

THE SCOURGE OF AIDS

Ms. Prasanna Ruby D.J.

Acquired Immuno Deficiency Syndrome (AIDS) is defined as the most severe form of continuum of illness associated with Human Immuno Deficiency Virus (HIV) infection.

Figures of cases reported are only the tip of the iceberg estimating upto 2 million HIV carrier. HIV belongs to a group of retrovirus. This is responsible for the depletion of cellular immunity. HIV selectively binds to CD4 positive cells. CD4+ cells include monocytes, macrophages and T4 lymphocytes. HIV infects T4 lymphocytes. When lymphocyte's function is impaired, organisms that do not cause disease have the opportunity to invade and cause severe disease. These are referred to as opportunistic infections.

OPPORTUNISTIC INFECTIONS:

Viruses - Herpes Simplex, Epstein Barr, Cytomegalovirus
Protozoans - Pneumocystis Carini, Toxoplasma, cryptosporidiosis
Fungi - Histoplasma, Cryptococcus, candidiasis
Mycobacterium - M. tuberculosis & avium.

CDC Classification for HIV infection:

Stage I: Acute infection

Author:

RNRM, Cardio Thoracic Theatre Nurse, Department of Cardiovascular and Thoracic Surgery, Apollo Hospitals, Chennai, Tamil Nadu.

Occurs at the time of infection & lasts from days to weeks characterized by flu like symptoms.

Stage II: Asymptomatic infection may last for years.

Stage III: Persistent Generalized Lymphadenopathy:

Characterized by palpable lymph node enlargement of 1 cm or greater at two or more sites that persists for more than 3 months.

Stage IV: Other diseases (Stage III not a pre-requisite)

Group A: Persistent fever and involuntary weight loss of > 10% body weight, persistent diarrhea.

Group B: Neurologic disease, including AIDS Dementia.

Group C: Secondary infectious diseases eg. pneumocystis carini, pneumonia, herpes simplex, mycobacterium avium, yeast.

Group D: Secondary Cancer, eg. Kaposi's sarcoma, non Hodgkins Lymphoma.

Group E: Other conditions.

Drugs of choice: Zidovudine, Didanosine, Dideoxyinosine, Zalcitabine, Stavudine.

NURSING MANAGEMENT

Preventing infection:

Encourage patient to follow scrupulous personal hygiene. Emphasize the importance of good skin care or oral hygiene.

Advise patient to avoid contact with infected persons and to avoid activities that can result in skin

trauma.

Maintain scrupulous hand washing regimen. Utilise protective isolation if indicated. Institute a low microbial diet if neutrophil count falls below 500/ cm^3 .

Encourage patient to wash all fruits and vegetables carefully, and cook meals thoroughly.

Encourage patient to keep home environment clean and dust free. Advise them to seek immediate medical care in the event of signs of infection.

PROMOTING NUTRITION

Monitor daily weight and maintain calorie counts if intake is poor. Provide high calorie, enriched protein diet. Offer six small meals per day. Use supplements and protein powders if anorexia is severe. Supplement potassium if chronic problems with diarrhea exist. Provide oral hygiene before meals. Use viscous lidocaine (xylocaine) if mouth lesions are present. Manipulate the environment to make it conducive for out of bed meals, control of odors, involvement of family or friends at meal times and obtaining favourite food from home. Refer to community resources as needed.

Supporting effective coping:

Establish a therapeutic relationship and encourage the patient to express feelings. Provide opportunities for family & friends to express their concerns related to the diagnosis and prognosis. Identify re- →

sources available to patient and family in the community and facilitate involvement. Explore new coping strategies. Introduce relaxation and stress reduction techniques.

PREVENTING SOCIAL ISOLATION:

Assist patient to deal with the responses of family and friends for diagnosis and to identify current and potential source of support. Explore concern of family and friends over their own risk of exposure to the disease. Provide factual information about transmission. Encourage patient to maintain realistic hope and share concern over the future. Refer to social service and counselling as indicated.

PROMOTING EFFECTIVE HOME MAINTENANCE:

- * Encourage patient to be as active and independent as possible.
- * Advise energy conservation techniques and the importance of balancing activity and rest.
- * Modify the home setup to improve safety as needed.
- * Explore anticipated care needs. Initiate all needed referrals.
- * Reinforce principles to prevent disease transmission.
- * Obtain disposable gloves for home care.
- * Reinforce importance of telling sex partners about seropositivity or diagnosis.

PREVENTING THE SPREAD OF HIV

Safe Sex Counselling:

- * Vaginal, anal and oral sex are all high risk practices.
- * Use of latex condoms significantly reduces the risk

of exposure to the virus.

- * Mutual Masturbation, massage or other activities that do not involve the exchange of body fluids reduce the exposure risk.
- * Exposure to multiple sex partners increases the risk of infection.
- * Monogamous sexual relationships minimize the risk of exposure.

Reducing Risk Of Intravenous Exposure:

The use of contaminated needles poses a serious risk of exposure.

Use of bleach solutions to clean syringes and other paraphernalia is essential in reducing risk.

Substance abuse counselling is a critical long-term risk reducing strategy.

Protection For Health Care Workers:

Hand washing remains the most important principle of infection control.

Follow Universal Precautions:

- * Use gloves whenever direct care may involve hand contact with body fluids.
- * Use full protective garb (gown, mask, goggles) appropriately when direct contact with blood or body fluid is expected or the risk of splashing is high.
- * Minimize needle stick injury by never recapping needles and use conveniently placed, puncture proof disposal containers.

AIDS is a pandemic, an epidemic that sweeps the world. Though the hunt for protection and cure is stepped up, developing a vaccine against it was

like "trying to hit a moving target". A cure looked even more elusive, because most treatments for infectious diseases rely, at least in part, on support from the body's immune system, precisely the target the virus attacks.

"PREVENTION IS BETTER THAN CURE"

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