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Scenario Response 1

I agree with the post that the 12 years old boy, urticarial, would be caused by cholinergic. As Fukunaga et al. (2017) states, it consists of wheals and redness that develops after an increased body temperature. The explanation aligns with the patient's history of developing the reactions after playing soccer, making it appropriate. The cellular mechanism involved in this illness is also elaborated right, whereby capillaries carrying protein fluids vasodilates. It makes the mass cells producing proteases and cytokines to degranulate, causing higher vascular permeability. Inflammation could occur because cytokines, the primary inducers of the process, circulate more.

Besides, the piece has elaborated both pharmacology and non-pharmacology treated methods suitable for the patient. The non-sedating H1 receptor antagonists (HIRAS) should be provided because the illness makes the histamine levels high. Antagonists such as atropine and scopolamine would also be given to control urticarial onset. Clearly, the non-pharmacology actions discussed are applying lotions to prevent the skin from drying and staying hydrated to maintain moisture which I concur with. The suggestions are reliable as they are backed up with reliable and relevant research. Finally, the right educational tips for the patient and the family are provided. For example, he should be educated on the causes, signs and effects of the illness to help them manage. The post also suggests that the patient should understand that the discomfort would lead to stress, making it vital to relate with the family to get the necessary support. The writer has, therefore, answered the questions with details making it clear to read and understand.

Reference

Fukunaga, A., Washio, K., Hatakeyama, M., Oda, Y., Ogura, K., Horikawa, T., & Nishigori, C. (2017). Cholinergic urticaria: epidemiology, physiopathology, new categorization,

and management. Clinical Autonomic Research, 28(1), 103–

113. <https://doi.org/10.1007/s10286-017-0418-6>

Scenario Response 2

In the beginning, the cause of the patient's urticarial is analyzed, which is similar to the signs reported. Indeed edema is the cause explained when vascular dilation occurs, making the fluids leak to the skin while adjusting to the molecules released by the mast cells. McCance & Felver (2019) argues that urticarial should take 24 hours. The patient recovers within 30 minutes implying the cause elaborated suits the condition. The post does not describe the cellular mechanism of the illness and how it results in the patient's signs and symptoms. It is clear that the post should have explained how the capillaries with proteins vasodilate and the mast cells degranulate, thus releasing histamine and cytokines. The changes increase permeability resulting in edema, the client's diagnosis.

The post has addressed the pharmacological and non-pharmacological treatments for the illness. The patient should be prescribed with antihistamines because they reduce inflammation, thus controlling itching. Also, the client needs to prevent allergen until the signs disappear. In this case, the client should stop playing soccer until the potential allergens are determined. Also, the client and the family should focus on assessing the daily activities to identify the stressors resulting in the disease. The actions would help them identify the contributing factors and work on them to prevent reoccurrence. Besides, it is proposed that the client should be educated on taking the prescribed medicines when the flare-ups develop. In case the urticarial signs prolong over six weeks, the patient should seek medical attention. The information is reliable as it helps prevent, manage and handle the disease.

Reference

McCance, K. L., & Felver, L. (2019). Study guide for Pathophysiology: The biologic basis for disease in adults and children, eighth edition.

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