**HIV/AIDS**

**Definition:** It is a disease caused by human immunodeficiency virus

**Mode of transmission/Risk factors of HIV in Bangladesh:**

1. Sexual both homo & heterosexual
2. Parenteral –
3. Blood & blood product transfusion
4. Injectable drug abuse
5. Occupational injury
6. Vertical transmission: transplacental & during delivery
7. Breast feeding through saliva
8. Organ & tissue donation
9. Contaminated needles & surgical instruments.

**Question pattern:** A Bangladeshi man working in Dubai presented with fever, weight loss & diarrhea with multiple genital ulcer

1. What will be your probable diagnosis?
2. Write differential diagnosis –
   * AIDS

* Disseminated tuberculosis
* Malignancy
* Syphilis

1. How will you confirm the diagnosis?
   * + 1. Western blood for HIV
       2. PCR for HIV
       3. Blood for TC, DC & ESR
       4. Chest X-ray
       5. Screening test
       6. ELISA
       7. Confirmatory test

**Clinical feature for AIDS:**

* + - * 1. Fever
        2. Chronic weight loss
        3. Rash over the trunk
        4. Fatigue
        5. Meningitis
        6. Diarrhea
        7. Mucosal ulcarism
        8. Myalgia
        9. Arthralgia
        10. Skin rash

**Risk factors for HIV/AIDS:**

Homo or heterosexual individual

Prostitute

Intravenous drug abuser

Transfusion deficient in blood product.

Using the same needle again on different person

Hemophiliacs & clients of STD

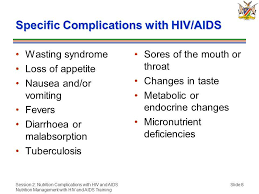
Age: Mostly 20-50 years, children after 15 years (less than 3%)

**Pathophysiology:** Acquired immune deficiency syndrome (AIDS) is caused by the HIV or human immunodeficiency virus. The infection causes progressive destruction of the cell-mediated immune (CMI) system, primarily by eliminating CD4+ T-helper lymphocytes

**Prevention:**

1. Providing health education
2. Providing sex education
3. Control of prostitution by social welfare measures
4. Abide by the law of religion
5. Avoid use of disposable syringe & needles
6. Screening of blood & blood product
7. Termination of pregnancy in HIV mother
8. Avoid breast feeding if mother suffering from HIV.
9. Avoidance of shared razor & toothbrushes
10. Avoidance of sharing of needles & syringes
11. Modification of sexual behavior:

* Avoidance of indiscriminate sex
* Use of condom
* Regular venerological screening for high-risk groups: prostitutes



**Nursing Management:**

**Nursing Assessment**

Nursing assessment includes identification of potential risk factors, including a history of risky sexual practices or IV/injection drug use.

* Nutritional status is assessed by obtaining a diet history and identifying factors that may affect the oral intake.
* The skin and mucous membranes are inspected daily for evidence of breakdown, ulceration, or infection.
* Respiratory status. Respiratory status is assessed by monitoring the patient for [cough](https://nurseslabs.com/croup-syndrome/), sputum production, shortness of breath, orthopnea, tachypnea, and chest [pain](https://nurseslabs.com/acute-pain/).
* Neurologic status. Neurologic status is determined by assessing the level of consciousness; orientation to person, pace, and time; and memory lapses.
* Fluid and electrolyte balance status is assessed by examining the skin and mucous membranes for turgor and dryness.
* Knowledge level. The patient’s level of knowledge about the disease and the modes of disease transmission is evaluated.

**Diagnosis**

* [Impaired skin integrity](https://nurseslabs.com/risk-for-impaired-skin-integrity/) related to cutaneous manifestations of HIV infection, excoriation, and [diarrhea](https://nurseslabs.com/diarrhea/).
* Diarrhea related to enteric pathogens of HIV infection.
* [Risk for infection](https://nurseslabs.com/risk-for-infection/) related to immunodeficiency.
* [Activity intolerance](https://nurseslabs.com/activity-intolerance/) related weakness, [fatigue](https://nurseslabs.com/fatigue/), malnutrition, impaired Fluid & Electrolite balance, and hypoxia associated with pulmonary infections.
* [Disturbed thought processes](https://nurseslabs.com/disturbed-thought-processes/) related to shortened attention span, impaired memory, [confusion](https://nurseslabs.com/acute-confusion/), and disorientation associated with HIV encephalopathy.
* [Ineffective airway clearance](https://nurseslabs.com/ineffective-airway-clearance/) related to PCP, increased bronchial secretions, and decreased ability to cough related to weakness and fatigue.
* Pain related to impaired perianal skin integrity secondary to diarrhea, KS, and peripheral neuropathy.
* [Imbalanced nutrition](https://nurseslabs.com/imbalanced-nutrition-less-body-requirements/), less than body requirements related to decreased oral intake.

**Nursing Goals:**

* Achievement and maintenance of skin integrity.
* Resumption of usual bowel pattern.
* Absence of infection.
* Improve activity intolerance.
* Improve thought processes.
* Improve airway clearance.
* Increase comfort.
* Improve nutritional status.
* Increase socialization.
* Absence of complications.
* Prevent/minimize development of new infections.
* Maintain [homeostasis](https://nurseslabs.com/fluid-and-electrolytes/).
* Promote comfort.
* Support psychosocial adjustment.
* Provide information about disease process/prognosis and treatment needs.

#### ****Nursing Interventions****

* **Promote skin integrity:** Patients are encouraged to avoid scratching; to use **nonabrasive, nondrying soaps** and apply **non perfumed moisturizers**; to perform regular oral care; and to clean the perianal area after each bowel movement with nonabrasive soap andwater.
* **Promote usual bowel patterns:** The [nurse](https://nurseslabs.com/registered-nurse/) should monitor for frequency and consistency of stools and the patient’s reports of abdominal pain or cramping.
* **Prevent infection:** The patient and the caregivers should monitor for signs of infection and laboratory test results that indicate infection.
* **Improve activity intolerance:** Assist the patient in planning daily routines that maintain a balance between activity and rest.
* **Maintain thought processes:** Family and support network members are instructed to speak to the patient in simple, clear language and give the patient sufficient time to respond to questions.
* **Improve airway clearance:** Coughing, deep breathing, postural drainage, percussion and vibration is provided for as often as every 2 hours to prevent stasis of secretions and to promote airway clearance.
* **Relieve pain and discomfort:** Use of soft cushions and foam pads may increase comfort as well as administration of [NSAIDS](https://nurseslabs.com/nonsteroidal-anti-inflammatory-drugs-nsaids-related-agents/) and **opioids.**
* **Improve nutritional status.** The patient is encouraged to eat foods that are easy to swallow and to avoid rough, spicy, and sticky food items.

**Evaluation**

Expected patient outcomes may include:

* Achieved and maintained of skin integrity.
* Resumption of usual bowel pattern.
* Absence of infection.
* Improved activity intolerance.
* Improved thought processes.
* Improved airway clearance.
* Increased comfort.
* Improved nutritional status.
* Increased socialization.
* Absence of complications.

#### ****Discharge and Home Care Guidelines****

Before discharge, the nurse should educate the patient and the family about precautions and the transmission of HIV/AIDS.

* Patients and their families or caregivers should receive instructions about how to prevent disease transmission, including hand-washing techniques and methods for safely handling and disposing of items soiled with body fluids.
* Patients are advised to avoid exposure to others who are sick or who have been recently vaccinated.
* Caregivers in the home are taught how to administer medications, including IV preparations.
* Infection prevented/resolved.
* Complications prevented/minimized.
* Pain/discomfort alleviated or controlled.
* Patient dealing with current situation realistically.
* Diagnosis, prognosis, and therapeutic regimen understood.
* Plan in place to meet needs after discharge.

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