Systemic Lupus Erythematosus Teaching Plan

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Introduction

Systemic Lupus Erythematosus affects women in their early/middle adulthood, the likelihood of these women functioning as caretakers to their children, it is important for families to understand the disease process and to be able to monitor the affected client in order to arrest and/or treat an exacerbation prior to complications developing that may cause morbidity. &nbsp;This teaching plan is intended to educate the client and her family on methods used to assess the client’s physiologic status on a daily basis in the home. &nbsp;Diet is an important topic to be discussed due to the premature progression of coronary artery disease that these clients experience. &nbsp;Fatigue and depression must also be faced on a daily basis. &nbsp;As corticosteroids are used for treatments of symptoms, the client should be aware of potential complications.

Tasks

Objective #1 - The client/family members will be able to assess for and understand the signs and symptoms associated with systemic lupus erythematosus. Objective #2 - The client/family members will understand the importance of adherence to the client's care plan, including medications, diet and exercise. Objective #3 - The client/family members will be able to identify 3 support groups that will assist the client in coping with systemic lupus erythematosus.

Process

SLE requires alot of attention and effort in order to maintain a quality of life that is comfortable. &nbsp;The most important thing you can do for yourself is to be aware of what is going on with you in all areas: &nbsp;physically and emotionally. &nbsp;Also, you will have to make lifestyle changes (if you have not already). &nbsp;This includes NOT SMOKING, exercising regularly and eating properly. &nbsp;All of this may seem overwhelming, but by taking a few minutes a day to think about how you are feeling, taking your pulse, and keeping your appointments with your PCP (Primary Care Practitioner), you can stay on top of your illness and keep your symptoms in control before a flare up causes you to shut down. It is a good practice to start a journal and record your findings each day. &nbsp;After completing each of the tasks listed below, write down the numbers you find after each examination. &nbsp;This way you can see for yourself if you have an abnormal finding that might be worth investigating. When you wake up in the morning, (or in the evening), pay attention to how you are feeling. &nbsp;Are you stiff and achy? &nbsp;Do you have a sore throat? &nbsp;Purchase a digital oral thermometer so that you can take your temperature daily. &nbsp;This is very important. &nbsp;By investigating a fever, you can address a flare up before it gets out of control. &nbsp;Also, you should realize that the prescriptions you will be taking (corticosteroids) can cause immune deficiency. &nbsp;Therefore, it is important to avoid people that have colds or flu. Look in the mirror at your mouth. &nbsp;A pen light can be a very good tool to assist you in checking your mouth for ulcers. &nbsp;Ulcer formation in the oral cavity is a sign of a flare up. Also, take your pulse. &nbsp;A pulse that is higher than 100 beats per minute can be the sign of heart trouble. &nbsp;Since SLE can affect all organs in the body, you want to make sure that your heart is beating at a normal rate. Do you have a headache? How is your mood? &nbsp;Do you feel distressed? &nbsp;Are you angry or depressed? &nbsp;Are you having difficulty remembering things? &nbsp;How is your skin? &nbsp;Is it becoming inflamed? &nbsp;Do you have redness on the palms of your hands or soles of your feet? &nbsp;Write it down and share it with your PCP at your next appointment. Make sure that you eat properly. &nbsp;SLE is known to accelerate atherosclerosis which is plaque build up in the arteries. &nbsp;Therefore, in order to slow the process, eat foods that are low in fat and cholesterol. &nbsp;Eat vegetables and lots of fish! &nbsp;Fish helps fight the inflammation process which is the problem that people with SLE face. &nbsp;Also, omega oils in the fish help to fight against atherosclerosis. &nbsp;AND it tastes good. &nbsp;Otherwise, start taking some omega 3 vitamins. Next, get some exercise! &nbsp;A brisk walk 30 minutes on most days should be part of your routine. &nbsp;But, remember before leaving the house!!!! You need sunblock and a hat! &nbsp;The UV rays from the sun will initiate a flare up. &nbsp;Remember to take your Vitamin D supplement - because the sun isn't able to provide this nutrient with sunblock - AND we need Vitamin D! Also, consider joining an aerobic class. &nbsp;This will improve your mood up and help fight fatigue. &nbsp;Be sure to keep all of your appointments with your PCP. &nbsp;Remember that SLE can effect any and/or all of your organs. &nbsp;Be sure to have your blood drawn so that your PCP can stay on top of your kidney and liver function. &nbsp;Consider joining a support group. &nbsp;It may sound like something you're not interested in. &nbsp;However, you will be amazed at the benefits you can gain by meeting others that are living with SLE. &nbsp;The following are examples of sites you can access online. 1) The Lupus Foundation of America can be found online at www.lupus.org 2) www.dailystrength.org is an online support group consisting of over 2000 people with lupus. &nbsp;3) www.lupusny.org has telephone support along with online chatrooms. Along with these there are many others that you can find by simply entering "lupus support" into any computer search engine. &nbsp;You are not alone! Take charge of your situation!!! &nbsp;Don't allow SLE to reduce your quality of life! &nbsp;Prevention is the best medicine. &nbsp;By following the suggestions above, you can reduce or arrest a flare up! &nbsp;
Systemic lupus erythematosus is a chronic autoimmune disease that affects every system in the body. The disease process consists of exacerbations (commonly known as flares) and periods of remission. The disease affects women at a much higher rate than men, and the occurrence in women predominates during the childbearing years. There is also a higher rate of SLE among women of African descent, as opposed to Caucasian women (Wheeler). As this disease affects women in their early/middle adulthood, the likelihood of these women functioning as caretakers to their children, it is important for families to understand the disease process and to be able to monitor the affected client in order to arrest and/or treat an exacerbation prior to complications developing that may cause morbidity. This teaching plan is intended to educate the client and her family on methods used to assess the client’s physiologic status on a daily basis in the home. Diet is an important topic to be discussed due to the premature progression of coronary artery disease that these clients experience. Fatigue and depression must also be faced on a daily basis. As corticosteroids are used for treatments of symptoms, the client should be aware of potential complications, such as infection and diabetes. The client with SLE is at risk for life-threatening complications that involve the cardiovascular system (heart disease), which is evidenced by the presence of tachycardia, fever, chest pain and dyspnea. The teaching plan instructs the client to record such findings and to seek medical assistance if they occur. Also, the client is instructed to inspect the palms of her hands and the soles of her feet for Janeway’s nodes which are an early sign of endocarditis. Also, the client is instructed to eat foods low in fat and cholesterol, as SLE is known to accelerate the process of atherosclerosis. Atherosclerosis is aggravated by chronic steroid therapy via increased serum cholesterol, weight and blood pressure. By monitoring steroid use and controlling risk factors (proper nutrition, exercise, rest and smoking cessation), cardiovascular complications can be avoided in patients with SLE (Pullen). Clients are at risk for pulmonary disease in the form of pleuritis resulting from inflammation of the lung tissue. This can be detected by fever and dyspnea. Alveolar hemorrhage will cause the coughing of blood and will be reflected in the hemoglobin and hematocrit values on the client’s regular CBC performed at the PCPs office. Renal disease is a cause of concern and is the most common cause of morbidity in clients with SLE. It is present in at least 50% of patients with SLE within one year of diagnosis (Pullen). The teaching plan instructs the client to have urinalysis performed during regular PCP office visits, so that the urine can be tested for protein, which can be a sign of possible renal insufficiency when combined with hypertension and edema. Clients with SLE commonly experience neuropsychiatric symptoms resulting from inflammation of the central nervous system. Therefore, it is important that they maintain self-awareness. The client is instructed to monitor and record their mood and cognitive abilities in a journal. By doing so, it may be possible for the client to observe changes in their behavior that they may have not noticed without having kept a record. Mood changes and cognitive difficulties can also stem from corticosteroid therapy. Physiological symptoms include headaches, high fevers, and nuchal rigidity. The client is at risk for developing Reynaud’s disease. Therefore, the client is instructed to monitor her periphery for arteriolar constriction. This condition is evidenced by coldness, pain, and pallor of the fingertips and toes. Clients with SLE commonly develop anemia, thrombocytopenia, and lymphocytopenia as a result of SLE’s immunological effects on the blood itself, or from SLE’s damaging effect on the kidney, resulting in a deficiency in erythropoietin. Lymphocytopenia puts the patient at risk for infection. The teaching plan instructs the client to monitor herself for a sore throat and to avoid people that are known to have a cold or the flu. The best way to avoid complications from SLE is to monitor the client in order to prevent or arrest exacerbation with treatment of corticosteroids or more aggressive treatment modalities such as immunosuppressant drugs or antimarial drugs. SLE can be debilitating and exhausting. Therefore, it is essential for the client to keep a positive attitude through the course of this illness. The client needs to understand that there will be exacerbations as well as periods of remission. The teaching plan contains three websites through which the client can access support groups. Fatigue and depression can be problematic as well, so the client is encouraged to exercise regularly. Since the sun can be a trigger for an exacerbation, the client is instructed to wear sunscreen and to cover herself with a hat when out in the sun. She is also instructed to take supplemental Vitamin D, as a deficiency can occur due to lack of sun exposure.