Teach the importance of complying with prescribed treatment for the entire course of therapy. Completion of the entire treatment regimen is important to reduce the risk of relapse and creation of drug-resistant organisms.

Using NANDA, NIC, and NOC

Chart 36–2 shows links between NANDA nursing diagnoses, NIC (McCloskey & Bulechek, 2000), and NOC (Johnson et al., 2000) for the client with tuberculosis.

Home Care

Most clients with TB are managed in community settings; few require institutionalization. In addition to the teaching topics and strategies identified above, discuss the following topics when preparing the client and significant others for home care.

- Importance of screening close contacts for infection and possibly prophylactic treatment

- Effect, dose, and timing for all medications, and potential side effects and their management
- Importance of long-term therapy in eradicating the disease
- Principles of good nutrition, dietary guidelines for a client with TB, and other measures to help maintain good health, such as balancing rest with exercise
- Signs and symptoms of complications to report to the physician or health care provider.

Provide referrals as appropriate:

- Smoking cessation clinics or support groups
- Alcohol treatment facilities, Alcoholics Anonymous, other treatment programs or support groups
- Drug treatment facilities, Narcotics Anonymous, other outpatient or inpatient treatment programs or support groups
- Low-cost community clinics and incentive programs for people with TB
- Counseling, support groups, and other community resources that provide additional assistance and support

**NANDA, NIC, AND NOC LINKAGES**

<table>
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<tr>
<th><strong>NURSING DIAGNOSES</strong></th>
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<th><strong>NURSING OUTCOMES</strong></th>
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<td>• Deficient Knowledge</td>
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<td>• Ineffective Therapeutic Regimen Management</td>
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<td>• Risk for Infection</td>
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<td></td>
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Harry Facée, age 53, arrives at a metropolitan public health clinic complaining of aching chest pain that has lasted for the past few days. He says that his sputum also is bloody. He is afraid he might have lung cancer, so he came in to see a doctor.

ASSESSMENT

Raj Kamil, RN, the public health nurse at the clinic, obtains an admission history and physical examination of Mr. Facée. Mr. Kamil notes that Mr. Facée is a homeless person who has lived on the streets and in various shelters for the past “10 years or so.” He usually prefers to sleep outdoors, taking refuge in shelters only during very cold or very wet weather. He has a small disability income, but usually scrounges for food or eats with other homeless people at soup kitchens. Mr. Facée states that he has had a cough for a long time, which has become worse recently. It is now productive, especially in the mornings. He also admits that he has recently been waking up drenched with sweat in the middle of the night and is more tired than usual.

Although Mr. Facée’s clothes are tattered, he is fairly clean. He answers questions appropriately and intelligently. Mr. Kamil does not detect any odor of alcohol on his breath. He is very thin, almost...
Inhalation anthrax causes initial flulike symptoms, including malaise, dry cough, and fever. This is followed by an abrupt onset of severe dyspnea, stridor, and cyanosis. Lymph nodes in the mediastinum and thorax become inflamed and enlarged. Septic shock and/or meningitis may develop. Untreated, death results from hemorrhagic thoracic lymphadenitis and hemorrhagic mediastinitis (Persell et al., 2002).

Blood cultures and chest X-ray are used to diagnose inhalation anthrax. However, because death can quickly result from the disease, people who are known or suspected to have been exposed to anthrax spores often are treated prophylactically. Ciprofloxacin (Cipro) is used to both prevent and treat inhalation anthrax. Doxycycline (Vibramycin) is an alternative to ciprofloxacin. Although an anthrax vaccine exists, its use at this time is considered experimental (Persell et al., 2002). See the section on bioterrorism in Chapter 8 for more information.

EVALUATION
Mr. Kamil successfully enrolls Mr. Facée in the local incentive shelter program. In this program, a health care worker administers Mr. Facée’s medications daily, watching him swallow them. He is assigned a small individual room and can eat three daily meals at the shelter. He still prefers to sleep outside when the weather permits, but he complies with the requirement for supervised medication administration because he “likes the food there.” Always a clean person, Mr. Facée is able to demonstrate appropriate sputum control measures and practices them faithfully. The sputum culture done after 2 months of treatment is negative for tubercle bacilli, and his chest X-ray indicates no disease progression.

Critical Thinking in the Nursing Process
1. Many homeless people have schizophrenia or other mental diseases. How would you adapt the care plan for a homeless schizophrenic client with active tuberculosis?
2. Mr. Kamil was fortunate in having access to an incentive shelter with health care workers to supervise medication compliance. Identify available resources in your area for homeless clients infected with tuberculosis.
3. Develop a care plan for the nursing diagnosis, Ineffective airway clearance related to mucopurulent sputum and weak cough.

See Critical Thinking in the Nursing Process in Appendix C.