

# Hepatitis case study

Business



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Each of the injections is specifically formulated to protect against Hepatitis A, B, or C. INCORRECT There is currently no vaccination for Hepatitis C. B) Each of the injections is specifically formulated to protect against Hepatitis B, D, or E.

INCORRECT There is no separate vaccination for Hepatitis D. The Hepatitis B vaccination protects against both Hepatitis B and D. Hepatitis E has no vaccine. C) All three injections are given to protect against Hepatitis B. CORRECT The three routine Hepatitis vaccinations administered to healthcare workers are the three-part hepatitis B vaccination.

All three parts of this vaccination must be administered at the correct intervals (0, 1, and 6 months) to provide maximum retention.

This vaccination also protects against hepatitis D. This vaccine is now included in the recommended childhood vaccines. D) All three injections are given to protect against Hepatitis A. INCORRECT There is a vaccination for Hepatitis A. However, it is a single dose with an available booster dose administered after 6-12 months. This vaccination is not routinely recommended for healthcare workers.

Prevention of Hepatitis Hepatitis can be caused by hyphenations or medications, but the primary cause is viral.

Viral Hepatitis is transmitted by two major routes: internal (oral-fecal) and restaurants/mucosa (blood or blood products, other body fluids, or maternal-fetal transmission). This second route is also referred to as blood borne. 2. Which of the five major types of viral Hepatitis are transmitted via

precancerous/ mucosa means? A) B, C, and D. CORRECT Hepatitis B, C, and D are all transmitted by the precancerous/mucosa route.

High risk populations Include IV drug users, hemophilia's, and persons receiving long-term Allyson. Hepatitis A Ana are transmitted Dye ten internal route.

Hall-rolls populations for Hepatitis A include children in day care settings and persons in institutional tenting. High-risk populations for Hepatitis E include persons living in underdeveloped countries. INCORRECT Hepatitis E is transmitted by the internal route.

C) A, B, and C. Hepatitis A is transmitted by the internal route. D) A and E. Hepatitis A and E are both transmitted by the internal route. Since the average time from exposure to symptom onset is 6-7 weeks, and knowing that it can take up to 6 months for corrosiveness to occur, the clinic nurse questions Chad about exposure to persons with infections over the last several months.

Chad remembers being involved in the emergency care and transport of a number of linens.

3. Contact with which client places the healthcare worker at greatest risk for Hepatitis? A) 16-year-old with a spinal cord injury and a history of intravenous drug abuse. This client is at high risk for Hepatitis B, C, and D because of the history of IV drug abuse, which accounts for over half of all Hepatitis C transmissions in the U. S. Today. B) 70-year-old with viral pneumonia and congestive heart failure.

INCORRECT The viruses that cause viral pneumonia do not cause Hepatitis.

C) 80-year-old with an MRS.-infected wound and a history of cirrhosis.

INCORRECT MRS. (nonmetallic-resistant staphylococcus erasures) is a bacterial infection, and Hepatitis is a virus.

A history of cirrhosis indicates possible alcoholism, but neither cirrhosis nor alcoholism is a risk factor for Hepatitis. D) 18-year-old with a head injury who later developed bacterial meningitis. Since this client developed a bacterial infection, and Hepatitis is caused by a virus, care of this client does not increase the risk for Hepatitis. Because AT cannas exposure to viral Hepatitis, ten nurse manager or Emergency Services reviews the standards of care used in client rescue and transport. In addition to diligent hand washing and the consistent use of other Standard Precautions, which measure will help reduce the transmission of Hepatitis? A) Portable sharps containers available at every emergency situation.

CORRECT The use of portable sharps containers reduces the risk of accidental needle sticks. B) Use of masks during client transport. Blood-borne infections are not spread by respiratory droplets, so the use of masks is not necessary. C) Careful recapping of used needles. Used needles should not be recapped.

Rather, they should be placed immediately in the proper container.

D) Immediate isolation of suspected Hepatitis carriers. It is not necessary to place Hepatitis carriers in isolation. Clinical Manifestations While performing a physical assessment, the nurse notes that Shad's skin has a yellow cast. 5.

This should be documented as: A) Occasions. Occasions refers to a bluish skin color rather than a yellow skin color. It is the result of decreased tissue oxygenation. B) Jaundice. Jaundice occurs when excess bilirubin diffuses through the skin.

Normal total serum bilirubin is 0.1-1.2 mg/dL in adults. Jaundice occurs when the total serum bilirubin exceeds 2.5 mg/dL.

Jaundice is also often noted in the sclera of the eyes. C) Pruritus. Pruritus means itching. Although pruritus may occur as the result of increased bile salt excretion through the skin, this is not the correct term for skin with a yellow cast. D) Purpura.

Purpura are areas of bleeding, such as petechiae or ecchymosis. Although this may occur as the result of liver damage, this is not the correct term for skin with a yellow cast. Jaundice Since Chad has Jaundice, the nurse carefully observes his urine and stool. 6. Which observation about the stool is consistent with the presence of Jaundice? A) Stool is green, tarry-like.

This is not a reflection of increased bilirubin.

B) Stool is liquid and frothy, with a foul odor. C) Stool is clay-colored. Stool will be light or clay-colored if conjugated bilirubin is not able to leave the liver. D) Stool is black and tarry. This is common when blood is present in the stool, but it is not a reflection of increased bilirubin. 7.

Which observation about the urine is consistent with the presence of Jaundice? A) Urine is thick and contains sediment. B) Urine is tea-colored. As

excess bilirubin builds in the bloodstream, some is excreted in the urine which gives a tea-colored appearance.

C) Urine is reddish-orange. This is often a side effect of medications, but it is not a reflection of increased bilirubin.

D) Urine is pale and dilute. Other manifestations of hepatitis include: Fatigue, malaise, and weakness. Anorexia, nausea, and vomiting. Muscle aches and joint pain. Dull headaches, irritability, and depression.

Abdominal tenderness in the right upper quadrant. Fever with Hepatitis A. Medical Management and Nursing Interventions Chad is admitted to the acute care facility for the initial management of his Hepatitis C. The nurse is developing Chad's plan of care. 8.

Which nursing diagnosis is important to include in Chad's plan of care? A) Activity intolerance. The client with Hepatitis often experiences fatigue and malaise, resulting in activity intolerance. B) Impaired skin integrity. This is not a concern for Chad at this time. C) Ineffective airway clearance. D) Excess fluid volume. This is generally not a problem related to acute viral Hepatitis.

Chad complains of being nauseated most of the time, and he is not able to eat very much. Which intervention should the nurse implement to help with Chad's nutritional status? A) Encourage Chad to eat three large nutritious meals a day.

INCORRECT The client should have small meals to prevent nausea. B) Instruct the client to eat low-calorie, low-carbohydrate meals. INCORRECT The client should have a high-calorie, high-carbohydrate diet with moderate fat. C) Encourage Chad to eat three large nutritious meals a day. D) Instruct the client to eat low-calorie, low-carbohydrate meals. INCORRECT The client should have a high-calorie, high-carbohydrate diet with moderate fat. <https://assignbuster.com/hepatitis-case-study/>

fats and protein. C) Develop a list of between meal snacks for the client to choose from.

CORRECT This intervention individualizes care and takes into consideration both dietary requirements and client preferences. D) Explain the importance of taking an antitietic immediately after meals. Antiseptics should be taken before meals, not after meals.

The goals of treatment during the acute stage of viral Hepatitis include the promotion of cellular regeneration of the liver and the prevention of complications. Recovery of the liver requires adequate physical and emotional rest by the client, as well as adequate nutrition. Management Issues: Assertive Communication The charge nurse notices that because a female unlicensed assisted personnel (ASAP) spends a great deal of time in Shad's room, she neglects many of her other client care responsibilities.

10. How should the charge nurse respond in regard to the Pap's behavior?

A) " Chad is an attractive young man, but you can't neglect your other work.

" INCORRECT This response is Judgmental, and it makes an assumption about why the PAP is spending so much time with Chad. B) " Why are you spending so much time with Chad? " This response could be perceived as confrontational and cause the nursing assistant to become defensive. C) " You need to get your work done before you spend time with Chad. "

INCORRECT This response could be perceived as confrontational and cause the PAP to become defensive.

D) “ I noticed that a lot of your client care responsibilities did not get done today. Start assertive communication with “ I,” rather than “ You. ” This approach is non- confrontational and does not put the I-JAPE on the defensive. The PAP admits that she has a big crush on Chad and asks to be assigned to provide his care. 11.

How should the charge nurse respond? A) “ How do you think he feels about you? ” This is a passive response by the nurse and does not reflect that the client care assignment is inappropriate. B) “ You need to grow up and act more professionally! ” This is confrontational communication, and it may make the PAP feel belittled.

C) “ Okay, that way you can get to know each other better. This is not a good choice. Caring for a client that she has feelings for may result in overstepping professional/client boundaries.

D) “ That would not be appropriate while he is in the hospital. ” CORRECT This is an assertive response to the I-JAPE that avoids being judgmental, but it clearly states that her request is not appropriate. Discharge Teaching Shad’s acute symptoms are resolved, and he is preparing to be discharged home. 12. Which discharge instruction should the nurse include in the teaching plan? A) Follow a low-salt diet.

The client with Hepatitis should adhere to a well-balanced diet, but it is not accessory to adhere to a low-salt diet. B) Do not share personal hygiene items. Sharing personal hygiene items may increase the risk for virus transmission. C) Monitor weight daily. A goal AT ten client Walt Hepatitis Is to



malting adequate nutrition Tort lever annealing, but monitoring weight on a daily basis is not necessary.

D) Avoid crowded settings. This is an important measure for clients at high risk for infection, but the client with Hepatitis is not considered at high risk for infection.

Chad is discharged, but he is still not able to return to work. He is concerned about turning to work as a paramedic. 13.

What guidelines should the nurse give Chad in response to his question?

Return to work when: A) Liver enzyme levels return to normal. ALT levels may fluctuate in clients with acute and chronic Hepatitis, but they are not a determinant in the client's ability to return to work. B) Symptoms subside and he feels able to work. Once Chad feels able to return to work, he may do so. There are no current restrictions on the professional activities of healthcare workers with chronic Hepatitis C.

They should be advised to follow Standard Precautions and strict aseptic techniques.

C) When free of relapses for six months. Periods of remission and relapse can be ongoing for some clients with Hepatitis C. There is no defined period of relapse-free time required before returning to work. D) Hepatitis antibody levels are negative. Following exposure and corrosiveness, Hepatitis antibody levels will remain positive, but that is not a determinant in the client's ability to return to work.

Diagnostic Tests Six months later, Shad's follow up serum liver function tests show increased levels.

He is scheduled for a liver biopsy on an outpatient basis. 14. Increases in which diagnostic lab test reflect that the liver is not functioning adequately?

A) Serum blurring. Serum Dilution generally Increases when ten lever Is manage, along Walt n toner serum liver enzymes such as SAT, AL T, and serum alkaline phosphates. B) serum BUN.

BUN increases for many reasons, such as renal insufficiency and deficit fluid volume, but it is not an indicator for liver damage. C) Serum lipase. This test provides information related to pancreatic function, not liver function. D) Serum albumin.

When liver cells are damaged, serum albumin levels will often decrease rather than increase.

15. Prior to the liver biopsy, it is most important for the nurse to be aware of which lab test result? A) Serum calcium. This is an important test, but is not the most important information for the nurse to note prior to the biopsy. B) Serum creating. This is an important test reflecting renal function, but it is not the most important information for the nurse to note prior to the biopsy.

C) Alkaline phosphates. This is an important test reflecting liver function, but it is not the most important D) Prohibition time.

Since the biopsy is an invasive procedure and altered liver function can cause a reloaded prohibition time, it is most important for the nurse to be aware of any potential for bleeding and to inform the physician of an

abnormal prohibition time. 16. In which position should the client be maintained immediately after the biopsy? A) supine, with the head of the bed elevated no more than 30 degrees. This position is not safe immediately after liver biopsy. 30 degrees.

IN B) Positioned on right side with a pillow under the costal margin. CORRECT  
Immediately after the biopsy, the client should remain on the right side for at least two hours.