

Nursing Care Plan

A Client with Myasthenia Gravis



Kirsten Avis, a 44-year-old homemaker and mother of two teenage sons, was diagnosed with myasthenia gravis 2 years ago. She takes an anticholinesterase medication, pyridostigmine (Mestinon), four times a day. Over the past month she has been experimenting with decreasing the dose of her pyridostigmine because she has “felt so good.” She was prescribed 60 mg of pyridostigmine three times a day before meals and one-half of a long-acting 180 mg pyridostigmine tablet at night.

Three days ago, she began having chills and fever and her myasthenic symptoms became markedly worse. Mrs. Avis is easily fatigued and has been experiencing increasing weakness, bilat-

eral ptosis, and mild dysphagia in the late afternoon and evenings.

ASSESSMENT

Lela Silva, RN, is caring for Mrs. Avis. Physical examination of Mrs. Avis reveals severe muscle weakness bilaterally in her hands, arms, and thorax. Her voice is nasal, and she speaks slowly; the longer she speaks, the more difficult it becomes to understand her. She is anxious and dyspneic. Her complaints of weakness, dysphagia, dysarthria, problems with mobility, and ptosis are more

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A Client with Myasthenia Gravis (continued)

pronounced later in the day. Vital signs are as follows: BP 138/88, P 88, R 28, T 102.4°F (39°C).

Some improvement in muscle weakness is noted following a restful night's sleep; however, the respiratory distress is more evident, and Mrs. Avis is increasingly restless. She is moved to the intensive care unit for advanced monitoring and possible ventilatory assistance. The medical diagnosis is myasthenic crisis secondary to pulmonary infection.

DIAGNOSES

- *Impaired gas exchange*, related to ineffective breathing pattern and muscle weakness
- *Risk for aspiration*, related to difficulty swallowing
- *Fatigue*, related to increased energy needs from muscular involvement

EXPECTED OUTCOMES

- Pulse oximetry readings will be maintained at 92% or above.
- No aspiration will occur.
- Will verbalize decreasing fatigue when performing ADLs.
- Will state the correct method of medication dosing and demonstrate how she will maintain schedule.

PLANNING AND IMPLEMENTATION

Mrs. Avis's manifestations improve following administration of edrophonium chloride (Tensilon) to verify myasthenic crisis. She is placed on oxygen by mask and suctioned as needed; equipment for possible intubation and ventilation is made readily available. She is placed in a semi-Fowler's position, and vital signs are assessed every 5 minutes during the acute exacerbation. The nurses in the intensive care unit remain in constant attendance throughout the crisis period and provide explanations to Mrs. Avis in an effort to decrease her stress and to avoid further severity of manifestations.

Three days after the crisis period, Mrs. Avis is moved to a progressive nursing care unit. Nurses follow up on teaching her the manifestations of both myasthenic and cholinergic crises. They

discuss the need to wear MedicAlert identification and review medication administration techniques with Mrs. Avis. The nurses emphasize in particular that Mrs. Avis must not split time-released medications.

Within 5 days, Mrs. Avis's condition stabilizes, and her weakness decreases sufficiently to allow discharge home. Although her temperature has returned to normal and her respiratory status has improved, she still has a productive cough. Oral antibiotics are prescribed for 2 weeks, after which she will have a follow-up visit with her primary care provider. She is instructed to seek treatment promptly if respiratory symptoms or temperature indicate recurrence of infection.

EVALUATION

Mrs. Avis is discharged without developing aspiration pneumonia or any symptoms of aspiration. Her airway was maintained throughout the myasthenic crisis, and her pulse oximetry readings remained above 92% once oxygen therapy was initiated. On discharge, pulse oximetry is above 95% without oxygen therapy. Mrs. Avis states that her fatigue and weakness have significantly improved.

Both Mrs. Avis and her husband are able to explain the difference between myasthenic and cholinergic crises and to identify methods to avoid both problems. Mrs. Avis correctly relates her proper medication regimen and makes an appointment for a follow-up visit with her physician.

Critical Thinking in the Nursing Process

1. What is the rationale for administering Tensilon to evaluate a myasthenic crisis?
2. Develop a plan to teach Mrs. Avis how to avoid fatigue when preparing and eating meals.
3. Develop a nursing care plan for Mrs. Avis for the nursing diagnosis, *Ineffective role performance*.

See Evaluating Your Response in Appendix C.