

# Nursing and counseling a newly diagnosed HIV patient at emergency department.

by

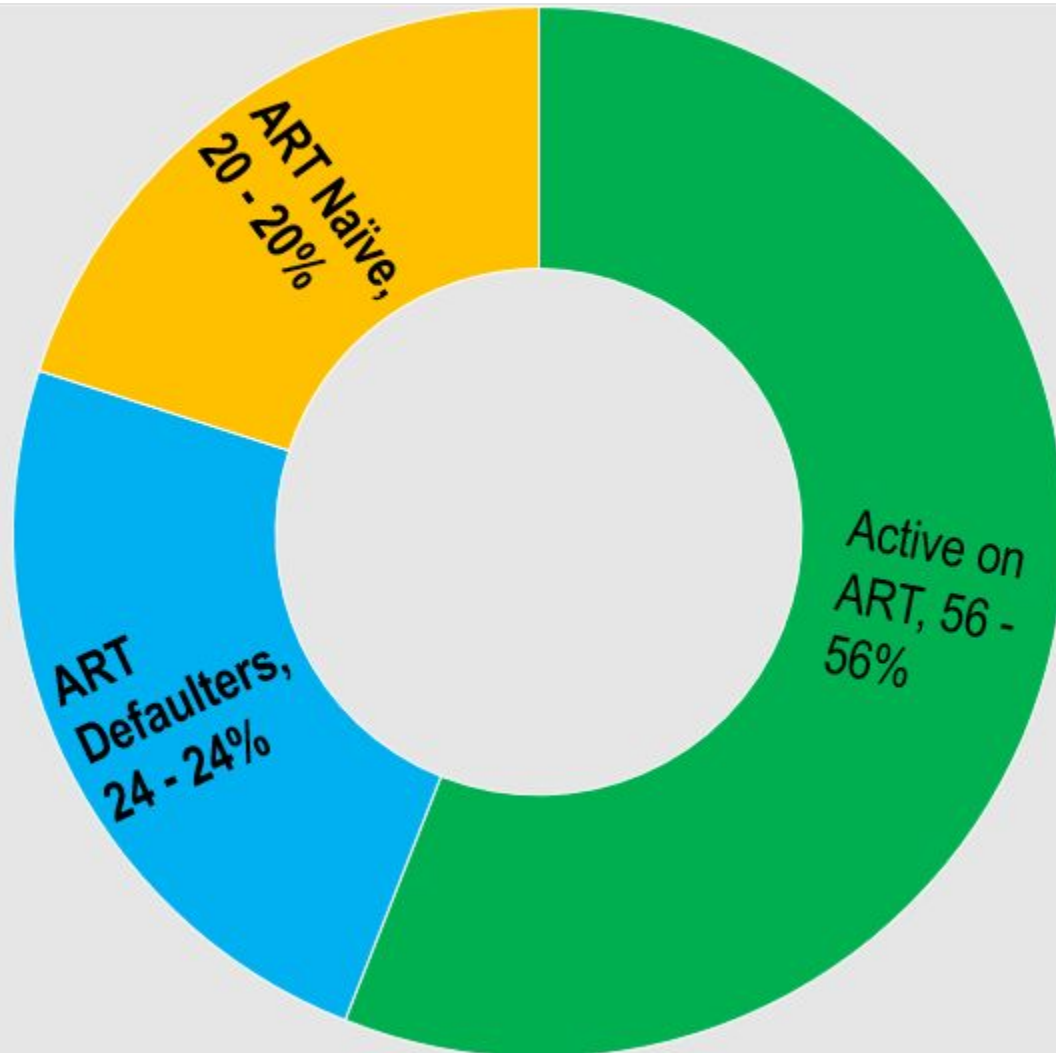
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BsN



# Key statistics: 1<sup>st</sup> – 31<sup>st</sup> January 2024

ART status of HIV inpatients - January 2024



- Total number enrolled = 100 HIV inpatients
- 53 (53%) were Males.
- Median age, 42 IQR (32-50)
- **5 of the ART Naïve patients were newly initiated on ART, linked to the ART Clinic.**
- 9 ART Defaulters were re-initiated on ART.
- Median time period of ART default were 13 months, Range (9-21) months

# Reasons for not initiating ART.

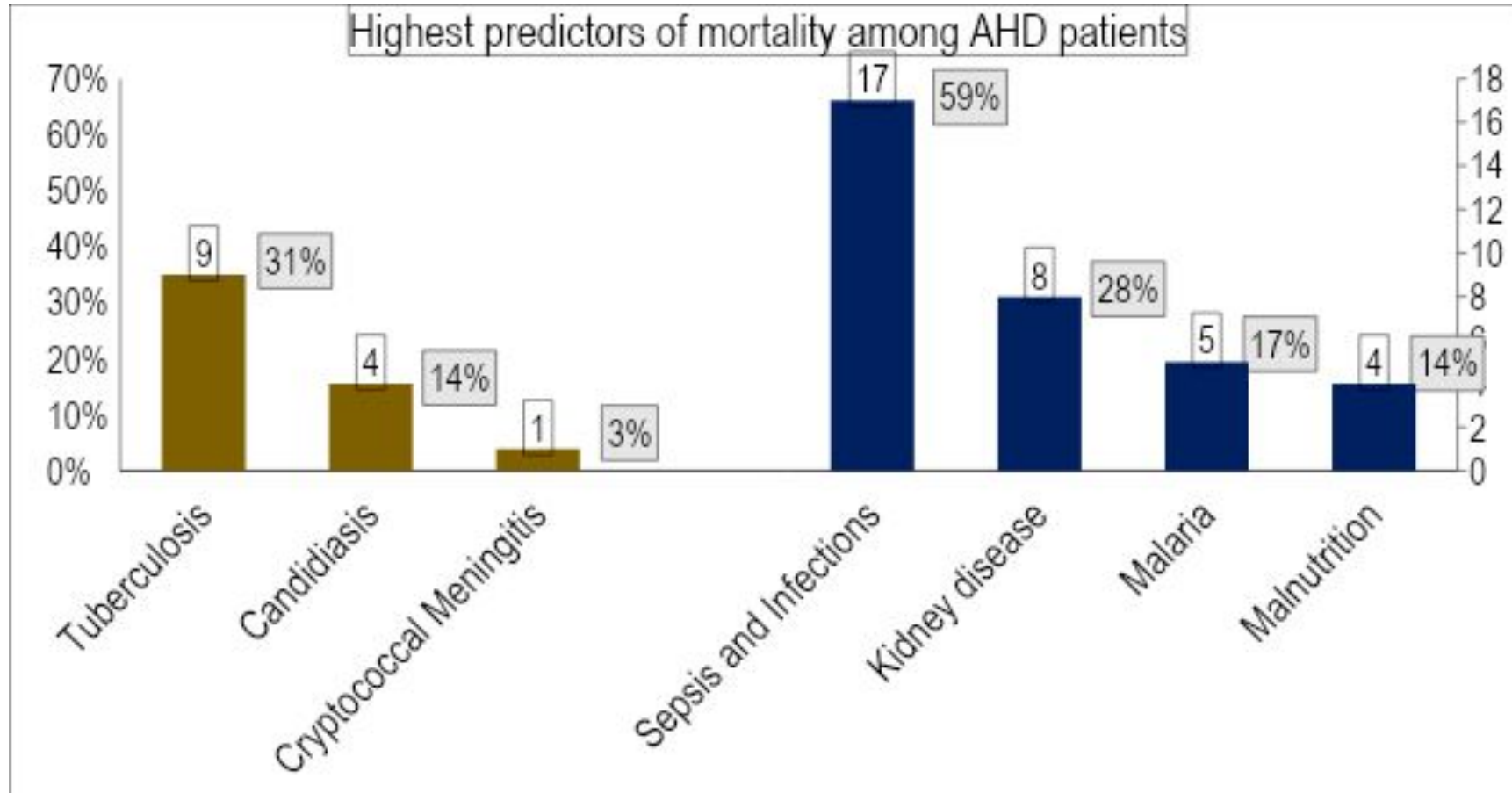
Reasons	ART Naïves [n = 15]
Transferred out	1
Started on anti-TB treatment	5
Started on Fluconazole	4
ART deferred by attending physician	2
Early discharges	1
Died	3

# Outcomes among HIV Inpatients: January 2024

Outcome	Active on ART (n=56)	ART Default (n=24)	ART Naïve (N=20)	Grand Total [N=100]
Discharged	25 (44.64)	14 (58.33)	13 (65.00)	52 (52.00)
Referred for Care	3 (5.36)	2 (8.33)	1 (5.00)	6 (6.00)
<b>Died</b>	<b>19 (33.93)</b>	<b>7 (29.17)</b>	<b>3 (15.00)</b>	<b>29 (29.00)</b>
Currently admitted	9 (16.07)	1 (4.17)	3 (15.00)	13 (13.00)

- 😊 ART naïve patients and defaulters contributed were 34% (10/29).
- 48-Hour Mortality at 48%(14/29)

# Mortality among HIV Inpatients: January 2024



## Predictors of mortality by patient challenges:

- Poor function status – 93% (27/29)
- Financial constraints – 76 922/29)
- No attendant – 24% (7/29)
- Delayed diagnosis – 10% (3/29)

## Nursing



## Counseling



## Nursing care

Its aimed at;

- Coping with health problems.
- Monitor and manage opportunistic infections and comorbidities.
- Provide comprehensive HIV care and support.
- Achieving the best possible quality of life (positive living).

**NB:** Prompt medical attention is needed in emergency state.

## HIV Counselling

- It's a confidential dialogue between a HCW and a client.
- Adequate information, demonstrations should be provided.
- Enables a client to make informed decisions and enhances understanding of HIV/AIDS.

**It aims at;**

- Improving communication and coping skills.
- Strengthening self-esteem.
- Promotes optimal mental health.
- Enhances adherence to medication.



# Nursing care

- Admission.
- Carry out rapid physical assessment.
- Triage and allocation of priority of care.
- Confirm HIV diagnosis, provide post-diagnosis and post-disclosure with confidentiality.
- Identify significant medical history and allergies.
- Screening for opportunistic infections (OIs) to r/o AHD and comorbidities.
- Carry out nutrition assessment.
- Follow up on laboratory investigations.
- Nursing care plan of OIs and comorbidities.
- Interventions based on the assessment e.g. ADLs assistance (mobility, self-feeding).
- Medication management and administration (prophylaxis, ART and other medications).
- Adherence counseling (readiness for ART S/Effects).
- Ongoing physical assessment to determine early warning signs.
- Psychosocial assessment (both to patient and caretaker).
- Document findings and share with attending doctor.
- Patient education (facilitate self-management and behavior change).



# Coping with HIV positive status

## HIV AND MENTAL HEALTH

Good mental health is essential to living healthy with HIV.



# Coping with HIV positive status

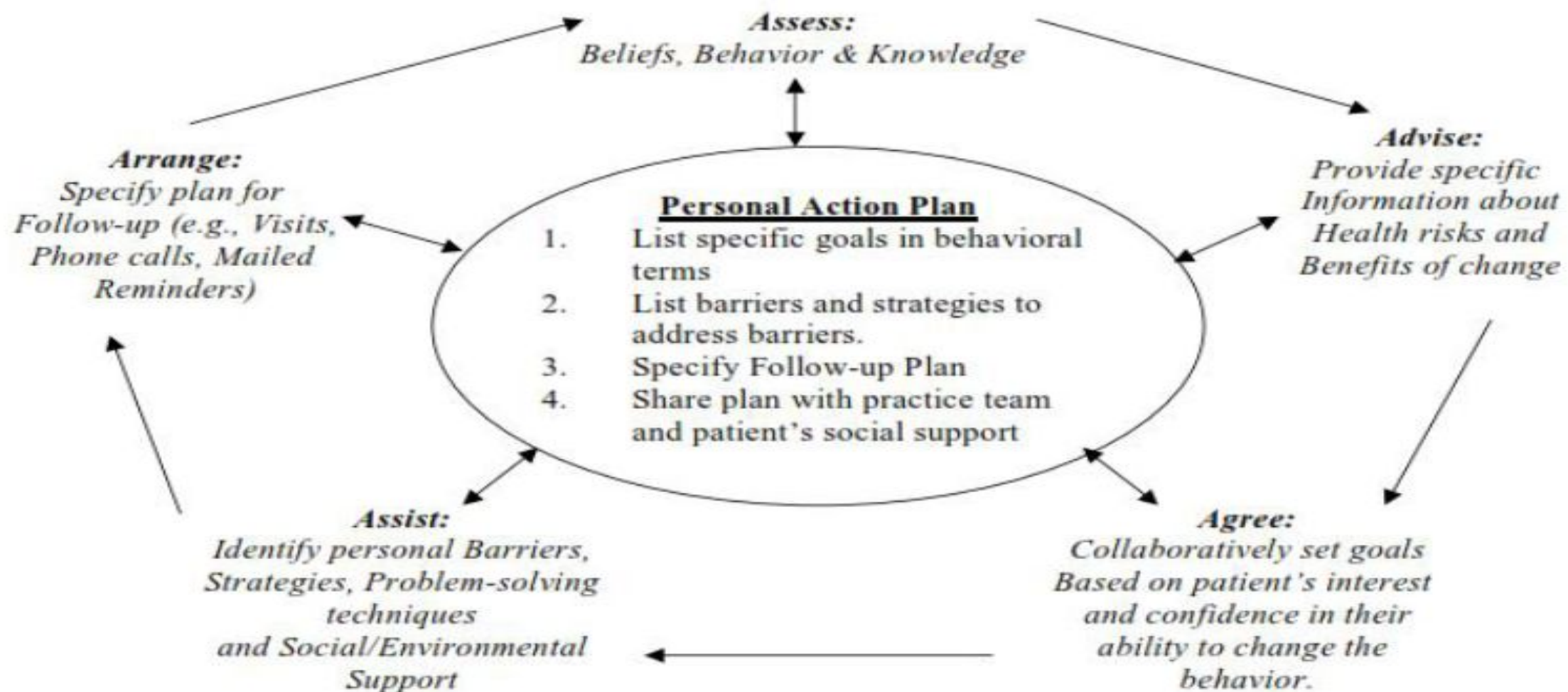


## Issues to focus.

- Stigma.
- Disclosure.
- Depression.
- Self esteem and self criticism.
- Fear of violence.
- Worry about job security.
- Effects on intimate/sexual life.
- Substance abuse.
- Dilemma (discordance, pregnant state).
- Death anxiety.
- Other comorbidities
- Religious beliefs.

# 5As Psychosocial and Counseling Framework

**Self-Management Model with 5 A's** (Glasgow, et al, 2002; Whitlock, et al, 2002)



# Post test counseling

- Provide results accurately.
- Provide information about care available (facility & in catchment area).
- Describe the next care and treatment steps.
- Discuss the benefits of early Rx initiation & consequences/ challenges of delayed Rx.
- Identify and address any barriers to linkage.
- Involve the patient in the decision-making process regarding care & Rx.
- Documentation (client card, referral notes, comprehensive referral forms)
- Introduce and hand the patient to linkage facilitator.
- Ensure FU on patients that are not enrolled same day.

**NB; Same day linkage is not possible for AHD patients thus booked & followed up on ward or in the community.**

# Key highlights

- Triage of patients is key.
- Ensure prioritization of nursing care and proper documentation.
- Ensure privacy and confidentiality.
- Validate HIV status.
- Screen for opportunistic infections.
- Assess readiness to start ART.
- Provide adherence counseling.

# MCQs

**A counselor uses the behavior change model to establish a self-management action plan for a newly diagnosed HIV patient following the 5 A's as follows;**

- a) Assess, Agree, Arrange, Assist, Advise
- b) Assess, Assist, Advise, Arrange, Agree
- c) Assess, Advise, Agree, Assist, Arrange
- d) Advise, Assist, Arrange, Agree, Assess

**The system of the “triage” is based upon which of the following principles?**

- a) Treating first come first served.
- b) Treating the quickest and easiest first
- c) Treating those that complain the most first.
- d) Treating patients in order of priority.

# Questions???

## Thank you!