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# Learning unit 20:

## Care and nursing principles

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**CARE TRACK  
ONLY**



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# Introduction

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You have almost reached the end of your module. I hope that you feel empowered at this stage to talk confidently to your clients about various aspects of HIV and Aids. I am sure that your counselling skills have improved over time and that they will get even better with practice. We have so far concentrated a lot on the social, psychological and emotional aspects of HIV and Aids, and not so much on the physical care of patients. In this learning unit we will learn how to care for patients with very specific HIV and Aids-related health problems and symptoms – not only in formal health care settings, but also in the home.

## Key questions

Use the following as pointers to ensure that you retain your focus on the important issues in this learning unit:

- Promotion of health and good nutrition revisited.
- How do I care for patients with general health problems and opportunistic infections in the following care settings?
  - formal care (hospitals, clinics and hospices)
  - home-based care
- How do I care for patients who feel socially isolated?
- What is palliative care and how do I offer it?

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## Key concepts

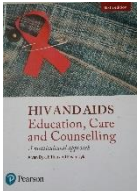
Look out for the following key concepts. Make sure that, after you have completed this learning unit, you know what they refer to and how they are used:

<a href="#">Anorexia</a>	<a href="#">Electrolyte imbalance</a>
<a href="#">Shingles</a> (herpes zoster infection)	<a href="#">Oral thrush</a>
<a href="#">Respiratory problems</a>	<a href="#">Circulatory impairment</a>
<a href="#">Oedema</a>	<a href="#">Ladder approach to pain management</a>
<a href="#">Dementia</a>	<a href="#">Palliative care</a>

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In this first section of Learning Unit 20, we will revisit the promotion of health, the strengthening of the immune system and a healthy diet.

## Study



### Prescribed book: pp. 578-585

**Introduction:** Read what the current emphasis is when it comes to the management of HIV infection and Aids. Make a mind map in your journal to remind you of the main points of HIV and Aids care.

**Section 20.1: Promotion of health and positive living.** You did this section in Learning Unit 14. Read it again to refresh your memory. Make a list of all the suggested things that HIV-positive people should do to promote good health and strengthen the immune system. Add more tips if you can think of any.

**Section 20.2: Nutrition.** You did this section in Learning Unit 14. Refresh your memory by reading it again. Write down what a balanced meal should look like (in terms of food groups and quantities).

Look at your own plate at dinner tonight to see if your dinner would fit into a healthy diet. Also make notes of what it means for an HIV-positive person to eat defensively.

The following section concentrates on the nursing care and management of general symptoms that people with HIV infection and Aids often experience.

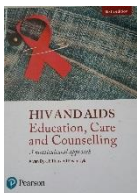
# Care of general health problems

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While writing the prescribed book, I often wondered how to approach this chapter. Should I focus on the nursing care of patients with specific diseases and opportunistic infections, such as tuberculosis, pneumonia or shingles, or should I rather focus on symptoms that often accompany various infections and diseases? An example is fever which is evident in many conditions such as TB, pneumonia, gastro-intestinal infections and others. I spoke to nurses and home-based care workers in the field, and we decided that the best way would probably be to look at the care of symptoms and general health problems that are often experienced by people with HIV infection and Aids. The underlying condition causing the symptom (for example, tuberculosis) is usually taken care of with medication. The real task of the nurse or home-based caregiver is to make sure that the patient is comfortable and that the symptoms (like fever) are alleviated. Let's get started by going to your prescribed book.



## Study



## Prescribed book: pp. 586-617

**Section 20.3: Care of general health problems.** Twenty two of the most common problems that people with HIV infection and Aids experience are discussed in this section. It is important that you understand the following about each symptom or health problem:

- definition
- symptoms or manifestations
- causes
- general patient care (listed with bullets in text)
- additional care in the home-based context (in home-based care boxes)
- danger signs (when is it necessary to take the patient to the hospital?): you will find this information in the home-based care boxes
- care for children (often the same as adult care, but make notes when special care is to be taken, for example with dehydration and fever): this information is in the text as well as in the home-based care boxes.

## ACTIVITY 20.1 – SUMMARISE SYMPTOMS

I realise that this is a very big chunk of the work, and to help you to organise your thoughts, I suggest that you go to [Activity 20.1](#) and summarise the symptoms by completing the given table.

**Feedback:** It probably took you a while to fill in this table, but look on the bright side: you have done your examination preparations! When you revise this learning unit you only have to read the table. The table might also come in handy when you care for patients with one of the listed problems.



Teaching how to prepare oral rehydration fluid

Now do the next activity.

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### ACTIVITY 20.2 – ORGANISE A PRACTICAL WORKSHOP

It is now time to apply the knowledge that you have learnt by teaching other people within a community setting. Go to [Activity 20.2](#) and follow the outline to organise a practical workshop for primary health care workers.

**Feedback:** The list of skills that you can teach to primary caregivers involved in home-based care is endless and I am sure that you can add some of your own.



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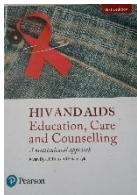
# Comorbidities, co-infections and complications

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‘Along with innovations in HIV drug therapies, HIV infection and Aids care has become more complex than ever before due to increasing comorbidities, co-infections and complications that are attributable to HIV treatment and the aging of the HIV-infected population.’ This section focuses on some of the most important comorbidities, co-infections and complications that were not discussed elsewhere in the book.



## Study



## Prescribed book: p. 617-623

**Section 20.4: Comorbidities, co-infections and complications.** Table 20.1 consist of a list of most of the comorbidities, co-infections and complications associated with HIV infection. In this section, only the following comorbidities, co-infections and complications are discussed in more detail:

- Abnormalities of body-fat distribution
- Dyslipidaemia
- Insulin resistance, hyperglycemia and diabetes
- Renal disease
- Hepatitis B infection
- Hepatitis C infection

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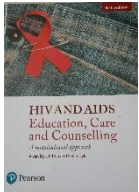
# Palliative care

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Unfortunately there often comes a time when we can do no more for a patient than offer palliative care. Read more about palliative care in your prescribed book.



## Study



## Prescribed book: pp. 623-625

**Section 20.5: Palliative care of Aids patients.** Explain what is meant by palliative care. What do you think is the purpose of palliative care? When does palliative care start? What is the role of the patient and their loved ones in palliative care?

Watch the following video <http://goo.gl/YUz0sv> on what palliative care is and who it is for.

You have now reached the end of a very long and often tiring road. It is time for a bit of “me-time” or self-care. In the following learning unit we talk about how to care of yourself.

You are now finished with this learning unit. Click on [Assessment](#) to do some self-assessment questions.

# Assessment

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## Study reflection

After completing Learning Unit 20 (Care and nursing principles), you should have acquired the following knowledge and understanding and be able to:

- begin a “positive living” group in your community where you facilitate a process as part of which HIV-positive people share their healthy living tips with each other.
- offer practical workshops on a regular basis where you teach home-based caregivers the basic principles of caring for Aids patients in their own homes.
- deal with general health problems such as a fever, diarrhoea, nausea, pain, mental confusion and others.

## Self-Assessment 20



Now is the time to pause briefly and to assess whether you have acquired the necessary knowledge and skills. Go to [Self-Assessment 20](#) and answer the questions on this learning unit. By doing this you can make sure that you understand and know the work.

**You are now finished with the assessment. Go to Learning Unit 21.**

# Appendices

- Activities
- Self-Assessment
- Glossary

## ACTIVITY 20.1 – SYMPTOMS AND HEALTH PROBLEMS IN A NUTSHELL

Use the following table as a template to draw your own table. Use two (or more) double pages for your table, since you need to fit 19 symptoms or health problems horizontally into your table. To help you a bit, I have filled in some of the information for “fever”, but note that it is not by any means complete. You still have to add where necessary. Note that my table consists only of the first three health problems in your prescribed book. You need to add all the rest.

### Symptoms and health problems

Symptom/health problem	Fever	Diarrhoea	Anorexia, nausea & vomiting	Etc.
<b>Definition</b>	High body temperature  Low-grade: 37–38°C High: > 38°C			
<b>Symptoms</b>	Feels hot to the touch  Sweaty			
<b>Causes</b>	Infections  HIV itself  Diarrhoea  Dehydration  Endemic diseases			
<b>General care</b>	Lots of fluid  Light clothing  Sponge/cool baths  Cool, ventilated room  Nutritious foods  Medication			
<b>Home-based care – additional care</b>	Same as above			

<b>Danger signs</b>	Body temp very high Fever doesn't break Other symptoms (e.g. stiff neck, pain, confusion) Pregnancy or childbirth Malaria in area			
<b>Care of children</b>	Be very careful Take to clinic if fever doesn't break Fever convulsions common (and dangerous) Lukewarm water (not cold)			

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## ACTIVITY 20.2 - WORKSHOP FOR PRIMARY CAREGIVERS

If you are a trained nurse, develop a series of one-day practical workshops for primary caregivers involved in home-based care. Include the following activities in your workshops:

- how to bed-bath a bedridden patient
- how to lift or turn a bedridden patient
- how to care for a bedridden elderly patient to prevent the development of bed sores
- how to bath a baby – use a doll to illustrate the procedure
- how to care for a baby with fever – use a doll to illustrate
- how to give medication to a young child
- how to make a rehydration fluid for patients with diarrhoea (take the ingredients with you and see home-based care box in your prescribed book for the recipe)
- how to work out a diet for a patient with diarrhoea
- how to position a patient with respiratory problems in the semi-Fowler's position in bed

[\[FEEDBACK\]](#)

## FEEDBACK 20.2

The list of skills that you can teach to primary caregivers involved in home-based care is endless and I am sure that you can add some of your own.

Do you remember who primary caregivers are? Primary caregivers are usually family members (such as mothers or grandmothers) who take care of their sick loved ones in the home – often with very few resources. They often have no formal training in caregiving, and will appreciate your input. Remember to include a session or two on how caregivers can protect themselves against infection by observing universal precautions.

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## SELF-ASSESSMENT 20

### Question 1

The purpose of palliative care is to:

1. provide relief from pain and other distressing symptoms, without hastening or postponing death.
2. alleviate a patient's suffering by terminating all medical treatment to bring death, and thus relief, to the patient as soon as possible.
3. take care of the physical needs of the patient, because the patient is too sick to care about psychological or spiritual needs.
4. do anything in one's power to preserve life and therefore to try new anti-retroviral medications and other therapies to try to save the patient's life.

### Question 2

The basic rules for treating diarrhoea in adults are:

1. Drink more fluids than usual, stop the intake of solid foods for at least 24 hours, and be on the lookout for danger signs such as weight loss.
2. Drink something nutritious like Milo or milkshake after every loose stool, eat small amounts of nutritious foods high in fibre, and be on the lookout for any signs of dehydration such as a rapid pulse.
3. Restrict the intake of fluids as well as solid foods for at least 12 hours, and be on the lookout for danger signs such as fever and irritability.
4. Drink more fluids than usual, eat small amounts of nutritious, low-fat foods and be on the lookout for any signs of dehydration such as a dry skin.

### Question 3

Trudy's baby is HIV positive. What advice would you give her about caring for her baby to keep the child as healthy as possible?

1. Trudy's baby should preferably be hospitalised, because a hospital is the best place for sick babies to be.
2. The baby should under no circumstances receive the standard vaccinations such as the polio vaccine, because vaccines are prepared from a weak form of the infecting agent, and to immunise an already sick baby may cause these diseases to occur.
3. Fever is a danger sign in babies with Aids because fever, convulsions and shock can easily develop. Trudy should therefore bathe her baby in ice-cold water when she has a fever.
4. Because babies with HIV can get very sick very quickly, Trudy must take her baby to the clinic immediately if the baby shows symptoms such as dehydration or fever.

#### Question 4

Olivia is HIV positive and has vaginal thrush. What could she do to alleviate her symptoms?

1. She should douche (or wash out her vagina) with a lemon juice solution, because lemon juice slows down the growth of the fungus that causes thrush.
2. She must wear only tight, nylon panties to contain the infection.
3. She should eat more defensively and avoid foods containing yeast.
4. She must apply a gentian violet solution to the herpes sores that are caused by the vaginal thrush.

#### Question 5

Some people in the final phase of Aids may experience continuous pain. How should pain preferably be dealt with?

1. Patients with Aids can easily become addicted to pain medication, and it is therefore advisable to avoid pain medication and rather to encourage relaxation exercises.
2. Use the "ladder" approach, and start with the strongest medication the patient can take, rather than giving medication that won't help at all.
3. Encourage patients to take their pain medication on a regular basis as prescribed, before the pain becomes too great.
4. Aspirin and paracetamol should be avoided as pain medication, if possible, because these drugs often cause constipation.

[\[FEEDBACK\]](#)

## FEEDBACK 20

### Feedback Question 1

The correct answer is alternative 1. The purpose of palliative care is to provide relief from pain and other distressing symptoms, without hastening or postponing death.

### Feedback Question 2

The correct answer is alternative 4. In the case of diarrhoea, drink more fluids than usual, eat small amounts of nutritious, low-fat foods and be on the lookout for any signs of dehydration such as a dry skin.

### Feedback Question 3

The correct answer is alternative 4. Because babies with HIV can get very sick very quickly, Trudy must take her baby to the clinic immediately if the baby shows symptoms such as dehydration or fever.

### Feedback Question 4

The correct answer is alternative 3. She should eat more defensively and avoid foods containing yeast to alleviate her symptoms of vaginal thrush.

### Feedback Question 5

The correct answer is alternative 3. Encourage patients to take their pain medication on a regular basis as prescribed, before the pain becomes too great.

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# GLOSSARY

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## **Anorexia**

An eating disorder causing severe weight loss.

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## **Electrolyte imbalance**

Imbalances in the body of electrolytes that are important for normal functioning – such as potassium and sodium. Electrolyte imbalance is often caused by dehydration. Read more in your prescribed book.

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## Shingles (herpes zoster)

A condition characterised by an extremely painful skin rash or tiny blisters on the face, limbs or body. Shingles is caused by a virus and it affects nerve cells. A shingles vaccine (called Zostavax) is available in South Africa, but it is recommended only for people over the age of 50 to protect them against the disease.

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## Oral thrush

Oral thrush caused by a fungus. It is characterised by persistent creamy white to yellow soft small plaques on mucosa, which can often be scraped off. It is also frequently characterised by red patches on the tongue, palate or lining of the mouth and is usually painful or tender.

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## Respiratory problems

Problems with breathing.

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## **Circulatory impairment**

Problems with the blood circulation, often caused by pressure on body parts or by immobility. Circulation impairment often occurs when the patient has oedema or swelling of the extremities.

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## Oedema

Swelling usually of the legs, knees or ankles. Read more in your prescribed book.

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## Ladder approach to pain management

Managing pain by increasing pain medication in steps, starting with the mildest pain medications and, if these do not relieve the pain, by moving “up the ladder” to more moderate medications and, when nothing else relieves the pain, to something stronger like morphine.

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## Dementia

Impaired cognition or mental confusion. In the case of Aids dementia, it is due to the effect of HIV on the brain. Read more in your prescribed book.

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## Palliative care

The terminal care of patients dying of Aids (or any other disease).

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