

Ascariasis and trichuriasis

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----- OBJECTIVES I. Objectives Within our 3 weeks clinical exposure at San Pedro Hospital at St. Luke's Ward, we, the proponents of San Pedro College, BSN 3E, group3, subgroup2, will be able to present a comprehensive nursing case analysis regarding the case of our patient who have a Bronchopneumonia in which we can gain more knowledge to understand further our clients condition. In order to achieve the general objective stipulated above, this case analysis aims to: a.

Present a rationale discussing the rotation, patient's medical status, statistics which include the international, national and local statistics about the case and its nursing implications; b. assess patient in a cephalocaudal manner; c. obtain factual information regarding patient's data base including the biographical data, clinical data, family health history, past health history, and history of present illness; d. construct a family genogram to trace the family history that will show us the health status, hereditary diseases, and the present condition of the client and his family ; e. cite at least 2 definitions of the diagnosis from the book and 1 from the internet source f. discuss the specific medical management including drug studies and diagnostics according to the condition of the patient; g. explain the related nursing theory that can apply to the situation of the patient; h. formulate one (1) nursing care plan applicable to the patient; i. compose a comprehensive discharged plan following METHOD. j. list all sources and references used in the making of this case study. -----

----- INTRODUCTION

II. Introduction Oxygenation concept covers the study of different concepts on oxygenation and the nursing care for clients having problems and

alterations from the normal process of oxygenation. Oxygenation is the dynamic interaction of gases in the body for the purpose of delivering adequate oxygen essential for cellular. The systems involved in this concept are the respiratory, cardiovascular and hematologic systems. This concept functions to support the different clients in the clinical setting by providing nursing care, providing health teachings, and helping them restore their body's normal functioning.

The group has been clinically exposed in St. Luke's Ward where we encountered our client N. A, a 6 year old female who was admitted due to fever under the service of Dr. R. Mata on Room 443-2 who has Bronchopneumonia. The group then decided to make her our main subject in our case analysis for the reason that her condition was perfectly related to our oxygenation rotation and also its affected organ is the respiratory system while its affected organ is the lungs.

We have chosen her as our patient for our case analysis because of our desire to gain more knowledge and understanding of the disease and the condition in which our patient is experiencing. Bronchopneumonia is an acute inflammation of the lungs and bronchioles, characterized by chills, fever, high pulse and respiratory rates, bronchial breathing, cough with purulent bloody sputum, severe chest pain, and abdominal distension.

The disease is usually a result of the spread of infection from the upper to the lower respiratory tract, most common caused by the bacterium *Mycoplasma pneumoniae*, *Staphylococcus pyogenes*, or *Streptococcus pneumoniae* (Mosby, 2010) For international statistics according to world health organization children under 5 years of age they have 613, 600 cases
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with 2, 044 number of childhood deaths in the year 2004 (Retrieved from http://whqlibdoc.who.int/publications/2006/9280640489_eng.df) While for its national statistics according to Department of health for the age 5-9 years old they got 244 cases of pneumonia for girls and 287 cases for boys with a total of 531 cases for both sexes While for the local statistics according to Department of Health they have 174 cases for every 100000 children with the incidence rate of 253. 16 for the year 2007 only in Davao city. This case study would contribute a lot on the quality of nursing education, practice, and research. First, to nursing education, this case study would keep the group equipped with knowledge, skills, and attitudes on how to manage future patients with Bronchopneumonia it then nourishes those lessons learned in the scope of our concepts. To the nursing practice, this case study would help those who are practicing their professions as nurses, student nurses and other people who are medically inclined by being able to improve their nursing management and intervention to patients who had Bronchopneumonia. In application, those learned from our lectures can be related more to an actual state thus having a higher understanding, as to improve our skills and thinking.

This case is facilitative to nursing research, because all data that we have gathered will help us in understanding the disease process of the patient. This would also help the group identifying the primary needs and health problems that would arise; thus it will help researchers that will encounter the same problem in the future. The group hopes that in the future technology can give the patients a more reliable treatment in an affordable and easy way for the patient. -----

DEFINITION OF DIAGNOSIS BRONCHOPNEUMONIA/ CAP MR Bronchoneumonia can be a primary illness (often called community acquired pneumonia or CAP) or can develop as a complication of another respiratory infection or underlying illness. The causes of pneumonia in children vary depending on the season and the child's age and health status. Pneumonia most likely develops when the body is unable to defend against infectious agents, which could be viruses, bacteria, mycoplasma, fungi, chemicals, foreign substances, or various other organisms or materials. It is also that not all inflammation of the lung is infection in origin. It could be caused by aspiration of foreign substances.

Source: Bowden, V. , Greenberg, C. (2008). Pediatric Nursing Procedures Second Edition. Lippincott Williams & Wilkins. * Community acquired pneumonia (CAP) – Occurs either in the community setting or within 48 hours of hospitalization. The agents that most frequently cause CAP requiring hospitalization are Streptococcus pneumoniae, H. influenza, Legionella, Pseudomonas aeruginosa and other gram negative rods Source: Bare, B. , Cheever, K. , Hinkle, J. , Smeltzer, S. (2009). Brunner and Suddarth's Textbook of Medical Surgical Nursing 12th edition. Lippincott Williams ; Wilkins Moderate risk community acquired pneumonia manifests vital signs that are not within normal range, having symptoms of tachypnea, tachycardia and fever. It can have x-ray findings of multi-lobar involvement, progression of lesion to 50% within 24 hours, abscess and pleural effusion. It is suspected to be prone for aspiration. It can be associated with extrapulmonary findings of sepsis and unstable comorbid condition. Source: [http://www. slideshare. net/crisbertc/pneumonia-4775641](http://www.slideshare.net/crisbertc/pneumonia-4775641) ASCARIS

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LUMBRICOIDES * *Ascaris Lumbricoides* is also known as the giant intestinal roundworm. Adult roundworms live in the small intestines.

Fertilized and unfertilized eggs develop in the soil into embryonated stage which is the infective stage. Soil is commonly contaminated in areas where there are no sanitary toilet facilities or where human feces is used as fertilizer in vegetable gardens. Source: Maglaya, A .. [et. al]. (2009). Argonauta Corporation. Marikina City, Philippines * *Ascaris Lumbricoides* is a genus of nematode worms; large parasitic intestinal roundworms found throughout temperate and tropic regions. Source: Mosby's Pocket Dictionary. (2010). Elsevier. Singapore. * *Ascaris lumbricoides*, giant roundworm, is the most common parasitic worm in humans.

According to some estimates 25 % of humans are infected with the disease, ascariasis. Ascariasis occurs worldwide, mostly in tropical and subtropical countries. It has highest prevalence in areas of poor sanitation and where human feces are used as fertilizer. Source: [http://www. parasitesinhumans. org/ascaris-lumbricoides-giant-roundworm. html](http://www.parasitesinhumans.org/ascaris-lumbricoides-giant-roundworm.html) TRICHURIS TRICHIURA * *Trichuris Trichiura* is also known as the whipworm because the anterior end is highly attenuated and the posterior end is thicker and more fleshy. It is another common intestinal worm and is usually found together with ascaris. Source: Maglaya, A .. et. al]. (2009). Argonauta Corporation. Marikina City, Philippines * *Trichuris Trichiura* is a species of whipworms, commonly found in warm, moist regions of the world. Ingestion of whipworm eggs results in infection in humans; the parasites live mainly in cecum or large intestine. Source: Mosby's Pocket Dictionary. (2010). Elsevier. Singapore. * *Trichuris trichiura* is a nematode (roundworm) also called the human whipworm. The

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third most common round worm of humans. Occurs worldwide, with infections more frequent in areas with tropical weather and poor sanitation practices, and among children.

It is estimated that 800 million people are infected worldwide.

Trichuriasis (infection with *Trichuris trichiura*) occurs in the southern United

States. Source: [http://www.medterms.com/script/main/art.asp?articlekey=](http://www.medterms.com/script/main/art.asp?articlekey=12961)

12961 ----- PHYSICAL ASSESSMENT A.

Physical Assessment Date and time of assessment: September 21, 2012, 9 a.

m. * GENERAL SURVEY N. A. , six years old, female has a mesomorphic body

structure and she weighs 15 kilograms. She is wearing a clean hospital

gown. Her hair was black in color and is unkempt. She has a brown-

complexion.

Upon interview with the watcher, the patient is alert and oriented and in an

appropriate mood. * VITAL SIGNS VITAL SIGNS| RESULT| NORMAL VALUES|

Blood Pressure| 90/60mmHg| 87/48 - 117/64 mmHg| Temperature| 35. 8 °C|

35. 6 - 37. 5 C| Cardiac Rate| 110 bpm| 60 - 100 bpm| Pulse Rate| 102 bpm|

60 - 100 bpm| Respiratory Rate| 30 cpm| 20 - 25 cpm| I. SKIN, HAIR, NAILS

The patient has a brown complexion and is generally uniform in color. The

skin is dry, rough to touch and with fair skin turgor. The body's temperature

is uniform all throughout the body and is within the normal range (36-37 °C).

no lesions, edema or ulcerations noted.

Hair is black in color and in normal distribution. Texture is brittle. Infestations

noted such as dandruff and lice. Body hair is variable in amount. The

fingerplate has a convex curvature with an angle of 160°. Nail beds are

pinkish reflecting a good circulation. Epidermis surrounding the nail is intact.

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After performing the blanch test of capillary refill, there is a prompt return of usual color in 3 seconds. II. HEENT * HEAD The patient's head is normocephalic. Facial features are symmetrical, palpebral fissures equal in size and symmetrical nasolabial folds. Muscle strength of jaw is normal. *

EYES

Eyebrows are evenly distributed and symmetrically aligned. The skin is intact and movements are equal. Eyelashes are equally distributed and slightly curled outward. No lesions or discoloration noted on both eyes. Sclera is clear. The palpebral conjunctiva is smooth and pale. The pupils are black in color, equal in size of about 2mm in diameter, round and have a smooth border. The iris appears brown in color. * EARS The ears have the same color as that of facial skin, symmetrical and aligned with the outer canthus of the eye. It is mobile and not tender. However, the texture is dry. Normal voice tones are audible.

No discharges noted. * NOSE External nose is uniform in color and no discharge noted. The nasal mucosa is pink in color. The nasal septum is intact and in midline. * MOUTH AND OROPHARYNX The lips are pinkish and moist and has symmetrical contour. The tongue is in midline without any lesions present. There were twelve upper teeth and ten lower teeth present. Two upper molars have been extracted and one lower molar has cavity. The gums are pink. The oral mucosa has a uniform pink color and moist. Hard and soft palate are pinkish in color. Gag reflex is present. III. NECK Neck muscles are equal in size.

Head movements are coordinated and smooth with no discomforts. Trachea is centrally placed in midline of neck and spaces are equal on both sides. The

thyroid gland is not visible upon inspection. IV. BACK The skin is uniform in color. No lesions, areas of tenderness, redness or abrasions noted. V. ANTERIOR THORAX AND LUNGS Upon inspection, difficulty of breathing/ tachypnea was observed. The patient used accessory muscles such as shoulders and the abdominal muscles to assist in breathing. Crackles were heard on both lung fields upon auscultation. Pleural friction rub is also present. Chest skin turgor is good. VI. POSTERIOR THORAX AND LUNGS

The anteroposterior diameter of the chest has a ratio of 1: 2. The skin is intact, temperature is uniform, chest wall is intact and no masses or tenderness noted. Upon palpation, tactile fremitus is increased when patient is asked to say, “ 1, 2, 3”. VII. CARDIOVASCULAR SYSTEM No pulsations, lifts, or heaves noted on aortic, pulmonic, tricuspid and apical areas noted upon inspection. Normal cardiac sounds heard upon auscultation (S1 and S2). Peripheral pulses have full pulsations with symmetrical pulse volumes. Peripheral leg veins are symmetric in size. Limbs are not tender. Capillary refill time of 3 seconds was recorded.

VIII. ABDOMEN The skin color is uniform. No lesions, masses or tenderness noted. Audible bowel sounds of 5-10 sounds per minute. IX. EXTREMITIES No nodules or deformities observed on shoulders, arms and elbows. Forearms can be flexed, extended, or put to supine and prone position. Contractures, redness, bone enlargements, nodules, atrophy and tremors were not observed. Fingerplates are of convex curvature and nail beds are pinkish. No pain or tenderness, deformities on hip joints and thigh. A visible scar on right calf is present and measures 2. 5 inches. Lesions, edema, inflammation and deformities are absent.

NEUROLOGIC ASSESSMENT * Mental Status * Language Client can talk and is able to express himself by speech and gestures. She can articulate clearly. * **Orientation** The client was able to recognize other persons such as her relatives, nurses on duty and his physician. She is oriented of the time of the day and was aware of where she is at the present moment. * **Memory** The client was able to recall the meal she had for breakfast. She also remembered some of the hospital personnel that were assigned to her. * **Attention p and calculation** The patient has a short attention p as she is easily distracted by her surroundings.

Her ability to calculate was done through giving simple arithmetic questions (addition and multiplication). Her answers are correct. **CRANIAL NERVES**
Cranial Nerve| Type| Function| Assessment| Olfactory| Sensory| smell| We covered the client's eyes and she was able to identify the smell of milk and peanuts. | Optic| Sensory| Vision and Visual Fields| The patient does not know how to read but sees clearly the prints on the paper given to her. | Oculomotor| Motor| EOM, movement of sphincter of pupil, movement of ciliary muscle of the lens| The patient was able to see through the 6 extraocular movements.

The pupil size was 2mm at both left and right eye, was briskly reactive to light and accommodation. It constricts and dilate in response to light. | Trochlear| Motor| EOM, specifically moves eyeball downward ; laterally | The patient was able to move her eyes from left to right and right to left without moving her neck. | Trigeminal| Sensory ; Motor| Sensation of cornea, skin of face and nasal mucosa| When the patient clenched her jaw, her temporal

and masseter muscles felt equally strong. Jaw movement was normal. The patient blinked as the wisp of cotton touched the lateral sclera of the eye.

She also felt the cotton as it touched her left and right cheeks. | Abducens| Motor| EOM, specifically, moves eyeballs laterally| The patient as able to rotate her eyes in a circular manner from top to left to bottom and to right and back to top as instructed. | Facial| Sensory ; Motor| Facial expression, taste (anterior two-thirds of the tongue)| The patient has symmetrical facial features when instructed to smile, frown, close eyes and puff cheeks. | Vestibulocochlear| Sensory| Hearing ; balance| The patient was able to hear the student nurses properly during normal voice conversation. Glossopharyngeal| Sensory ; Motor| Swallowing ability, tongue movement| Gag reflex was present by touching the posterior part of the using using a tongue depressor. | Vagus| Sensory ; Motor| Swallowing, vocal sord movement| The student nurses asked the patient to open her mouth widely and observed during inspection that the palate and uvula rises in the midline as patient says “ ahh”. | Accessory| Motor| Head movement, shrugging of shoulders| The patient was able to move his head to her left and right against the hand as a resistance and has equal strength.

She was able to move her head up and down freely. Her sternocleidomastoid and trapezius muscles were equal in size upon inspection and palpation. | Hypoglossal| Motor| Protrusion of tongue from side to side, up ; down| The patient was able to move her tongue to his left and right, up and down and was able to protrude her tongue. | -----

HISTORY ----- TAKING PERSONAL DATA Name:

N. A Age: 6 years old Gender: female

Home Address: Davao City Birth date: January 16, 2006 Nationality: Filipino

Religion: Christian Civil Status: Child CLINICAL DATA Hospital Institution: San

Pedro Hospital Ward: St. Luke's Ward Room and Bed no: 443-2 Date

Admitted: August 19, 2012 Time Admitted: 1: 00am How admitted: Per

ambulatory Chief Complaint: Fever Attending Physician: Dr. Richard Mata

Family Health History In the maternal side of our client, both of the

grandparents of N. A died, her grandmother M. B. died at the age of 62

because of myoma, she had a history of asthma, while its grandfather died

for unknown reason also had asthma.

The couple was blessed with 7 children including the mother of our client

Amy and Aladin who also has a history of asthma, their siblings Archie and

Arnold both have asthma and fond of smoking and drinking alcoholic

beverages. While Ariel died at the age of 35 and also had asthma. For the

paternal side, the grandmother of our client had a history of asthma while its

grandfather has TB and fond of smoking. They were blessed with 5 children

including the father of our client R. A who also likes to drink and smoke, his

sister M.

A died at the age of 7 because it drowned on the beach, while its brother

aldrin had a history of asthma and was also a smoker and drinker, their

brother Renante died at the age of 26 due to stab wound and was a smoker

and drinker before. Our client N. A was used to be asthmatic as well as its

brother J. A -----

----- GENOGRAM Past Health History

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According to the mother of our client when she was pregnant for our client she always go to their barangay for prenatal check up, she said she gave birth of N.

A at the age of 16 in full term at their house here in Davao City with the help of her trusted midwife in a normal spontaneous vaginal delivery, she said that she first noticed a blood in her underpants and started to feel pain following a ruptured bag of water after an hour, she said that she labored not less than 8 hours. The mother of our client also shared that during the childhood days of her daughter it had chicken pox, tonsillitis, sore eyes and asthma when she it was 2 years old, her mother also stated that her daughter N.

A completed her immunizations such as BCG, DPT, OPV, Measles, HIV, and Hepa B. Per interview to the mother, she stresses that her daughter had her first hospitalization when she was just months and was admitted at Regional now called SPMC due to diarrhea and vomiting, but then after 5 days of admission, the Doctor had given the family a list of medications but forget their names , the mother shared that the moment they got home after 5 days the mother of our client noticed a stainless earrings in her daughter's feces, When our client N.

A was 3 or 4 years of age she was then again admitted at San Pedro Hospital under the service of Dr. Lubo in due to swelling of its right lower extremity , according to the parents their daughter underwent a minor surgery just enough to remove the bacteria or some kind of microorganism present. They describe the leg of their daughter with a redness surrounding its puss

unfortunately they cannot remember what's the case was but they shared that during that admission N.

A was also diagnosed with Pneumonia with the used of chest X-ray, its third hospitalization was the present. Our client has no allergy to any kind offoodnor medications, according to N. A's mother her daughter stop breastfeeding when she was 2 while according to its father his daughter was a picky eater in terms of vegetables, he said she could only count the number of vegetables her daughter ate, according to our client she prefer pork, fish or fruits than vegetables.

Per interview to our client she said she eliminates once a day, and urinates at least 2-3 times per day and sometimes urinates when asleep. N. A also shared to us that she usually sleeps after watching Lorenzo's Time and wakes up at 6 am to prepare for school, she was a kinder student in one of the project hope here in Davao City, according to her she had lots of friends in school and they usually play, hide and seek, Dampa, Chinese Garter and the like. Present Health History Our client N.

A had an on and off fever for 4 days, her mother gives their trusted paracetamol neo-kiddielets yet they decided to admit their daughter last September 19, 2012 at 1: 00 am under the service of Dr. Mata on room 443-2, he was then ordered to have CBC, Urinalysis , CXR and fecalysis. The result of CXR indicates that our client has bronchopneumonia and was also positive of ascaris and trichuris, he was given medications and one of them is antiox to get rid of the parasite inside our patient.

MANAGEMENT Radiologic Findings Procedure| Rationale| Impression| Nursing Responsibilities| X-ray of the chest and abdomen| Test done to visualize the internal structures using the x-ray| Hazy infiltrates seen in the inner lung zones. Heart and great vessels are not unusual. Diaphragm and costophrenic sulci are intact. The rest of the included structures are unremarkable. Bronchopneumonia| * Let the patient wear the prescribed hospital gown * Remove other garments and other accessories * Transport patient to the X-ray room. Provide safety and privacy| Hematology: Complete Blood Count provides a fairly complete evaluation of all formed elements in blood. It can supply a great deal of the information necessary to diagnose a hematologic disorder, help to identify disease states not directly related to hematopoietic system, and help to evaluate the stages and prognosis of certain diseases. It helps to detect the abnormality of the component of the blood that shows underlying diseases in the patient condition before performing a surgery or operation.

Date| Component| Rationale| Results| Clinical Significance| Interventions|
 SEPTEMBER19, 2012| Hemoglobinmale 140-180g/dlfemale 120-160g/dl|
 Hemoglobin is a protein in red blood cells that carries oxygen. A blood test can tell how much hemoglobin you have in your blood and determine the extent of Anemia. | 110g/dl| Elevated Values: Polcythemia, DehydrationDecreased Values: Many cancers, Hodgkin's disease, Lymphosarcoma, Anemia, and malnutrition and as a side effect of chemotherapy| Pretest Patient Care for CBC, Hemogram: * -Explain to the patient or watcher the procedure, process and purpose of the test to be done. Inform them that the test requires a blood sample and slight

discomfort may be felt when skin is punctured. * * - Avoid stress if possible because altered physiologic status influences and changes normal hemogram values. * - Select hemogram components ordered at regular intervals. These should be drawn consistently at the same time of day for reasons of accurate comparison; natural body rhythms cause fluctuations in laboratory values at certain times of the day-Dehydration or overhydration can dramatically alter.

The presence of either of these states should be communicated to the laboratory. -Fasting is not necessary. However, fat-laden meals may alter some tests results as a result of lipidemia. Intra:-Inform the patient that venous blood is to be collected-Venipuncture should be performed in an aseptic technique as well as the collection of sample. Posttest Patient Aftercare for Hemogram, CBC:-Apply manual pressure and dressings to the puncture site on removal of the needle. -Monitor the puncture site for inflammations or hematoma formation.

Maintain pressure dressings on the site if necessary. Notify physician of unusual problems with bleeding. -Resume normal activities and diet. -Bruising at the puncture site is common. Signs of inflammation are unusual and should be reported if the inflamed area | | Erythrocytes male 4. 5-5. 0 female 4. 0-5. $0 \times 10^{12}/L$ | The number of red blood cells per cubic millimeter of blood. erythrocyte indices, n. pr the standard values of red blood cell numbers, morphologic characteristics, and behavior in comprehensive hematologic laboratory testing. | $4. 3 \times 10^{12}/L$ | Decrease in value means hemorrhage, hemolysis anemias, cancer, over dehydration Increase in value meas polycythemia, dehydration, living at high

altitude | | MCH Mean Corpuscular Hemoglobin 27 – 33 picograms/cell | is the average mass of hemoglobin per red blood cell in a sample of blood. It is reported as part of a standard complete blood count. | 26. 0 picograms/cell | MCH less than lower limit of normal: hypochromic anemia MCH within normal range: normochromic anemia MCH greater than upper limit normal: hyperchromic anemia | | MCV Mean Corpuscular Volume 80 – 96 femtoliter | is a measure of the average red blood cell volume that is reported as part of a standard complete blood count. | 80 Femtoliter | MCV less than lower limit of normal: microcytic anemia MCV within normal range: normocytic anemia MCV greater than upper limit of normal: macrocytic anemia | | MCHC Mean corpuscular hemoglobin concentration 32 to 36 grams/deciliter | The MCHC is a measure of the concentration of hemoglobin within a red blood cell. This measurement is useful in evaluating the clinical response of an anemic patient to therapy. | 32. 6 grams/deciliter | Decreased: microcytic anemia Increased: hereditary spherocytosis | | Leukocytes ($5. - 10. 0 \times 10^9/L$) | A useful guide in determining the severity of disease process. It will identify certain persons with increase susceptibility to infection through measuring total amount of WBC in the body | $3. 7 \times 10^9/L$ | Elevated Values: An increase in the number of circulating leukocytes is rarely due to an increase in all five types of leukocytes. When this occurs, it is most often due to dehydration and hemoconcentration. In some diseases, such as measles, pertussis and sepsis, the increase in white blood cells is so dramatic that the picture resembles leukemia.

Decreased Values: Aplastic anemia, bone marrow depression, pernicious anemia, some infectious or parasitic disease | | Neutrophils (0. 55-0. 65%) |

Neutrophils are produced in huge numbers in response to infection, trauma, infarction (cell death due to lack of blood supply), emotional distress or other stimuli. They cruise around the blood stream waiting to be called to a site where damage is happening. Once there, they kill the invading bacteria and other noxious substances, usually dying in the process themselves. The method they use to kill invaders is called phagocytosis which involves engulfing and digesting the " enemy" cell. 0. 48 %| Elevated Values: Elevated in bacterial infection, Hodgkin's disease, Decreased Values: Decreased in Leukemia and malnutrition and as a side effect of hemotherapy, Infection, drug reaction, autoimmune neutropenia, maternal antibody production, aplastic anemia. | | | Lymphocytes(0. 25-0. 40%)| Lymphocytes consist of the B cells and T cells. The B cells make antibodies and the T cells regulate the immune response. Lymphocytes secrete products (lymphokines) that modulate the functional activities of many other types of cells and are often present at sites of chronic inflammation. 0. 41 %| Elevated Values: Elevated in lymphocytic leukemia, Hodgkin's disease, multiple myeloma, viral infections, and chronic infections, cytomegalovirus infection, pertussis, brucellosis, tuberculosis, syphilis. Decreased Values: Decreased in malnutrition, cancer, and other leukemias and as a side effect of chemotherapy. Human Immunodeficiency Virus Infection, Miliary Tuberculosis, Renal failure, Terminal Cancer| | | Monocytes(0. 02-0. 06%)| Monocyte is a type of white blood cell, part of the human body's immune system.

Monocytes have several roles in the immune system and this includes: (1) replenish resident macrophages and dendritic cells under normal states, and

(2) in response to inflammation signals| 0. 09 %(High)| Elevated Values: Elevated in Acute infection, monocytic leukemia and cancer. , chronic myeloid leukemia, acute monocytic leukemia, myelomonocytic leukemia, lupus erythematosus, polyarteritis nodosa, rheumatoid arthritis| | | Eosinophils(0. 01-0. 05%)| Eosinophils contain toxic substances that kill foreign cells in the blood. An absolute eosinophil count is a blood test that measures the number of white blood cells called eosinophils.

Eosinophils become active when you have certain allergic diseases, infections, and other medical conditions. | 0. 01%| Elevated Values: Elevated in cancer of bone, ovary, testes and brain. Skin diseases, trichonosis, Scarlet fever, Chronic myelogenous leukemia, Myeloproliferative diseases. Decreased Values: Allergies, Pyogenic infection, Shock, Postsurgical response| | | Basophils(0. 000-0. 005%)| A type of white blood cell in the circulation which is characterized by its ability to uptake certain dyes when stained for examination under the microscope (basophils appear blue).

Basophils play a part in the allergic response as they have IgE on their surface, and release chemical mediators causing allergic symptoms when the IgE binds to its specific allergen. | 0. 01 %| Elevated Values: Elevated in leukemia and healing stage of infection. Hypersensitivity reactions, ulcerative colitis, chronic hemolytic anemia, Hodgkin's disease, myxedema, chronic myelogenous leukemia, polycythemia vera Decreased Values: Hyperthyroidism, Pregnancy, Stress, Cushing syndrome| | | Hematocrit(0. 40-0. 48%)| Hematocrit is a blood test that measures the percentage of the volume of whole blood that is made up of red blood cells.

This measurement depends on the number of red blood cells and the size of red blood cells. | 0. 34%(Low)| a danger sign of an increased risk of dengue shock syndrome. Polycythemia vera (PV) is associated with elevated hematocrit. PV is a myeloproliferative disorder in which the bone marrow produces excessive numbers of red cells, and reflects excessive numbers of RBC precursors in the bone marrow, as well as some abnormal forms. This condition is called erythroid hyperplasia. Lowered hematocrit can imply significant hemorrhage. | | Thrombocyte($150-300 \times 10^9/L$)| Thrombocytes are important for normal blood clotting.

If there are not enough thrombocytes, the risk of uncontrolled or prolonged bleeding increases. When there are too many thrombocytes in the blood, abnormal blood clot formation, a serious and life-threatening condition, can occur. Looking at the numbers, size, and health of thrombocytes is a part of a Complete Blood Count (CBC) test. | $27610^9/L$ | Increased values: Increased in malignancy, myeloproliferative disease, rheumatoid arthritis, and post operatively; about 50% of pt. with unexpected increase of platelet count will be found to have a malignancy.

Decreased values : thrombocytopenic purpura, acute leukemia, aplastic anemia, and during cancer chemotherapy. | | Urinalysis: The urinalysis is used as a screening and/or diagnostic tool because it can help detect substances or cellular material in the urine associated with different metabolic and urinary tract and kidney disorders. Date| Component| Definition & Normal range| Rationale| Result| Interpretation & Significance| Nursing Responsibilities| SEPTEMBER 19, 2012| Color| Mainly a result of the

presence of the pigment urochrome, (produced through endogenous metabolic processes).

N: Light yellow to amber| The urinalysis is a routine screening test which is usually done as a part of a physical examination, during preoperative testing, and upon hospital admission. The results of UA are used to diagnose, treat, and provide follow-up for a variety of conditions, such as infections of the kidneys and urinary tract and also in the diagnosis of diseases unrelated to the urinary system. | Light Yellow| A red or red-brown (abnormal) color could be from a food dye, eating fresh beets, a drug, or the presence of either hemoglobin or myoglobin.

If the sample contained| PRE-PROCEDURE * Explain to the patient the purpose of the routine urinalysis and the need for a urine sample to be obtained. • No fasting is required prior to the test. | | Appearance/Turbidity| Generally refers to the clarity of the urine sample. N: Clear to slightly hazy| | Clear| Turbidity or cloudiness may be caused by excessive cellular material or protein in the urine or may develop from crystallization or precipitation of salts upon standing at room temperature or in the refrigerator.

Clearing of the specimen after addition of a small amount of acid indicates that precipitation of salts is the probable cause of turbidity. | INTRA-PROCEDURE * Testing the first morning urine specimen, when the urine is concentrated, is preferred. * A minimum sample of 15 mL of urine is required. * A clean-catch midstream technique to obtain the urine sample is recommended to prevent contamination of the specimen. * Give instructions to the client on how to catch urine. * Instruct patients to avoid touching the inside of the specimen container and lid. For the portions of the urinalysis

which involve use of dipstick testing, a reagent strip is dipped into the urine specimen. After a period of time specified by the manufacturer of the dipstick, the color of the reagent pad is compared with a color chart provided by the manufacturer. * Gloves are worn throughout the procedure. POST-PROCEDURE * Label the urine specimen and transport it to the laboratory immediately. The urine needs to be examined within 2 hours. * If urine is collected via an indwelling urinary catheter, a syringe and needle is used. Remove the needle prior to transferring the urine to the specimen cup to avoid damage to any microscopic sediment which may be present. Report abnormal findings to the primary care provider. | | Specific Gravity| Indication of the kidney's ability to reabsorb water and chemicals from the glomerular filtrate. N: 1. 010 – 1. 025| | 1. 005| If it is below 1. 003 after a 12 hour period without food or water, renal concentrating ability is impaired and the patient either has generalized renal impairment or nephrogenic diabetes insipidus. In end-stage renal disease.

Having over 1. 035 is either contaminated, contains very high levels of glucose, or the patient may have recently received high density radiopaque dyes intravenously for radiographic studies or low molecular weight dextran solutions| | | Glucose| Glucose is virtually absent from the urine. Less than 0. 1% of glucose normally filtered by the glomerulus appears in urine (< 100 mg/24 hr). N: 0-100mg/dL| | (-)Negative| Presence or Excess sugar in urine means, Glycosuria, generally means diabetes mellitus. | | | Protein| Urine normally contains only a scant amount of protein, which derives from both the blood and the urinary tract itself. N: 0-30mg/dL| | (-)negative| Trace positive results (which represent a slightly hazy appearance in urine) are equivalent

to 10 mg/100 ml or about 150 mg/24 hours (the upper limit of normal). 1+ corresponds to about 200-500 mg/24 hours, a 2+ to 0.5-1.5 gm/24 hours, a 3+ to 2-5 gm/24 hours, and a 4+ represents 7 gm/24 hours or greater. More than 150 mg/day is defined as proteinuria. Proteinuria > 3.5 gm/24 hours is severe and known as nephrotic syndrome. | | WBC| Usually, the WBC's are granulocytes. White cells from the vagina, especially in the presence of vaginal and cervical infections, or the external urethral meatus in men and women may contaminate the urine. N: 0- 17 / UL| | 3| Pyuria occurs if the presence of leukocytes is abnormal or increased which may appear with infection in either the upper or lower urinary tract or with acute glomerulonephritis. | | | RBC| finding of red blood cells in the urine (hematuria) is considered abnormalN: 0- 11 / UL| | 1| RBC in urine is slightly higher than normal.

Significantly high RBC number in urine may point to acute tubular necrosis, benign familial hematuria, calculi, hemophilia, hemorrhagic cystitis, pyelonephritis, renal trauma, renal tuberculosis, renal tumor, or UTI. | | | Epithelial Cells| Renal tubular epithelial cells, usually larger than granulocytes, contain a large round or oval nucleus and normally slough into the urine in small numbersN: 0- 17/UL| | 5| If the number sloughed is increased nephrotic syndrome and in conditions leading to tubular degeneration,| | | Cast| Urinary casts are formed only in the distal convoluted tubule (DCT) or the collecting duct (distal nephron).

The proximal convoluted tubule (PCT) and loop of Henle are not locations for cast formation. Hyaline casts are composed primarily of a mucoprotein (Tamm-Horsfall protein) secreted by tubule cells. N: 0-1/ UL| | 0| Presence of

protein cast formation is often caused by low flow rate, high salt concentration, and low pH, all of which favor protein denaturation and precipitation. blood cell cast are indicative of glomerulonephritis, with leakage of RBC's from glomeruli, or severe tubular damage.

White blood cell casts are most typical for acute pyelonephritis, but they may also be present with glomerulonephritis. Their presence indicates inflammation of the kidney, because such casts will not form except in the kidney. | | Bacteria| Bacteria are common in urine specimens because of the abundant normal microbial flora of the vagina or external urethral meatus and because of their ability to rapidly multiply in urine standing at room temperature. Therefore, microbial organisms found in all but the most scrupulously collected urines should be interpreted in view of clinical symptoms.

N: 0- 278/ UL| | 3| More than 278/ UL of one organism reflects significant bacteriuria. Multiple organisms reflect contamination. | | STOOL ANALYSIS: It is the evaluation of the characteristics of the clean catch fecal specimen. The physical characteristics as well as the contents of the feces are evaluated for the presence of gastrointestinal abnormalities such as infections. SEPTEMBER19, 2012| Color| Brown| | Consistency| Coarse| Unusualities in the stool consistencies may indicate GI abnormalities such as malabsorption and infection.

Coarseness or excessive dryness may result from poor hydration status or presence of parasites in the GIT. | | Parasite ova| Trichuris TrichiuraAscaris Lumbricoides| Presence of ova in the stool indicates positive parasitic infection in the gastrointestinal system| | Pus Cells| 2-4/hpp| Pus production

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is an indicator of GIT infection as a defense mechanism activated by the immune system| Medical Order Order| Rationale| 9/19/121: 15am > Please admit under the service of Dr. R.

Mata (PC) > Secure consent for admission & mgt > Diagnostics:-CBC c PC-U/A-CXR - APC> Therapeutics: Cefuroxime (100_ 500mg IVTT q 8 hours (ANST)Paracetamol 250mg/5ml, 3ml q 4 hours RTCSalbutamol neb, I neb q 6 hrs> DAT c SAP> IVF : D5IMB 500cc to run @ 55 cc/hr > encourage pt to increase oral fluid intake> TSB for fever> VS q 4 hrs & record pls> I & O q shift, record> will inform AP of this admission> refer PRN, thanks! > Cont. meds & ebulization> fill up official CXR result 8am> Fecalysis3pm(+)LBM X 3> Erceflora I vial BID > Increase rate of IV to 60cc/hr9. 20pm(+)trushing(+)ascarisStool exam> stat mebendazole (antiox) 50g/ml , 10ml on single dose9/20/128am> cont. meds(-) fever3pm Afebrile > cont. meds> refer for unusualities9/21/128am(-) fever> cont. meds| -To be able to accommodate the patient's needs for optimum health care and to be able to refer any unusualities immediately and to continue patient monitoring. - This consent legalizes the acceptance and trust of the client to the health practitioner. With this laboratory test, the patient's condition will be determined. - These medicines have different action thereby treating the client's symptoms manifested by the client from her present condition-Maintain healthy diet within normal range and since the patient can tolerate any food he desires that is nutritious. Strict aspiration precaution since the patient was a child should be carefull and prevent aspiration-Is a hypertonic solution , for slow administration essential to prevent overload (100ml/hr)- To prevent dehydration-To help relieve fever- To obtain baseline data of VS and monitor

condition of patient until stable. These measures excessive loss or retention of water in the body. - These medicines have different action thereby treating the client's symptoms manifested by the client from her present condition. - to analyze the condition of a person's digestive tract in general - To Promote normalization of intestinal flora. - Besides of becoming a source of nutrition it also help replace the water loss by patient due to LBM- An antihelmintics , treatment of parasites present in the patient- These medicines have different action thereby treating the client's symptoms manifested by the client from her present condition.

These medicines have different action thereby treating the client's symptoms manifested by the client from her present condition. - For the physician to be informed immediately, facilitating attendance of the un-usuality at hand- These medicines have different action thereby treating the client's symptoms manifested by the client from her present condition. |

DRUG STUDY GENERIC NAME: Acetaminophen BRAND NAME: paracetamol
CLASSIFICATION: Antipyretics, Non opioid analgesic MODE OF ACTION:
Inhibits the synthesis of prostaglandins that may serve as mediators of pain ;
fever, primarily in the CNS. Has no significant anti-inflammatory properties or
GI toxicity. THERAPEUTIC EFFECTS: Analgesia. Antipyresis. ORDERED DOSE:
250 mg/ 5 ml, 3ml q 4 (RTC) DATE ORDERED: 9-19-12 SUGGESTED DOSE:
10-15 mg/kg/dose q 4-6 hr as needed INDICATIONS: Mild pain. Fever.

CONTRAINDICATIONS: Contraindicated in: Previous hypersensitivity; Products containing alcohol, aspartame, saccharin, sugar, tartrazine (FDC yellow dye

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#5) should be avoided in patients who have hypersensitivity or intolerance to these compounds. DRUG INTERACTIONS: Drug-Drug: Chronic high dose acetaminophen may increase risk of bleeding with warfarin. SIDE EFFECTS: GI: hepatic failure, hepatotoxicity (overdose) GU: renal failure (high doses/ chronic use Derm: rash, urticaria NURSING RESPONSIBILITIES: 1.) Monitor blood studies. 2.) Monitor liver function studies. 3. Monitor renal function studies. 4.) Check I ; O ratio. (decrease output may indicate renal failure) 5.) Assess for fever ; pain. 6.) Assess allergic reaction. 7.) Assess hepatotoxicity: dark urine, clay colored stools, jaundice, itching, abdominal pain. 8.) Assess for chronic poisoning : rapid, weak pulse; dyspnea : cold extremities; 9.) Give drug with food or milk to decrease gastric symptoms 10.)Tell patient that urine may become dark brown as a result of phenacetin (metabolite of acetaminophen) GENERIC NAME: Cefuroxime BRAND NAME: Ceftin, Zinacef

CLASSIFICATION: Anti-infectives MODE OF ACTION: Bind to bacterial cell wall membrane, causing cell death. ORDERED DOSE: 500 g IVTT q 8 ANST (-) DATE ORDERED: 9-19-12 SUGGESTED DOSE: INDICATIONS: Treatment of following infections caused by susceptible organisms: respiratory tract infections, bone ; joint infections, urinary tract infections, meningitis, gynecologic infections, lyme disease, perioperative prophylaxis CONTRAINDICATIONS: Contraindicated in: Hypersensitivity to cephalosporins, Serious hypersensitivity to penicillins. DRUG INTERACTIONS:

Drug-Drug: Probenecid decrease excretion ; increase blood levels. Concurrent use of aminoglycosides or loop diuretics may increase risk of nephrotoxicity. SIDE EFFECTS: CNS: seizures, GI: pseudomembranous colitis,

diarrhea, cramps, nausea, vomiting DERM: rashes, urticaria Local: pain at IM site, phlebitis at IV site Misc: anaphylaxis, serum sickness, superinfection

NURSING RESPONSIBILITIES: 1) Observe ten rights of administering medication 2) Assess for infection. 3) Observe patients for signs of anaphylaxis. (rash, pruritis, laryngeal edema, etc) 4) Monitor Vital signs specially Temperature) Advise patient to report signs of superinfection ; allergy. 6) Instruct patient to notify health care professional if fever ; diarrhea develop especially if stool contains blood, pus, or mucus, 7) Advise patient not to treat diarrhea without consulting health care professional. 8) Monitor patient for life threatening adverse effects, including anaphylaxis, steve-johnson 9) Monitor kidney and liver function test results and intake and output 10) Instruct patient to take drug with food

GENERIC NAME: Bacillus Clausii BRAND NAME: Erceflora CLASSIFICATION: antidiarrheals

MODE OF ACTION: Contributes to the recovery of the intestinal microbial flora altered during the course of microbial disorders of diverse origin. It produces various vitamins, particularly group B vitamins this contributing to correction of vitamin disorders caused by antibiotics ; chemotherapeutic agents. Promotes normalization of intestinal flora. ORDERED DOSE: q 1 vial BID DATE ORDERED: 9-19-12 SUGGESTED DOSE: Children 2-11 years 1-2 vials of 2 billion/5 mL susp INDICATIONS: for acute diarrhea with duration of ; 14 days due to infection drugs or poisons. Chronic or persistent diarrhea with duration of ; 14 days.

CONTRAINDICATIONS: Contraindicated in: not for use in immunocompromised patients (cancer patients on chemotherapy, patients taking immunosuppressant medications) SIDE EFFECTS: No known side effect

or adverse effect. NURSING RESPONSIBILITIES: 1.) Observe ten rights of administering medication 2.) Shake Drug well before administration 3.) Monitor patient for any unusual effects from drug. 4.) Administer drug within 30 minutes after opening container. 5.) Dilute drug with sweetened milk, orange, tea. 6.) Administer drug orally. GENERIC NAME: mebendazole BRAND NAME: Vermox

CLASSIFICATION: antihelmintics ORDERED DOSE: 50g/ml DATE ORDERED: 9/19/12 INDICATIONS: Treatment of whipworm, pinworm, roundworm, hookworm, infections. CONTRAINDICATIONS: Contraindicated in: Hypersensitivity. DRUG INTERACTIONS: Drug-Drug: Use with potassium-sparing diuretics or ACE inhibitors or angiotensin II receptor antagonists may lead to hyperkalemia. Anticholinergics may increase GI mucosal lesions in patients taking wax-matrix potassium chloride preparations. SIDE EFFECTS: CNS: seizures, dizziness, headache GI: abdominal pain, diarrhea, increased liver enzymes. Nausea, vomiting Neuro: numbness

Misc: fever NURSING RESPONSIBILITIES: 1. Observe ten rights of administering medication 2. Administer with food. 3. Disinfect toilet facilities after patient use. 4. Arrange daily for daily laundry of bed linens, towels, undergarments 5. Assess for temperature, bowel sound ; output 6. Culture for ova ; parasites 7. Monitor hematologic and hepatic studies 8. Advise patient to wash hands before and after eating 9. Teach patient to maintain strict hygiene to prevent reinfection 10. Advise patient that dietary restrictions, fasting, and laxatives aren't necessary GENERIC NAME: albuterol

BRAND NAME: salbutamol CLASSIFICATION: Bronchodilators MODE OF ACTION: Binds to beta-adrenergic receptors in airway smooth muscle, <https://assignbuster.com/ascariasis-and-trichuriasis/>

leading to activation of adenylyl cyclase ; increased levels of cyclic-3', 5' ORDERED DOSE: 1 neb q 6 DATE ORDERED: 9-19-12 INDICATIONS: Used as bronchodilator to control ; prevent reversible airway obstruction caused by asthma or COPD. CONTRAINDICATIONS: Contraindicated in: Hypersensitivity to adrenergic amines; Hypersensitivity to fluorocarbons. DRUG INTERACTIONS: Drug-Drug: Concurrent use with other adrenergic agents will have increase adrenergic side effects.

Use with MAO inhibitors may lead to hypertensive crisis. SIDE EFFECTS: CNS: nervousness, restlessness, tremor, headache, insomnia CV: chest pain, palpitations, angina, arrhythmias, hypertension GI: nausea, vomiting Neuro: tremor NURSING RESPONSIBILITIES: 1.) Observe ten rights of administering medication 2.) Inform patient that albuterol may cause an unusual or bad taste. 3.) Advise to rinse mouth with water after each inhalation to minimize dry mouth 4.) Instruct to notify health care professional if no response to the usual dose. 5.) Chest tapping after each nebulization. .) Position patient on high back rest position 7.) Advise to consult physician before taking OTC med, natural/ herbal products, or alcohol with this therapy. 8.) do not give a food immediately it can cause vomiting 9.) Monitor serum electrolyte levels 10.) Monitor for hypersensitivity reactions and paradoxical bronchospasm.

 ----- RELATED NURSING THEORY
 ----- Florence Nightingale

She stated in her nursing notes that nursing " is an act of utilizing the environment of the patient to assist him in his recovery" , that it involves the nurse's initiative to configure environmental settings appropriate for the

gradual restoration of the patient's health, and that external factors associated with the patient's surroundings affect life or biologic and physiologic processes, and his development. The factors posed great significance during Nightingale's time, when health institutions had poor sanitation, and health workers had little education and training and were frequently incompetent and unreliable in attending to the needs of the patients. Also emphasized in her environmental theory is the provision of a quiet or noise-free and warm environment, attending to patient's dietary needs by assessment, documentation of time of food intake, and evaluating its effects on the patient.

This theory was applicable to our client because of that the disease of our client is related to its environment. Our client has brochopneumonia which can be afflicted with our environment plus a weak immune system which initiates the disease process. Our client was also positive to *Ascaris Lumbricoides* and *Trichuris Trichiura* in which we could really tell that they are having a problem in terms of taking care of themselves like paying attention to their personal hygiene and the like in their community,. Environment is such a big factor to use and all other disease process that is done to our client. Environment provides the things that we that may do good or bad to us.

Environment is also not always defined by the things around you but also the things that we can provide such as silent and soothing environment which is initially the best type of prevention for us. Know regarding to our client the factors that initiate healing status of our client is that the concern for sanitation it shows that having been infected with *ascaris* and *trichuris* is

affected by unsanitary environment and other factors such as place of living, lifestyle etc. We must provide a sanitary environment to help boost immune system and ease the way for recovery and also we must initiate a supportive atmosphere to enhance the capabilities of client to rely to boost self confidence in having good prognosis and having a healthy and not anxious set of mind set.

 ----- NURSING CARE PLAN
 ----- DISCHARGE

----- PLAN Medication * Explain to the patient and significant others the reason why the drugs were prescribed by the doctor. ® Providing sufficient information about treatment aids patient and family education as well as gains cooperation. * Encourage patient and family not to miss a dose during the whole duration of therapy. It is important to take your medicine exactly as you are told. ® Medications taken full course give full therapeutic effects to the patient.

In addition, this would also prevent the development of antibiotic resistant microorganisms. * Instruct the family to immediately stop medications if adverse reactions occur and refer immediately to the physician. ® This prevents the occurrence of further progression of life-threatening adverse reactions. * Advice patient's significant others to ask before taking any food or herb supplements, vitamins, or medicine that he/she bought at the store. ® Some of these may negatively interact with the drugs that are being taken. Exercise * Instruct the family to provide adequate rest and sleep. ® This aids the patient's recovery and helps him regain strength. Tell client to continue deep breathing exercises, also instruct family for the exercise

needed. ® This is to promote good blood circulation and relaxation. * Encourage ambulation and active range of motions. ® It mobilizes and loosen secretions. Treatment * Encourage the patient to follow the doctor's orders ® It is important to take your medicine and follow instructions exactly as what they are told. * Instruct patient and family to follow-up check-up as indicated by the physician. ® Follow up check-up can help in monitoring the progress, reassessment, and evaluation of patient's condition. * Encourage the family to comply with the treatment regimen for the patient. This helps by improving the recovery rate of the patient. Hygiene * Encourage the patient and significant others to wash hands more often especially when after using the bathroom. ® To deter spread of microorganisms which cause various illnesses. * Encourage bathing daily. ® This is to prevent spread of microorganism and promote self esteem. * Instruct the patient to promote good oral hygiene especially after eating. ® This lessens the occurrence of dental caries. * Encourage patient to incorporate in his habit the proper way of washing her hands and covering her mouth when coughing. ® This prevents the spread of microorganisms and further contamination. Out-Patient Advise patient and family to go back to the hospital in a specific date for follow-up check-up after discharge. ® This enables the physician to reassess and evaluate the health status of the patient. * Consult a doctor if there are any problems or any complications encountered. ® This calls for immediate action or interventions which may prevent furthermore complications. Diet * Diet as tolerated as much as possible. ® To meet the daily requirements of the body as well as to have an optimum nutritional diet. * Encourage patient to drink 8 glasses of fluids a day. ® To improve hydration as well as to excrete wastes accordingly. * Encourage to ensure <https://assignbuster.com/ascariasis-and-trichuriasis/>

safe water sources or if necessary, boil water for drinking. This is to eliminate the risk of any bacterial or parasitic infection. * Encourage to avoid eating raw foods such as raw meat. If dealing with fresh vegetables, wash it thoroughly with water. ® This is to avoid microorganisms which could be present that can cause illnesses * Encourage the family to provide nutritious foods such as fruits and vegetables. ® Fruits and vegetables are rich in essential vitamins and nutrients, which aid in supplying the optimum nutrition for the patient. -----

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