AIDS and The Role of Nurses

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Introduction

The abbreviation AIDS denotes entirely an opposite meaning of its name, which is of a fear and stigmatised name, which is what is lacking in caring for the client with HIV Positive AIDS. As an R.N., I have worked with nursing staffs who are just scared of the AIDS client and have a negative reaction to AIDS and its sufferers.

It is time for the nurse to learn what is AIDS and what can be done about it. The nurse must know the true facts of AIDS to help the client as well as to protect themselves.

Questions to be Asked and Keeping in Touch with New Information Available

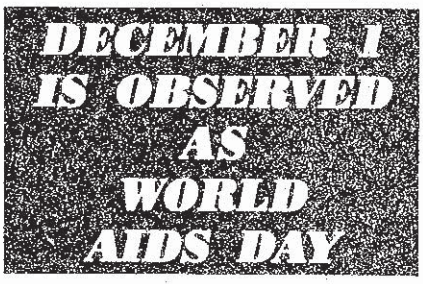
1. What is AIDS and HIV?

AIDS stands for ACQUIRED IMMUNO-DEFICIENCY SYNDROME. Def: A person affected by the HIV (virus) weakens the immune system and makes the person vulnerable to a group of symptoms (syndrome) or opportunistic infection.

HIV stands for Human Immuno-Deficiency Virus. This virus attacks the body's immune system, which leads to an HIV positive client or an AIDS patient. But having HIV positive results is not the same as having AIDS.

2. How Long is the Incubation Period?

After the initial infection, the result for HIV test may be negative which



is called WINDOW PERIOD. It takes upto six months for the HIV Anti-bodies to develop in the body. It takes from few months to one year or ten years after the initial infection.

3. What is HIV Test?

Elisa : Enzyme Linked Immunosorbent Assay. This test does not detect the virus, but the anti-bodies produced in the body by the virus. All positive test must be retested via ELISA. If second test is positive, the WESTERN BLOT test is given for a final confirmation.

4. How do you get Infected with HIV?

The HIV is found in an infected person's body fluids, for the virus to be transmitted, it should pass the body barrier and enter the blood stream directly via infected blood transfusion, through intimate contact or IV injections, semen, breast milk, vaginal/cervical secretion, anal canal.

The body barriers are :

First line of defence : Body skin and mucous membrane.

Second line of defence : White blood cells, macrophages, Neutrophils.

Third line of defence : Lymphocytes; B cells, T cells.

The virus is present in the saliva, tears, vomits, faeces, urine, but there is no evidence of transmitting the infection.

5. What is High Risk Behaviour?

It means activities that increase the risk of infection for you or someone else.

The following activities are always risky:

a. Having penetrative sexual intercourse without using condom with an infected person or persons.
b. The more sexual partners you have, the higher the risk of infection.
c. Using unsterilized needles and syringes or cutting instruments, that have been contaminated by HIV.
d. Receiving an infected blood transfusion.
e. Infected mother passing on the infection to her unborn child in womb.
f. Scarification, tattooing, ear piercing, circumcision using non-sterile contaminated instruments.

6. How is the Virus not Transmitted?

a. the virus can only survive in body fluids inside living human body. Once outside it survives only for few hours.
b. HIV cannot pass through unbroken skin.
c. it will not spread through casual contact, e.g., touching, sharing drinking and eating utensils, toilet seats, or washing water like swimming pools,

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etc.

d. mosquitoes do not spread HIV as the insects inject saliva not blood when they bite humans.

7. What is the Provisional WHO Clinical case Definition of Adult AIDS?

Def: the existence of at least 2 major signs associated with at least one minor sign in the absence of other known causes of immuno suppression such as cancer of severe malnutrition or other recognised aetiologies.

8. What are the Major and Minor Signs?

Cardinal Findings

— kaposi sarcoma (lesions in the mouth),
— Oesophaegal candidiasis,
— Cysto megalovirus retinitis,
— Pneumocystis carini pneumonia
— Toxoplasma encephalitis.

Major Signs

— weight loss (10% of body wt.)
— chronic diarrhoea (> 1 month)
— prolonged fever more than one month (intermittent or constant).

Minor Signs

— cough for more than one month.
— generalized pruitic dermatitis (itching and inflamed)
— recurrent herpes zoster or shingles
— oropharyngeal candidiasis/thrush
— chronic or aggresive ulcerative herpes samples
— generalized lymphadenopathy.

9. What is the Medical Treatment?

Symptomatic treatment for the signs and symptoms.

10. How can the Health Care Worker Prevent the Infection?

By Basic prevention :

- Reducing parenteral and other invasive procedures. Medical indication for giving parenteral drugs should be revived carefully.
- Invasive diagnostic procedure including biopsy should also carefully reviewed.
- Where adequate sterilization of instruments after use for each patient cannot be assured, alternative to invasive procedure to be considered.
- Health Care Workers providing homecare to HIV infected clients should be educated about the apidemiology and prevention of HIV infection and principles of universal blood and body fluid precautions for use with all patients.
- Prevention of transmission from HIV Infected Health Care Worker to Clients: these workers pose no risk to clients and can continue to work. However any worker with weeping or pus producing skin lesions should not have direct contact with clients Until the condition has healed completely, if necessary to change their work assignment e.g. desk work.

11. What do Nurses Need to do in Practical Terms to Implement Universal Precautions?

- Remember hand washing, even after use of gloves.
- ensure that immunization against Hepatitis B is up-to-date.
- cover cuts and grazes with water proof dressing.
- consult the occupation health department if a nurse is suffering from any skin problem.
- wear single use gloves (disposable) if there is any chance of contact with blood or body fluid, if there is a risk of splashes of blood or body fluid wear disposable masks and plastic apron and eye protection.
- do not resheath needles, dispose of needles directly into sharp containers.
- take extreme care with all contaminated sharp instruments.
- dispose of all clinical waste and spillage with care according to local policy.
- consider working practices, are there any ways of amending procedures to avoid or reduce the handling of needles and sharp instruments.
- mouth-to-mouth resuscitation — although HIV has been found in the saliva there is no conclusive evidence that this particular body fluid is involved in transmission.
- to reduce exposure, mouth pieces, resuscitation bags should be available for use in areas where resuscitation may be necessary.
- patient isolation is necessary for HIV infected patient.

ASPECTS OF PHYSICAL NURSING CARE

Assessment

1. Assess for chronic fatigue.
2. Assess for presense of diarrhoea.
3. Assess for skin breakdown and mucous inembrane involved.
4. Assess for persistent elevated temperature.
5. Assess for degree of pain.
6. Assess for nutritional status.
7. Assess for presence of neurological symptoms.
8. Assess for degree of pulmonary involvement.
9. Assess for client for potential injury.

Implementation

1. Chronic Fatigue

Provide comfort measures for fatigue.

a. periods of rest during the day.
b. provide oxygen if nessary.
c. administer medication to assist

sleep.
d. teach relaxation methods to cope anxiety.
e. assist with activities of daily living SOS.

2. Presence of Diarrhoea

Administer approapriate care for diarrhoea.
a. administer prescribed anti-diarrhoeal medication.
b. monitor to avoid complication from intractable diarrhoea.
c. provide appropriate diet.

3. Skin Breakdown and Mucous Membrane Involvement

Provide excellent skin care:
a. keep skin clean and free of moisture.
b. change soiled or wet linen immediately.
c. maintain clients personal hygiene.

4. Persistent Elevated Temperature

Provide supportive care for elevated temperature:
a. administer anti-pyretics as per doctor's order.
b. monitor TPR every four hours.
c. provide cooling measure as nessary.
d. encourage fluid intake.

5. Degree of Pain

Provide measure to reduce pain:
a. administer analgesics as per order to reduce pain.
b. provide alternative pain relief:
   - massage and touch help relieve the pain.
   - give the client warm bath.
   - provide emotional support e.g.; touching, talking.

6. Nutritional Status

Maintain nutritional status of client.
a. administer fluid orally to maintain hydration (minimum 1500 ml-2000 ml)
b. provide dietary planning for client, with client's participating in menu planning.
c. provide dietary supplements.
d. administer intravenous fluid or nasogastric tube feeding if nessary.

7. Neurological Problem

Identify the neurological problem:
a. assist in daily activities as necessary.
b. provide emotional support.
c. give physiotherapy as necessary after evaluating the degree of weakness.
d. give round the clock care if bedridden and keep belonging within reach.

8. Degree of Pulmonary Involvement

Provide oxygen and maintain pulmonary function:
a. monitor pulmonary status from baseline data, to determine requirement of medical management.
b. maintain bedrest if dyspnea or exertion.
c. provide oxygen if indicated.
d. monitor vital signs.

9. Potential Injury to the Client

Monitor the client to prevent injury:
a. evaluate the degree of weakness.
b. encourage the use of calibell.
c. assist with ambulation.
d. use siderails if necessary or restrain as appropriate.
e. evaluate degree of mental confusion and reorient the client frequently and remind client to call for assistance.

PSYCHOSOCIAL CARE

Counselling Plays an Important Role for an AIDS Client

It can help the client to understand better and deal with the problem and communicate better with those with whom they are involved and learn to deal with fear, anxiety and rejection.

What the Client Needs

a. client understands the basic facts about the disease completely.
b. counselling on safer sex should be disscused in a very open, sensitive and positive way.
c. to prevent anxieties leading to self imposed isolation or suicide reassure the client ways in which the virus is not spread.
d. give realisitc advice about available medical resources.
e. Help, But Dont Over Help, which can leed to a deep sense of dependency and helplessness.
f. Be reliable and consistent and ongoing if possible.
g. Be sensitive to the client's social unit.
h. Encourage group support to reduce feeling of isolation.

Remember You should Have Feelings

Working with clients with AIDS is stressfull and you need support; try to co- ordinate a support group or network amongst colleagues working with AIDS clients.

Remember the World Health Assembly Resolution

To protect the human rights and dignity of the HIV infected client and clients with AIDS and to avoid discriminating action against and stigmatisation of them in provision of services, employment and travel.

To foster a spirit of understanding and compassion, to ensure the confidentiality of HIV testing and counselling for HIV clients.

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