

Teaching Plan

by Tectutor Prof

Submission date: 07-Apr-2021 06:44PM (UTC-0500)

Submission ID: 1553182160

File name: Pneumonia_Case_Study..docx (27.73K)

Word count: 463

Character count: 2380

Pneumonia case study

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My assignment focus on a family member aged 43 who smokes cigarettes and bhang. Pneumonia is an infection caused by fungi, viruses and bacteria which causes inflammation in the lungs (Weber et al., 2013). The disease results in filling the alveoli (air sacs) be filled with pus or fluid making it challenging to breathe and also the inability the oxygen breathed in entering in the bloodstream. The signs and symptoms include coughing, fatigue, difficulty in breathing, loss of appetite and fever. Pneumonia can affect anyone but individuals with a weak immune system, health conditions and living lifestyles that affect their lungs e.g. smoking tend to have a greater risk (McAllister et al., 2019). Children at a young age, adults aged above 65 and people with chronic diseases can be at a greater risk to be infected.

People infected with Pneumonia can always recover as long as they take their medication well. Research has shown that for 30 days the mortality rate of pneumonia is between 5 to 10 percent for a hospitalized patient. Those admitted to ICU can have a 30 percent mortality rate. US census has rated pneumonia to be the seventh leading cause of death. Pneumonia can occur in any part of the world and out of every part of the world and in a year, approximately 450 million people are affected. (Weber et al., 2013). The healthy people 2020 goal for pneumonia is to ensure minimum invasive pneumococcal infections. The goal is to focus on the number of cases reported instead of the vaccine (McAllister et al., 2019).

The mortality of pneumonia patients can be predicted using scoring systems e.g. CURB-65, SMART-COP and pneumonia severity index. A test using CURB-65 shows that the family member is in the intermediate-risk (2 points) which the middle categories. The CURB-65 can only result into three categories which are low risk (0-1points), intermediate-risk (2points) and high risk (>3points). My family member has engaged in a risky lifestyle which include smoking cigarettes

and bhang for the past ten years. These drugs weaken the lungs and this lifestyle could put him in a high risk of been infected with this disease. The family member has no chronic infections.

Reference

- Weber, J. R., & Kelley, J. H. (2013). *Health assessment in nursing*. Lippincott Williams & Wilkins.
- McAllister, D. A., Liu, L., Shi, T., Chu, Y., Reed, C., Burrows, J., ... & Nair, H. (2019). Global, regional, and national estimates of pneumonia morbidity and mortality in children younger than 5 years between 2000 and 2015: a systematic analysis. *The Lancet Global Health*, 7(1), e47-e57.
- Tilahun, G. T., Makinde, O. D., & Malonza, D. (2017). Modeling and optimal control of pneumonia disease with cost-effective strategies. *Journal of Biological Dynamics*, 11(sup2), 400-426.

Pneumonia: Prevention

- Avoid overcrowding
- Provide alternatives to open indoor fires
- Provide adequate shelter and blankets/heating
- Prevent malnutrition
 - Encourage breastfeeding
 - Vitamin A supplementation
- Vaccinate
 - Reduce Pneumonia
 - Reduce secondary bacterial infections

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