

analgesics or antiemetics 1 hour before meals to help control pain or nausea. Warn the patient to report signs of gastric bleeding and any occurrence of black or bloody stools.

5. CHOLECYSTITIS

Using printed material, clarify the relationship of a high-caloric, high-fat diet to the onset of gallstone disease that can, in turn, predispose the patient to inflammation of the gallbladder. It is helpful to discuss that if the patient undergoes cholecystectomy, the liver will continue to produce bile for fat digestion. Before discussing this point, ascertain whether the physician has discussed the possibility of a surgical procedure with the patient.

ESSAY QUESTION

Describe the signs and symptoms that are associated with Crohn disease and available options for treatment.

The patient with Crohn disease experiences cramping, abdominal pain, and frequent episodes of diarrhea. The abdominal pain may be experienced more in the area of the right lower quadrant of the abdomen rather than in other areas of the abdomen. The patient may have fever, experience anorexia, weight loss, and have the feeling of abdominal fullness. With chronic symptoms, malnutrition may become a problem and the patient may develop perianal fissures and fistulas.

Complications associated with the chronic inflammation may be adhesions, abscesses, and bowel obstruction. The abdomen will become tender and distended if a bowel obstruction occurs, and the patient may experience vomiting or blood in the stools or both.

There is no cure for Crohn disease; therefore the treatment is aimed at controlling the symptoms and ensuring good nutrition. Dietary supplements of protein, calories, minerals, and vitamins may be necessary. IV nutrition may be necessary if diarrhea is persistent. Drug therapy with narcotic and anticholinergics relieve diarrhea and cramping. Antibiotics are prescribed if a bacterial infection is present. Immunosuppressive medications and corticosteroid therapy may be used. If an abscess, perforation, or bowel obstruction exists, surgery may be necessary to remove the affected portion of the intestine.

CERTIFICATION EXAMINATION REVIEW

1. a
2. c
3. c
4. c

5. d

6. d

7. b

8. c

9. d

10. b

CHAPTER 9

WORD DEFINITIONS

1. Auscultation—act of listening for sounds
2. Dysphagia—difficulty swallowing
3. Hepatomegaly—abnormal enlargement of the liver
4. Hypercapnia—increased amount of carbon dioxide in the blood
5. Hypocapnia—decreased amount of carbon dioxide in the blood
6. Laryngectomy—surgical removal of the larynx
7. Mucopurulent—characteristic of a combination of mucus and pus
8. Myalgia—diffuse muscle pain
9. Opacities—shadiness of an area
10. Purulent—producing or containing pus
11. Rhinitis—inflammation of the mucous membrane of the nose
12. Sclerosing—pertaining to a hardening or something that causes hardening
13. Suprasternal—pertaining to the area above the chest
14. Tinnitus—noise sensation heard in one or both ears; ringing
15. Venostasis—abnormally slow flow of blood in veins

GLOSSARY TERMS

1. Agranulocytosis—condition of the blood marked by a sudden decrease in the number of granulocytes (a type of white blood cell); occurs in lesions of the throat or other mucous membranes or as a side effect of the administration of certain drugs or radiation
2. Aphonia—inability to produce normal speech sounds or loss of voice
3. Bifurcates—split into two branches
4. Cephalgia—referring to the head; cranial
5. Coagulation—process of clot formation
6. Cyanosis—bluish appearance of the skin and mucous membrane that usually indicates reduced hemoglobin levels in the blood
7. Emboli—masses (e.g., foreign bodies, blood clots, piece of tumor) that break off and cause occlusion of an artery
8. Epistaxis—bleeding from the nose
9. Exsanguination—excessive loss of blood from a part
10. Insidious—refers to the onset of a disease without symptoms
11. Mediastinum—area in the chest between the lungs
12. Mycoplasma—microscopic organisms that lack a rigid cell wall; some species cause infections in humans
13. Perfusion—delivery of oxygen and other nutrients to the tissue by the blood
14. Rales—abnormal crackling sounds made by the lungs during inspiration; indicative of fluid in a bronchus
15. Rhonchi—dry rattling in the throat or bronchus caused by partial obstruction
16. Stenosis—narrowing of an opening
17. Stridor—high-pitched respiratory sound caused by air passageway obstruction
18. Substernal retraction—chest wall under the sternum sinks in with each respiration
19. Tachypnea—rapid and shallow respirations

20. Thoracentesis—surgical puncture into the thoracic cavity to remove accumulated air or fluid

SHORT ANSWER

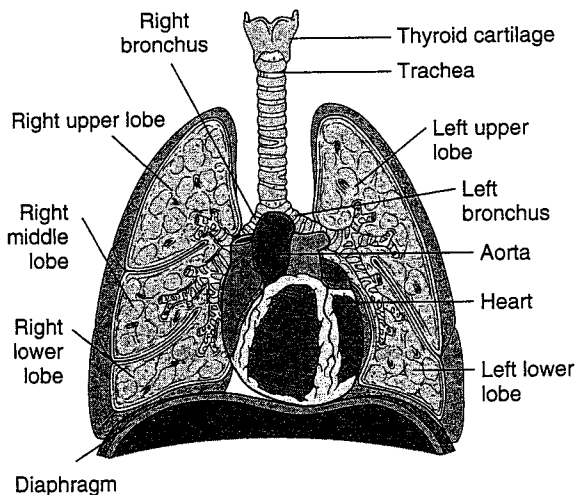
1. Respiration
2. Diaphragm
3. Inability to ventilate, impairment of alveolar arterial gas exchange
4. No
5. Virus, bacteria
6. Unlike other head and neck cancers, they are not strongly linked to tobacco use
7. Neck mass
8. Deviated septum
9. Yes
10. Children
11. Squamous cell
12. Pulmonary embolism
13. Heparin
14. Children under the age of 3, older adults
15. Amphotericin B
16. Dust in the lungs
17. Pleurisy
18. Wet, dry
19. Blood and fluid
20. The patient has a double fracture of three or more adjacent ribs
21. Mantoux, (purified protein derivative [PPD])
22. Poor
23. Smoking
24. New mutation of Coronavirus
25. Penicillin

FILL IN THE BLANKS

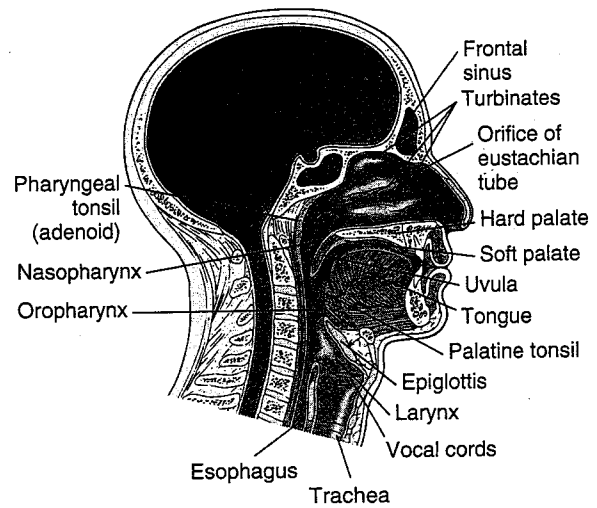
1. oxygen, exchanged, carbon dioxide, external
2. contracts, sucked into, relaxes, upward, out
3. 4, 5
4. poor, predisposes
5. cavities, behind, air
6. narrow, interferes, breathing
7. epistaxis, sudden
8. speech, respiration, lower
9. erosion, vessel, calcification, tumors
10. expansion, segments, lungs, collapse
11. winter
12. bronchitis, otitis media, lymphadenopathy
13. shortness, breath, chest pain, blood pressure, weak, shallow, respiration
14. thoracentesis, drainage
15. inhalation, dried, nucleus, tubercle bacillus

ANATOMIC STRUCTURES

1. Normal lower respiratory system



2. Normal upper respiratory system



SUGGESTED RESPONSES FOR PATIENT SCREENING

1. **POSSIBLE SINUSITIS**
Individuals with symptoms of acute sinusitis (fever, sinus congestion, facial tenderness and pain, severe headache) require assessment and attention as soon as possible.
2. **POSSIBLE LARYNGITIS**
An individual reporting persistent hoarseness and symptoms of infection should be seen in the medical office within 24 hours.
3. **POSSIBLE EPISTAXIS**
Hemorrhage from the nose is considered severe and requires immediate emergency care if it persists for 10 minutes or more after constant pressure is applied.
4. **POSSIBLE HEMOPTYSIS**
Blood in the sputum of unknown origin is a symptom that requires medical evaluation. If the bleeding is slight and associated with a known respiratory infection, schedule an appointment within 24 hours. Advise the patient experiencing profuse bleeding to seek emergency care, and inform the physician immediately.
5. **POSSIBLE BRONCHITIS**
When the cough is described as chronic with purulent sputum and there is fever or wheezing, the patient should be examined by the health care professional within 24 hours. Patients known to have chronic bronchitis should be seen promptly for infections or sudden worsening of symptoms.

PATIENT TEACHING

1. PHARYNGITIS

Instruct the patient to take the entire course of antibiotic therapy and keep follow-up appointments to ensure a cure and help prevent complications. Provide a list of comfort measures such as safe use of analgesics, warm saline gargles, adequate fluid intake, and a soft diet. Ask if the patient has any questions regarding the comfort measures. Advise patients with chronic pharyngitis to stop smoking. Refer to a support group.

2. LARYNGITIS

Explain the importance of resting the voice and taking medications as prescribed along with plenty of fluids. It may be advisable to suggest types of fluids for the patient to drink. When irritation from excessive alcohol intake or smoking is the cause of chronic laryngitis, provide information on support groups that deal with addictions, if appropriate.

3. EPISTAXIS

Demonstrate first aid measures to control epistaxis: a sitting position with the head tilted forward while applying constant local pressure by compressing the nose against the septum. Tell the patient or parent to report repeated or severe nosebleed immediately to the health care provider. Discuss measures to prevent recurrences. The information sheet will suggest some measures to reduce the occurrence of the bleeding, including adding humidity to the home during the heating season or using a water-soluble lubricant to prevent nasal membranes from drying out and to keep them soft.

4. PNEUMOCONIOSIS

Stress the importance of prompt treatment for infections. The patient is advised to end exposure to dust particles. Explain the medication dosage schedule and demonstrate the proper use of the inhaler or home oxygen therapy equipment. Offer a referral to a support group for cessation of smoking, if appropriate.

5. INFLUENZA

The printed patient teaching material will help you reinforce comfort measures, including antipyretics and analgesics as prescribed. *Note: Warn parents that aspirin is contraindicated for children because Reye syndrome can result.* Advise the patient to rest and take adequate fluids. Infection control including thorough and frequent handwashing is prudent to reduce the spread of the virus. Educate at-risk individuals about annual influenza immunizations.

ESSAY QUESTION

Discuss the importance of identifying patients with infectious tuberculosis, including measures of treatment.

The tuberculosis bacillus can cause permanent lung damage by causing necrosis, fibrosis, and calcification of the affected tissue. It is extremely contagious and can survive for months even in dried form if not exposed to sunlight. The coughing that a patient experiences with this infection spreads the tubercle bacillus. Every person who comes into contact with an infected person is at potential risk for inhaling the small droplet nuclei. Patients with symptoms of tuberculosis should be evaluated as soon as possible.

Because of the severity of the disease and the potential for spreading it, persons with communicable tuberculosis must be treated or quarantined to prevent further transmission. Many strains of tuberculosis exist today that are resistant to medications; this is another concern. The drug of choice is Isoniazid (INH) administered with rifampin, ethambutol, aminosalicylic acid, streptomycin, or cycloserine.

CERTIFICATION EXAMINATION REVIEW

1. c
2. c
3. b
4. b
5. a
6. a
7. c
8. c
9. c
10. b
11. b
12. a
13. b
14. a
15. c