Question 1: From the subjective and objective data given, Terri Barber's disorder is most likely acquired immunodeficiency syndrome. AIDS is the late stage progression of the human immunodeficiency virus (Rote, 2017, p. 194). HIV is a viral infection that eliminates cells in the body that help regulate the immune system, these are known as CD4 cells (Rote, 2017, p. 194). If Terri Barber is diagnosed with AIDS, this means that she is immunocompromised, and her clinical manifestations are just a biproduct of her immune system not being able to respond appropriately. Her presentation of right-sided pleuritic chest pain, fever, dyspnea, and productive cough are most likely due to pneumonia that she acquired more easily due to her compromised immune system. Terri Barber's diagnosis of AIDS would also explain her night sweats, swollen lymph nodes, fatigue, and weight loss, as noted by the CDC (Centers for Disease Control and Prevention, 2019a).

Question 2: For this patient, this is a list of applicable NANDAs, with the top priority NANDA being the first one listed: impaired respiratory function, fatigue, disturbed body image, risk for infection, impaired oral mucous membrane, impaired skin integrity, anxiety, risk for ineffective tissue perfusion, weakness, and risk for infection transmission (Carpenito, 2017). This patient's number one nursing diagnosis label is "impaired respiratory function", this is manifested by her cough, dyspnea, and oxygen saturation of 90% on room air. The nurse should continue to monitor/assess the patient's breathing pattern/oxygen saturation to determine what further intervention is necessary (Carpenito, 2017). The nurse should consider placing the patient on oxygen per the physician's orders, and the nurse should teach the patient to take slow/deep breathes in an attempt to increase oxygen saturation (Carpenito, 2017).

Question 3: Medical therapies for HIV/AIDS are currently aimed at decreasing disease progression/symptom management and are not curative at this point and time (Centers for Disease Control and Prevention, 2019a). The first treatment that is aimed at decreasing disease progression is a category of drugs called "antiretroviral therapy". A majority of these drugs work by inhibiting a process known as "reverse transcriptase", this is the process by which HIV spreads in the body; inhibiting HIV's progression process ultimately slows the virus down but does not eliminate it from the body (Immunopaedia, 2019). Another medical treatment aimed at symptom management for HIV/AIDS patients are medications famously known as "antibiotics", this patient population is prone to getting infections because they are immunocompromised, so antibiotics are used to fight off any infections that these patients may get.

Question 4: Sepsis is an infection of the body that if left untreated can lead to organ failure, tissue damage, and even death (Centers for Disease Control and Prevention, 2019b). The CDC states that at least 1.7 million adults in America develop sepsis annually (Centers for Disease Control and Prevention, 2016). An article in the "Critical Care Medicine" journal stated that the mortality for sepsis is 10-20% (Paoli, Reynolds, Sinha, Gitlin, & Crouser, 2018). This article also stated that in America, the annual cost in 2013 of sepsis was 24 billion dollars.

Question 5: An article in the "Journal of Nursing Care Quality" stated that nurse-led sepsis screening tools used in an ER in the United States had demonstrated success in recognizing sepsis early, which resulted in shorter sepsis bundle completion times (Threatt, 2019). The project was done to evaluate the effectiveness of an evidence-based ER Nurse Sepsis Identification Tool (ERNSIT) which had been developed using guidelines laid out by the surviving sepsis campaign (SSC) (Threatt, 2019). The project showed that before the implementation of the ERNSIT, the ER completed their sepsis bundles in roughly 593 minutes.

After implementation of the ERNSIT, however, the average time for bundle completion was 135 minutes, this resulted in a drop-in mortality rate from 12.1% to 6.2% (Threatt, 2019). This article shows how crucial a sepsis screening tool is, and how nurses can play a huge role in decreasing mortality of said disease.

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