrals to diabetic

team and home health. Nurses need to make a great effort at each level of care to make sure that patients understand discharge instructions and preventative teaching” (Sheered et al. , 2013, p. 65). Referral to nurse case manager for disease management is recommended.

Studies show that “ the positive role nurse case managers have on managing patients according to published guidelines, especially through ongoing monitoring of medication-taking behavior and optimization of adherence to treatment and guidelines” (Berea, 2011, p. 156).

The nurse case manager is known to make regular and frequent follow-up phone calls, reinforces education, assists with scheduling follow up appointments with primary care physician, cardiologist, podiatrist, ophthalmologist, and other disciplines as needed, provides information regarding in-line and community resources, and provides assistance with obtaining authorization for services. “ Nurse case managers can provide key advice and management to help patients improve their lifestyle risk factors” (Berea, 2011, p. 50).

Summary Cabala (2013) concluded that “ despite a growing awareness of the threat women face from C. V., they are still less likely than men to be recognized as being at risk for C. V. or to receive a thorough risk evaluation and appropriate intervention” (p. 33).

Rhea nurse is responsible to understand the contributing factors of C. V. and the attention difference in presentation and response to treatment between men and women.