Module 2 Discussion

No unread replies.No replies.

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 ***Discussion 2***

**Hematopoietic:**J.D. is a 37 years old white woman who presents to her gynecologist complaining of a 2-month history of intermenstrual bleeding, menorrhagia, increased urinary frequency, mild incontinence, extreme fatigue, and weakness. Her menstrual period occurs every 28 days and lately there have been 6 days of heavy flow and cramping. She denies abdominal distension, back-ache, and constipation. She has not had her usual energy levels since before her last pregnancy.   
  
**Past Medical History (PMH):**   
Upon reviewing her past medical history, the gynecologist notes that her patient is a G5P5with four pregnancies within four years, the last infant having been delivered vaginally four months ago. All five pregnancies were unremarkable and without delivery complications. All infants were born healthy. Patient history also reveals a 3-year history of osteoarthritis in the left knee, probably the result of sustaining significant trauma to her knee in an MVA when she was 9 years old. When asked what OTC medications she is currently taking for her pain and for how long she has been taking them, she reveals that she started taking ibuprofen, three tablets each day, about 2.5 years ago for her left knee. Due to a slowly progressive increase in pain and a loss of adequate relief with three tablets, she doubled the daily dose of ibuprofen. Upon the recommendation from her nurse practitioner and because long-term ibuprofen use can cause peptic ulcers, she began taking OTC omeprazole on a regular basis to prevent gastrointestinal bleeding. Patient history also reveals a 3-year history of HTN for which she is now being treated with a diuretic and a centrally acting antihypertensive drug. She has had no previous surgeries.   
  
**Case Study Questions**

1. Name the contributing factors on J.D that might put her at risk to develop iron deficiency anemia.
2. Within the case study, describe the reasons why J.D. might be presenting constipation and or dehydration.
3. Why Vitamin B12 and folic acid are important on the erythropoiesis? What abnormalities their deficiency might cause on the red blood cells?
4. The gynecologist is suspecting that J.D. might be experiencing iron deficiency anemia.   
   In order to support the diagnosis, list and describe the clinical symptoms that J.D. might have positive for Iron deficiency anemia.
5. If the patient is diagnosed with iron deficiency anemia, what do you expect to find as signs of this type of anemia? List and describe.
6. Labs results came back for the patient. Hb 10.2 g/dL; Hct 30.8%; Ferritin 9 ng/dL; red blood cells are smaller and paler in color than normal. Research list and describe for appropriate recommendations and treatments for J.D.

**Cardiovascular**Mr. W.G. is a 53-year-old white man who began to experience chest discomfort while playing tennis with a friend. At first, he attributed his discomfort to the heat and having had a large breakfast. Gradually, however, discomfort intensified to a crushing sensation in the sternal area and the pain seemed to spread upward into his neck and lower jaw. The nature of the pain did not seem to change with deep breathing. When Mr. G. complained of feeling nauseated and began rubbing his chest, his tennis partner was concerned that his friend was having a heart attack and called 911 on his cell phone. The patient was transported to the ED of the nearest hospital and arrived within 30 minutes of the onset of chest pain. In route to the hospital, the patient was placed on nasal cannula and an IV D5W was started. Mr. G. received aspirin (325 mg po) and 2 mg/IV morphine. He is allergic to meperidine (rash). His pain has eased slightly in the last 15 minutes but is still significant; was 9/10 in severity; now7/10. In the ED, chest pain was not relieved by 3 SL NTG tablets. He denies chills.   
  
**Case Study Questions**

1. For patients at risk of developing coronary artery disease and patients diagnosed with acute myocardial infarct, describe the modifiable and non-modifiable risk factors.
2. What would you expect to see on Mr. W.G. EKG and which findings described on the case are compatible with the acute coronary event?
3. Having only the opportunity to choose one laboratory test to confirm the acute myocardial infarct, which would be the most specific laboratory test you would choose and why?
4. How do you explain that Mr. W.G temperature has increased after his Myocardial Infarct, when that can be observed and for how long? Base your answer on the pathophysiology of the event.
5. Explain to Mr. W.G. why he was experiencing pain during his Myocardial Infarct. Elaborate and support your answer.

**Submission Instructions:**

* Include both case studies in your post.
* Your initial post should be at least 500 words, formatted and cited in current APA style with support from at least 2 academic sources. Your initial post is worth 8 points.
* You should respond to at least two of your peers by extending, refuting/correcting, or adding additional nuance to their posts. Your reply posts are worth 2 points (1 point per response.)
* All replies must be constructive and use literature where possible.
* Please post your initial response by 11:59 PM ET Thursday, and comment on the posts of two classmates by 11:59 PM ET Sunday.
* You can expect feedback from the instructor within 48 to 72 hours from the Sunday due date.

Module 3 Discussion

No unread replies.No replies.

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 ***Discussion 3***

**Pulmonary Function:**D.R. is a 27-year-old man, who presents to the nurse practitioner at the Family Care Clinic complaining of increasing SOB, wheezing, fatigue, cough, stuffy nose, watery eyes, and postnasal drainage—all of which began four days ago. Three days ago, he began monitoring his peak flow rates several times a day. His peak flow rates have ranged from 65-70% of his regular baseline with nighttime symptoms for 3 nights on the last week and often have been at the lower limit of that range in the morning. Three days ago, he also began to self-treat with frequent albuterol nebulizer therapy. He reports that usually his albuterol inhaler provides him with relief from his asthma symptoms, but this is no longer enough treatment for this asthmatic episode.   
  
**Case Study Questions**

1. According to the case study information, how would you classify the severity of D.R. asthma attack?
2. Name the most common triggers for asthma in any given patients and specify in your answer which ones you consider applied to D.R. on the case study.
3. Based on your knowledge and your research, please explain the factors that might be the etiology of D.R. being an asthmatic patient.

**Fluid, Electrolyte and Acid-Base Homeostasis:**Ms. Brown is a 70-year-old woman with type 2 diabetes mellitus who has been too ill to get out of bed for 2 days. She has had a severe cough and has been unable to eat or drink during this time. On admission, her laboratory values show the following:

* Serum glucose 412 mg/dL
* Serum sodium (Na+) 156 mEq/L
* Serum potassium (K+) 5.6 mEq/L
* Serum chloride (Cl–) 115 mEq/L
* Arterial blood gases (ABGs): pH 7.30; PaCO2 32 mmHg; PaO2 70 mmHg; HCO3– 20 mEq/L

**Case Study Questions**

1. Based on Ms. Brown admission’s laboratory values, could you determine what type of water and electrolyte imbalance does she has?
2. Describe the signs and symptoms to the different types of water imbalance and described clinical manifestation she might exhibit with the potassium level she has.
3. In the specific case presented which would be the most appropriate treatment for Ms. Brown and why?
4. What the ABGs from Ms. Brown indicate regarding her acid-base imbalance?
5. Based on your readings and your research define and describe Anion Gaps and its clinical significance.

**Submission Instructions:**

* You must complete both case studies
* Your initial post should be at least **500 words per case study**, formatted and cited in current APA style with support from at least 2 academic sources. Your initial post is worth 8 points.
* You should respond to at least two of your peers by extending, refuting/correcting, or adding additional nuance to their posts. Your reply posts are worth 2 points (1 point per response.)
* All replies must be constructive and use literature where possible.
* Please post your initial response by 11:59 PM ET Thursday, and comment on the posts of two classmates by 11:59 PM ET Sunday.
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Module 4 Discussion

No unread replies.No replies.

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 ***Discussion 4***

**Urinary Function:**Mr. J.R. is a 73-year-old man, who was admitted to the hospital with clinical manifestations of gastroenteritis and possible renal injury. The patient’s chief complaints are fever, nausea with vomiting and diarrhea for 48 hours, weakness, dizziness, and a bothersome metallic taste in the mouth. The patient is pale and sweaty. He had been well until two days ago, when he began to experience severe nausea several hours after eating two burritos for supper. The burritos had been ordered from a local fast-food restaurant. The nausea persisted and he vomited twice with some relief. As the evening progressed, he continued to feel “very bad” and took some Pepto-Bismol to help settle his stomach. Soon thereafter, he began to feel achy and warm. His temperature at the time was 100. 5°F. He has continued to experience nausea, vomiting, and a fever. He has not been able to tolerate any solid foods or liquids. Since yesterday, he has had 5–6 watery bowel movements. He has not noticed any blood in the stools. His wife brought him to the ER because he was becoming weak and dizzy when he tried to stand up. His wife denies any recent travel, use of antibiotics, laxatives, or excessive caffeine, or that her husband has an eating disorder.   
  
**Case Study Questions**

1. The attending physician is thinking that Mr. J.R. has developed an Acute Kidney Injury (AKI). Analyzing the case presented name the possible types of Acute Kidney Injury. Link the clinical manifestations described to the different types of Acute Kidney injury.
2. Create a list of risk factors the patient might have and explain why.
3. Unfortunately, the damage on J.R. kidney became irreversible and he is now diagnosed with Chronic kidney disease. Please describe the complications that the patient might have on his Hematologic system (Coagulopathy and Anemia) and the pathophysiologic mechanisms involved.

**Reproductive Function:**Ms. P.C. is a 19-year-old white female who reports a 2-day history of lower abdominal pain, nausea, emesis and a heavy, malodorous vaginal discharge. She states that she is single, heterosexual, and that she has been sexually active with only one partner for the past eight months. She has no previous history of genitourinary infections or sexually transmitted diseases. She denies IV drug use. Her LMP ended three days ago. Her last intercourse (vaginal) was eight days ago and she states that they did not use a condom. She admits to unprotected sex “every once in a while.” She noted an abnormal vaginal discharge yesterday and she describes it as “thick, greenish-yellow in color, and very smelly.” She denies both oral and rectal intercourse. She does not know if her partner has had a recent genitourinary tract infection, “because he has been away on business for five days.   
Microscopic Examination of Vaginal Discharge   
(-) yeast or hyphae   
(-) flagellated microbes   
(+) white blood cells   
(+) gram-negative intracellular diplococci   
  
**Case Study Questions**

1. According to the case presented, including the clinical manifestations and microscopic examination of the vaginal discharge, what is the most probably diagnosis for Ms. P.C.? Support your answer and explain why you get to that diagnosis.
2. Based on the vaginal discharged described and the microscopic examination of the sample could you suggest which would be the microorganism involved?
3. Name the criteria you would use to recommend hospitalization for this patient

**Submission Instructions:**

* You must complete both case studies.
* Your initial post should be at least **500 words per case study**, formatted and cited in current APA style with support from at least 2 academic sources. Your initial post is worth 8 points.
* You should respond to at least two of your peers by extending, refuting/correcting, or adding additional nuance to their posts. Your reply posts are worth 2 points (1 point per response.)
* All replies must be constructive and use literature where possible.
* Please post your initial response by 11:59 PM ET Thursday, and comment on the posts of two classmates by 11:59 PM ET Sunday.
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Module 5 Discussion

No unread replies.No replies.

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 ***Discussion 5***

**Gastrointestinal Function:**R.H. is a 74-year-old black woman, who presents to the family practice clinic for a scheduled appointment. She complains of feeling bloated and constipated for the past month, some-times going an entire week with only one bowel movement. Until this episode, she has been very regular all of her life, having a bowel movement every day or every other day. She reports straining most of the time and it often takes her 10 minutes at a minimum to initiate a bowel movement. Stools have been extremely hard. She denies pain during straining. A recent colonoscopy was negative for tumors or other lesions. She has not yet taken any medications to provide relief for her constipation. Furthermore, she reports frequent heartburn (3–4 times each week), most often occur-ring soon after retiring to bed. She uses three pillows to keep herself in a more upright position during sleep. On a friend’s advice, she purchased a package of over-the-counter aluminum hydroxide tablets to help relieve the heartburn. She has had some improvement since she began taking the medicine. She reports using naproxen as needed for arthritic pain her hands and knees. She states that her hands and knees are extremely stiff when she rises in the morning. Because her arthritis has been getting worse, she has stopped taking her daily walks and now gets very little exercise.   
  
**Case Study Questions**

1. In your own words define constipation and name the risk factors that might lead to develop constipation. List recommendations you would give to a patient who is suffering from constipation. You might use a previous experience you might have.
2. Based on the clinical manifestations on R.H. case study, name and explain signs and symptoms presented that are compatible with the constipation diagnosis. Complement your list with signs and symptoms not present on the case study.
3. Sometimes as an associate diagnosis and a complication, patients with constipation could have anemia. Would you consider that possibility based on the information provided on the case study?

**Endocrine Function:**C.B. is a significantly overweight, 48-year-old woman from the Winnebago Indian tribe who had high blood sugar and cholesterol levels three years ago but did not follow up with a clinical diagnostic work-up. She had participated in the state’s annual health screening program and noticed that her fasting blood sugar was 141 and her cholesterol was 225. However, she felt “perfectly fine at the time” and could not afford any more medications. Except for a number of “female infections,” she has felt fine until recently. Today, she presents to the Indian Hospital general practitioner complaining that her left foot has been weak and numb for nearly three weeks and that the foot is difficult to flex. She denies any other weakness or numbness at this time. However, she reports that she has been very thirsty lately and gets up more often at night to urinate. She has attributed these symptoms to the extremely warm weather and drinking more water to keep hydrated. She has gained a total of 65 pounds since her last pregnancy 14 years ago, 15 pounds in the last 6 months alone.   
  
**Case Study Questions**

1. In which race and ethnic groups is DM more prevalent? Based on C.B. clinical manifestations, please compile the signs and symptoms that she is exhibiting that are compatible with the Diabetes Mellitus Type 2 diagnosis.
2. If C.B. develop a bacterial pneumonia on her right lower lobe, how would you expect her Glycemia values to be? Explain and support your answer.
3. What would be the best initial therapy non-pharmacologic and pharmacologic to be recommended to C.B?

**Submission Instructions:**

* You must complete both case studies.
* Your initial post should be at least 500 words, formatted and cited in current APA style with support from at least 2 academic sources. Your initial post is worth 8 points.
* You should respond to at least two of your peers by extending, refuting/correcting, or adding additional nuance to their posts. Your reply posts are worth 2 points (1 point per response.)
* All replies must be constructive and use literature where possible.
* Please post your initial response by 11:59 PM ET Thursday, and comment on the posts of two classmates by 11:59 PM ET Sunday.
* You can expect feedback from the instructor within 48 to 72 hours from the Sunday due date.

Module 6 Discussion

No unread replies.No replies.

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 ***Discussion 6***

**Musculoskeletal Function:**G.J. is a 71-year-old overweight woman who presents to the Family Practice Clinic for the first time complaining of a long history of bilateral knee discomfort that becomes worse when it rains and usually feels better when the weather is warm and dry. “My arthritis hasn’t improved a bit this summer though,” she states. Discomfort in the left knee is greater than in the right knee. She has also suffered from low back pain for many years, but recently it has become worse. She is having difficulty using the stairs in her home. The patient had recently visited a rheumatologist who tried a variety of NSAIDs to help her with pain control. The medications gave her mild relief but also caused significant and intolerable stomach discomfort. Her pain was alleviated with oxycodone. However, when she showed increasing tolerance and began insisting on higher doses of the medication, the physician told her that she may need surgery and that he could not prescribe more oxycodone for her. She is now seeking medical care at the Family Practice Clinic. Her knees started to get significantly more painful after she gained 20 pounds during the past nine months. Her joints are most stiff when she has been sitting or lying for some time and they tend to “loosen up” with activity. The patient has always been worried about osteoporosis because several family members have been diagnosed with the disease. However, nonclinical manifestations of osteoporosis have developed.   
  
**Case Study Questions**

1. Define osteoarthritis and explain the differences with osteoarthrosis. List and analyze the risk factors that are presented on the case that contribute to the diagnosis of osteoarthritis.
2. Specify the main differences between osteoarthritis and rheumatoid arthritis, make sure to include clinical manifestations, major characteristics, joints usually affected and diagnostic methods.
3. Describe the different treatment alternatives available, including non-pharmacological and pharmacological that you consider are appropriate for this patient and why.
4. How would you handle the patient concern about osteoporosis? Describe your interventions and education you would provide to her regarding osteoporosis.

**Neurological Function:**H.M is a 67-year-old female, who recently retired from being a school teacher for the last 40 years. Her husband died 2 years ago due to complications of a CVA. Past medical history: hypertension controlled with Olmesartan 20 mg by mouth once a day. Family history no contributory. Last annual visits with PCP with normal results. She lives by herself but her children live close to her and usually visit her two or three times a week.   
Her daughter start noticing that her mother is having problems focusing when talking to her, she is not keeping things at home as she used to, often is repeating and asking the same question several times and yesterday she has issues remembering her way back home from the grocery store.   
  
**Case Study Questions**

1. Name the most common risks factors for Alzheimer’s disease
2. Name and describe the similarities and the differences between Alzheimer’s disease, Vascular Dementia, Dementia with Lewy bodies, Frontotemporal dementia.
3. Define and describe explicit and implicit memory.
4. Describe the diagnosis criteria developed for the Alzheimer’s disease by the National Institute of Aging and the Alzheimer’s Association
5. What would be the best therapeutic approach on C.J.

**Submission Instructions:**

* You must complete both case studies.
* Your initial post should be at least **500 words per case study**, formatted and cited in current APA style with support from at least 2 academic sources. Your initial post is worth 8 points.
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* All replies must be constructive and use literature where possible.
* Please post your initial response by 11:59 PM ET Thursday, and comment on the posts of two classmates by 11:59 PM ET Sunday.
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Module 7 Discussion

No unread replies.No replies.

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 ***Discussion 7***

**Integumentary Function:**K.B. is a 40-year-old white female with a 5-year history of psoriasis. She has scheduled an appointment with her dermatologist due to another relapse of psoriasis. This is her third flare-up since a definitive diagnosis was made. This outbreak of plaque psoriasis is generalized and involves large regions on the arms, legs, elbows, knees, abdomen, scalp, and groin. K.B. was diagnosed with limited plaque-type psoriasis at age 35 and initially responded well to topical treatment with high-potency corticosteroids. She has been in remission for 18 months. Until now, lesions have been confined to small regions on the elbows and lower legs.

**Case Study Questions**

1. Name the most common triggers for psoriasis and explain the different clinical types.
2. There are several types of treatments for psoriasis, explain the different types and indicate which would be the most appropriate approach to treat this relapse episode for K.B. Also include non-pharmacological options and recommendations.
3. Included in question 2
4. A medication review and reconciliation are always important in all patient, describe and specify why in this particular case is important to know what medications the patient is taking?
5. What others manifestation could present a patient with Psoriasis?

**Sensory Function:**C.J. is a 27-year-old male who started to present crusty and yellowish discharged on his eyes 24 hours ago. At the beginning he thought that washing his eyes vigorously the discharge will go away but by the contrary increased producing a blurry vision specially in the morning. Once he clears his eyes of the sticky discharge her visual acuity was normal again. Also, he has been feeling throbbing pain on his left ear. His eyes became red today, so he decided to consult to get evaluated. On his physical assessment you found a yellowish discharge and bilateral conjunctival erythema. His throat and lungs are normal, his left ear canal is within normal limits, but the tympanic membrane is opaque, bulging and red.

**Case Study Questions**

1. Based on the clinical manifestations presented on the case above, which would be your eyes diagnosis for C.J. Please name why you get to this diagnosis and document your rational.
2. With no further information would you be able to name the probable etiology of the eye affection presented? Viral, bacterial, allergic, gonococcal, trachoma. Why and why not.
3. Based on your answer to the previous question regarding the etiology of the eye affection, which would be the best therapeutic approach to C.J problem.

**Submission Instructions:**

* You must complete both case studies.
* Your initial post should be at least **500 words per case study**, formatted and cited in current APA style with support from at least 2 academic sources. Your initial post is worth 8 points.
* You should respond to at least two of your peers by extending, refuting/correcting, or adding additional nuance to their posts. Your reply posts are worth 2 points (1 point per response.)
* All replies must be constructive and use literature where possible.
* Please post your initial response by 11:59 PM ET Thursday, and comment on the posts of two classmates by 11:59 PM ET Friday.
* You can expect feedback from the instructor within 48 to 72 hours from the Sunday due date.

***Cardiovascular/Pulmonary PowerPoint Presentation***

**Goal:** Develop a PowerPoint presentation on a cardiovascular/pulmonary disorder/disease discussed in the McCance text.

The presentation must provide information about the incidence, prevalence, and pathophysiology of the disease/disorder to the cellular level. The presentation must educate advanced practice nurses on assessment and care/treatment, including genetics/genomics—specific for this disorder. Patient education for management, cultural, and spiritual considerations for care must also be addressed. The presentation must specifically address how the disease/disorder affects 1 of the following age groups: infant/child, adult, or elderly.

**Format Requirements:**

* Presentation is original work and logically organized.
* Followed APA format including citation of references.
* Power point presentation with 10-15 slides were clear and easy to read. Speaker notes expanded upon and clarified content on the slides.
* Incorporate a minimum of 4 current (published within last five years) scholarly journal articles or primary legal sources (statutes, court opinions) within your work. Journal articles and books should be referenced according to APA style (the library has a copy of the APA Manual).

**Content Requirements:**

* Select a cardiovascular or pulmonary disorder.
* Provide information about the incidence, prevalence, and pathophysiology of the disease/disorder to the cellular level.
* Educate advanced practice nurses on assessment and care/treatment, including genetics/genomics—specific for this disorder.
* Provide patient education for management, cultural, and spiritual considerations for care must also be addressed.
* Must specifically address how the disease/disorder affects 1 of the following age groups: infant/child, adult, or elderly.

**Submission Requirements**

* Complete and submit the assignment on module 7 by 11:59 PM ET Sunday
* Late work policies, expectations regarding proper citations, acceptable means of responding to peer feedback, and other expectations are at the discretion of the instructor.
* You can expect feedback from the instructor within 48 to 72 hours from the Sunday due date.

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