



Jesus Rivera is a 34-year-old migrant farm worker who currently lives in temporary housing in a rural area of the southwestern United States. His family includes his wife, Marta, who is 3 months' pregnant, and two children, ages 3 and 5. He takes his wife to a medical clinic staffed by volunteer nurses, physicians, and students from a nearby university for a prenatal checkup. The clinic is open only on Saturday and provides care on a sliding fee scale or for free if the family is unable to pay. While Mrs. Rivera is being examined, Mr. Rivera asks the nurse to have someone look at some very painful blisters on his chest that developed about a week ago. He is afraid that exposure to pesticides has caused the sores.

ASSESSMENT

Mr. Rivera speaks Spanish and is able to communicate only slightly in English. The initial assessment of Mr. Rivera is performed by Anita Mendez, a student nurse fluent in Spanish. Mr. Rivera's history reveals problems with lower back pain but no significant past medical illnesses. He is not aware of any allergies and cannot remember having had chickenpox as a child. Two years ago, both children were sick and had blisters on their bodies, and a friend told them it was chickenpox. Mrs. Rivera thinks she had chickenpox as a child.

Because Mr. Rivera has not had any medical care for several years, baseline laboratory tests are ordered to screen for any other illnesses; the complete blood count (CBC), blood chemistry, and urinalysis are all within normal limits.

Mr. Rivera says that he did not feel well for several days before the blisters appeared, having experienced chills and general achiness. He had not taken his temperature because the family does not own a thermometer. Current vital signs are as follows: T 99°F (37.2°C), p 74, R 22, and BP 148/88.

Physical examination of the trunk reveals a bandlike pattern of lesions across the left thorax. Some of the lesions are vesicles filled with serous fluid; others are darker in color and are oozing a light yellow drainage. The skin around the lesions is red and inflamed. Mr. Rivera complains of a severe, burning pain with itching across his chest. He is diagnosed with herpes zoster.

DIAGNOSIS

- *Risk for infection* related to open oozing areas on the left thorax
- *Acute pain* related to the presence of lesions and pruritus
- *Deficient knowledge* of the cause of the skin disorder and recommended treatment
- *Anxiety* related to need to work in areas of pesticide application
- *Altered health maintenance* related to limited access to health care, transitory work conditions, and cultural and language barriers

EXPECTED OUTCOMES

- Skin lesions will heal without evidence of a secondary infection.
- Limit exposure (as much as possible) to his wife and children and to persons with debilitating illnesses to prevent the spread of the virus.
- Obtain relief of pain and pruritus with the proper use of medications.
- Verbalize an understanding of the disease process and participate in the treatment plan.

- Obtain follow-up care.
- Make an appointment for a referral for information about occupational hazards.

PLANNING AND IMPLEMENTATION

- Provide verbal and written instructions (in Spanish) for self-care:
 - Wear a clean cotton undershirt each day.
 - Trim the fingernails short, and keep the hands clean.
 - Wash the hands each time the area is touched.
 - Wash any soiled clothes or linens in hot water and soap.
 - Do not allow other family members to use your towels.
 - Take medications as prescribed for itching and pain.
 - Take the medicine for your sores every 4 hours, even during nighttime hours, for 7 days.
- As much as possible, do not touch your wife and children until the sores are covered with scabs. Do not have sex with your wife while you have these sores.
- Teach how to take care of skin lesions:
 - Wear the rubber gloves every time you do this treatment.
 - Wash the sores and the skin around them very gently with a soft washcloth and a mild soap.
 - Using your fingers, carefully rub the cream on the sores. Do this once every morning after breakfast and once every evening after supper.
 - Wash your hands carefully before and after each treatment.
- Make a follow-up appointment for the next week.
- Provide Mr. Rivera with the name and phone number of the Occupational Safety and Health Administration (OSHA) and recommend he call for an appointment to discuss his concerns about pesticides.

EVALUATION

Mrs. Rivera explains how she has taken care of her husband, and Mr. Rivera is careful to describe how he has followed the nurse's instructions. The skin lesions are dry and crusty, with no new blister formation. Mr. Rivera says he has not called OSHA and is not sure that he will, but he thanks Miss Mendez for the phone number. The nurses make an appointment in 1 month for a prenatal checkup for Mrs. Rivera and for follow-up of Mr. Rivera's herpes zoster. Mr. Rivera promises to return if they are still living close enough to keep the appointment.

Critical Thinking in the Nursing Process

1. Identify barriers to care present in this case study. How may nursing interventions promote health care delivery to disadvantaged populations?
2. Although most cases of herpes zoster are self-limiting, what further assessments and interventions might have been indicated had the lesions shown little improvement over time and/or the pain remained severe?
3. If Mr. Rivera is advised not to work until his lesions heal, the family may face economic and sociocultural hardships. Develop a plan of care for Mr. Rivera for the nursing diagnosis *Ineffective role performance*.

See Evaluating Your Response in Appendix C.