Questions and Answers

Name of the Student

Institutional Affiliation

Questions and Answers

Assignment 1: "Dianne Steinberg VE."

Question 1: List Appropriate Differential Diagnoses

The final diagnosis of Diane Steinberg should be the community acquired pneumonia (CAP). This is because all her disease symptoms are consistent to those of a person suffering from the CAP. The common symptoms of CAP include coughing, dyspnea, fatigue, fever, lack of appetite and chest pain (Rello & Leeper, 2013). The patient may also demonstrate a pulse oximetry of approximately eighty-nine percent after a physical examination (August, Sonpal, & Fischer, 2015). Also, a patient with CAP can manifest an elevated respiratory effort as well as the usage of the accessory muscle of respiration (Rello & Leeper, 2013). A patient can also have lung auscultation illustrating diffuse crackles on all the lobes as well as experience a scattered wheeze bilaterally.

Question 2: Define the Final Diagnosis and the Assessment Findings to Serve as Support for the Diagnosis.

The final diagnosis for the patient’s condition was considered to be CAP. This medical conclusion was reached at after all other possible diagnoses were considered to be highly improbable. There were other four possible diagnoses to Steinberg’s medical condition. These were tuberculosis, acute bronchitis, Asthma, and COP. The symptoms of tuberculosis in a patient include coughing, chest pain, fever, chills, loss of appetite fatigue and night sweats (Starke & Donald, 2016). Nevertheless, Steinberg also manifested the symptoms of excessive lung crackles on the right, middle and lower lobes after an auscultation, a primary symptom that cannot be caused by tuberculosis.

Steinberg’s diagnosis was also ruled out as acute bronchitis. This is despite the fact that most the symptoms of bronchitis are consistent with those of CAP. Such include dyspnea, wheezing, chest pains, malaise, fever as well as malaise (Medifocus, 2012). This is because the patient’s exam pulse illustrated a recording of eighty-nine percent, which cannot occur for a patient suffering from bronchitis alone. Such a high score could not be could only be manifested by a patient who has extreme breathing difficulties due to a considerable excessive coughing. Also, although coughing is a major symptom of a person suffering from bronchitis, it could not render a patient to attain a high level of pulse oximetry during a physical examination.

Steinberg’s condition was also ruled out to be asthma or COP. This is despite reason that most of the symptoms of the COP and asthma diseases were comparable to those of a patient suffering from CAP. In the COP, patients suffer from shortness of breath, persistent cough, chest infections and wheezing. Nevertheless, the Steinberg’s coughing was not reported to have any phlegm, as it would have been if she was suffering from COP (Dalpiaz & Cancellieri, 2016). On the other hand, Steinberg’s condition was ruled out to be asthma because the patient did not experience painful breathing, myalgia, hypothermia, arthralgia, cyanosis, and hemoptysis – all associated with asthmatic conditions (Editore, 2014).

Question 3. What Are the Specific Auscultation Findings?

The auscultation records through the stethoscope on the patient revealed that she was suffering from normal breath sounds and she also had the presence of crackles. The crackles suggested that she had fluid consolidation in her lungs, a major indicator of the CAP disease (Acton, 2012). The auscultation, palpation, and percussion findings also portrayed that the patient was suffering from a heightened vibration of her chest when talking a condition that also known as tactile fremitus. This is also a primary indicator of CAP attainment in a patient (Chalmers, Pletz, & Aliberti, 2014). Ultimately, the auscultation test also revealed that Steinberg and an increased level of whispered dialogue during the diagnosis exercise.

Assignment 2:

Question 1: Identify the culture of the patient and discuss how you would explain this diet to your patient.

The patient’s culture is Hispanic. Vegetables such as cabbages among others could be recommended as effective food for persons suffering from hypertension in the Hispanic community. The dietary approaches to stop hypertension (D-A-S-H) can be adopted to illustrate the importance of reducing weight through the healthy eating of less fatty food. With reduced weight, a patient suffering from hypertension can also improve or be cured of his/her hypertension condition.

Question 2: Briefly discuss the symptoms of right- and left-sided HF. What common primary care diagnoses result in the development of HF symptoms? Discuss the treatment of one of these common causes. What are some serious signs and symptoms of acute HF and the findings you may encounter during auscultation?

The common symptom of left heart failure is the failure of the left atrium to send oxygenated blood to the heart. On the other hand, the symptoms of the right heart failure are a loss of heart muscle strength, shortness of breath and swelling of the heart muscles. One of the most effective treatments for these symptoms is the undertaking of an emergency corrective heart operation. One of the critical symptom that a doctor may find on a patient due to acute HF through auscultation is immense swelling of the heart and trouble in catching a breath.

Question 3: Discuss the definitions of ASD and VSD. What are the symptoms and the assessment findings you may encounter among children? What are the symptoms and physical examination findings from auscultation for each in adults? Briefly, discuss treatment options for children and adults with ASD and VSD.

ASD refers to the Autism Spectrum Disorder while VSD refers to the Ventricular Septal Defect. Children with ASD fails to respond when called by another person. They also portray poor eye contact as well as an occasional lack facial expression. In most cases, they do speak or portray delayed speech. Also, they may repeat phrases verbatim, while not comprehending on their usage. Children with VSD on the other hand, have poor eating habits and they also portray instances of breathlessness. Ultimately, they easily get tired. The symptoms of ASD can also be evidenced among adults. The symptoms and physical examination findings of ASD among adults from auscultation include echolalia, poor social and communication skills as well as limited interest in performing various activities. The VSD symptoms in adults

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