

Infectious Disease - Health Decision Making

▼ Class	HSS1101
🕒 Created	@December 4, 2021 1:46 PM
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Health Decision Making

Client Centered Care: Providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions

“Nurses have a central role in providing clinical expertise to facilitate clients’ decision making...to reach decisions that are well-informed and best for them”

Shared decision making:

Health care providers bring knowledge of health issues, outcomes, risk, probabilities

Patients bring knowledge of their values, beliefs, preferences, risk tolerance and circumstances

Goals of Care Discussion: directly informs decision making (current care)

Seek permission to discuss

Establish patient preferred role; Determine their understanding of condition/situation; Provide information; Identify dilemmas

Explore values and beliefs; Elicit preferences

Document information on meaning & experience of health; Encourage dissemination among family

Review regularly

Advanced Care Planning Conversations: guides future decision making - kitchen table discussion (eg. substitute decision maker, serious illness planning, advance directives)

Factors influencing patient decision making:

Interpersonal relationships

Other's experiences

Preservation of current well-being, normality, quality of life

Need for control

Personal importance of benefits and risks

Timing of information

Contributing factors to decisional conflict:

Innate: 2 or more options, outcomes: risky/uncertain, permanent, serious, value tradeoffs: benefits versus harms, anticipated regret: 'missed' benefits of option not chosen

Modifiable: knowledge & expectations, values clarity, support & resources

Unresolved decisional conflict likely change mind, delay decision, regret, fail knowledge test, blame practitioner for bad outcomes

Decisional needs ↔ decision quality (decision support)

Patient Decision Aids/ counseling

Inform

Provide facts about condition, options, benefits, harms

Communicate probabilities

Clarify values

Patient experience

Ask which benefits/harms matters most

Facilitate communication

Support

Guide in steps in deliberation/communication

Worksheets, list of questions

Patient Decision Aid criteria:

Development process

Disclosure

Internet delivery

Balance

Plain language

Up to date evidence

Challenges to implementing patient decision support:

Mismatch and lack of incentives

Disruption to established workflows

Organizational inertia

Lack of confidence related to content of PtDAs

Nature of professional and organizational resistance vs barriers and facilitators analysis

Infectious Disease

Pathogen: disease-causing agent

Epidemic: disease outbreak in a community

Pandemic: global epidemic

Endogenous microorganism: live in coexistence with human host

Exogenous microorganism: do not normally inhabit the human body

Immune system: protects us from infectious diseases

Agents of Infectious Diseases: bacteria (cocci, bacilli, spirilla), viruses, fungi, protozoa, parasites

Types of Infectious Diseases:

Blood Borne Infections: viruses carried in blood

Enteric and food borne infections → intestinal illness caused by viruses, bacteria, parasites

Respiratory Diseases: infections in respiratory system caused by virus/bacteria

Sexually Transmitted Infections: infections caused by virus/bacteria transmitted via sexual contact

Vaccine Preventable Diseases: immunization to save lives; reduce health care costs

Vector borne and Zoonotic Diseases: virus/bacteria/parasites transmitted to humans from animals or in

Risk factors for Infectious Disease:

Uncontrollable: heredity, aging, environmental conditions

Controllable: stress levels, inadequate nutrition, physical inactivity and lack of sleep, misuse or abuse of substances/drugs, personal hygiene, high risk behaviours

Body defenses to Disease:

Physical/ chemical defences:

Skin enzymes

Slight elevations in body temperature

Linings of the body (mucous membranes)

Secretions at body entrances (tears)

Immune system:

Antigens: substance capable of triggering an immune response

Antibodies: substances produced by the body to destroy or weaken specific antigens

Immunoglobulins: role in neutralizing, setting

up for destruction, or destroying antigens

Humoral immune response: body's major defence against bacteria and bacterial toxins

Cell-mediated immunity: formation of a population of lymphocytes that can attack and destroy a foreign invader

Physiologic response to disease:

Fever: produced by toxins secreted by pathogens → destroy some disease causing organisms + stimulate WBC production

Vaccines: bolster immunity

Pain: stops action; prevents further injury; often accompanied by inflammation

STIs:

Transmission: vaginal (intercourse), anal, oral (oral-genital, mouth to mouth), fluids from body sores, hand-genital contact

Eg:

Gonorrhea: early treatment- antibiotics; untreated can cause sterility

Venereal Warts: highly transmissible genital warts caused by HPVs; disappears w/o treatment; treatmentL medication, cream, surgery, injections

Pelvic Inflammatory Disease (PID): infect uterus, fallopian tubes, and ovaries, can result from untreated infections; nonsexual causes: excessive douching, substance abuse, and smoking

Candidiasis (Moniliasis): yeast-like fungus - symptoms: itching; discharge; swelling; burning; treated with antifungal drugs

Herpes: Sores and Eruptions (2 types); no cure, meds reduce symptoms

Chlamydia: most prevalent in Ca, preventable and treatable - maybe no symptoms and lead to secondary damage

Syphilis: caused by a bacterial organism → increase transmission of HIV; treatment: biotics (penicillin)

Digestion-related disorders - Peptic Ulcers:

Damage to stomach or intestinal lining commonly caused by bacterial infection

Treatment: antibiotics

More prevalent in those highly stressed

- Especially high fat foods, excessive alcohol