

Type: Case Study

Subject: Introduction to Professional Nursing: Clinical Course

Subject area: Nursing

Education Level: Undergraduate/College

Length: 3 pages

Referencing style: APA

Preferred English: US English

Spacing Option: Double

School: Chamberlain University

Title: Pathophysiology Case Study

Instructions: read the information about the case study with the chart materials provided or gather the necessary information from one of your patients. review the patient assessment information. what other assessments might you do in addition to those provided? what findings would you anticipate with this patient? complete an in-depth analysis reflecting your ability to prepare a case study based on principles derived from pharmacology, pathophysiology, psychology, nutrition, and evidence-based nursing practice guidelines. remember to include an introduction to the patient, pathophysiology, history, nursing assessment (given and any additional), and related treatments. include selected references for your case study paper/care plan and use apa format. specific grading rubric is attached. criteria the case study is specific, analytical, conceptually sound and based on scientific principles and application of knowledge, reflects evidence-based nursing care approaches and science, and is holistic in its approach to understanding the patient and his/her nursing care needs.

Focus: i uploaded an example down below. that is a bit too extensive so it does not have to be as detailed as that but similar.

Pathophysiology Case Study

Name

Affiliation

Date

Background of the Patient and Assessment

The following case involves a 65 years old male who was admitted to the hospital's emergency department with complaints about having experienced shortness of breath. Among the other issues that the patient raised during examination is that he was experiencing night time cough, increased weight in the abdomen around his waist and swollen feet. During admission it was important that he is taken through a medical analysis for which it revealed that the patient had a history of hypertension, chronic renal insufficiency and chronic respiratory infections.

According to the pathophysiological statement the lab report indicated that the Large B-cell lymphoma were diffuse, indicate a type of cancer that originates from the lymphoma. It was evident that without the right intervention, the condition will continue moving to the other parts of the body and the patient's lymph nodes (Chen, 2017). In any case the condition happen with the non-Hodgkin lymphoma. Usually there are different types of diffuse large B cell lymphoma, and all will be infected with the cancer begins spreading fast. It was important to check on the patient's vital signs, and they indicated that the patient already had a weakened immune system leading to more probable reasons that he is likely to develop cancer (Chen, 2017). Over the recent times the patient had also gained extreme weight and reported that he was recently diagnosed with chronic respiratory infections, chronic renal insufficiency and hypertension from previous medical visits.

From this analysis it was evident that the patient was suffering from a condition known as non-Hodgkin's lymphoma. This is a condition that affects the individual's lymphocytes (white blood cells), which are very important in helping the body fight various

types of antibodies and infections. In this regard, there is bound to be two types of lymphoma, the Hodgkin's and the non-Hodgkin's lymphoma. In the event of the follicular lymphoma, the patient's body will have his affected blood cells travel to various parts of his body including his lymph nodes and organs (Borchmann & Diehl, 2010). After some time the blood cells are going to form a tumor in various strategic places of the body. It was important for the patient to be put under care using the AACN Baccalaureate Essential for Professional Nursing practice IX and DEC's.

Among the interventions after the diagnosis stage was determined to guide the treatment and therapy for the patient. In this case, I recommended the use of Ann Arbor staging system. The system incorporates all the Hodgkin lymphoma symptoms and the physical examination. This includes all the results of the CT tests of the abdomen, chest and the pelvis. It also include the functional imaging with the FDG-PET. Last was the bone marrow biopsy which was deemed necessary at later stages. I also did not find it necessary conduct laparotomy (Gallamini, Borra, & Zwarthoed, 2016). Ann Arbor staging is usually necessary as it incorporates the weight and size of the tumor in addition to checking the disease sites. Among the things to look out for was the designation of the letter A to any stage, this would indicate that there was no systemic symptoms experienced by the patient. However for the patient it was destined to letter B, which indicated that there was evidence of systemic symptom. The systemic symptom was also very important in determining the amount of treatment where extreme condition is determined as >7 with the CT (Gallamini, Borra, & Zwarthoed, 2016). Among the treatment options of the patient include radiation therapy, chemotherapy or surgery. Radiation treatment was recommended with drugs, though this was done under the risk of valvular heart disease or coronary atherosclerosis (Sofa, 2012). It was important as this would reduce any form of tumor being developed due to the affected lymphocytes.

Reflection

During treatment I recommended that the patient should be taken through a chest X ray to check other physical exam abnormalities that could only be confirm by conducting a PET or CT scan. This is important as it will enable choose the right biopsy procedure. In the event that only the mediastinal nodes have been enlarged, then video assisted thoroscopy (VATS), mediastinoscopy, or a chamberlain procedure can be recommended (Sofa, 2012). Also the CT guided core needle biopsy could be recommended for the patient, in the event that the fine need aspiration becomes inadequate for the treatment of Hodgkin's Lymphoma.

I also felt that it was necessary during the diagnosis to perform a biopsy to the patient as this would reveal the Red-Sternberg cell which are often represented in a characteristically heterogeneous cellular infiltrate made of monocytes, lymphocytes, histiocytes, eosinophis and plasma cells. Usually the classical Hodgkin's Lymphoma will reveal four histopahtologic subtypes, though there are other lymphocyte predominant ones. These type of antigens on the Reed-Sternberg cells are useful in differentiating the Hodgkin's lymphoma from the non-Hodgkin lymphoma. It will also provide the difference between the lyphomacyte predominant type and the classical Hodgkin's lymphoma (Gallamini, Borra, & Zwarthoed, 2016). The erythrocyte sedimentation rate (ESRO, the CBC with differential, LDH liver and kidney function tests were also done to the patient. This is what revealed that the tests were diagnostic to Hodgkin's Lymphoma. Among the challenges that I faced during the process was to follow up in his vital signs and find out if there was improvement in the condition. Also was it possible that the cancerous tumor would disappear after a number of times in radiotherapy?

References

- Borchmann, P., & Diehl, V. (2010). Treatment of Advanced Stage Hodgkin Lymphoma. *Hodgkin Lymphoma*, 191-202. doi:10.1007/978-3-642-12780-9_12
- Chen, R. (2017). Hodgkin Lymphoma Treatment: State-Of-The-Art. *Clinical Lymphoma Myeloma and Leukemia*, 17, S151-S152. doi:10.1016/j.clml.2017.08.070
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