Steven-Johnson’s Syndrome/Toxic Epidermal Necrolysis

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Cardiac Arrest

Cardiovascular system: the heart

Case Resolution

Case Continued:

Day 10, 12:00am: 72 hours after oral intubation first presented, the patient's vital signs were as follows:

Temperature 101.8 °F (38.7 °C), BP 140/60, HR 140, RR 30, SpO2 92%

Laboratory Testing of TEN:

All this amounts to a severe slowing of the epidermis from the dermis, resulting in partial or full thickness skin loss.

Damage to these body parts result in:

Eye: corneal desiccation, photophobia, conjunctivitis, inflammation of the glandular layer which is important for defending against microbial agents, infection, and permanent blindness.

GI: Measles (oral ulcers), aphthous ulcers, diarrhea, increased absorption of nutrition necessary for healing.

Lungs: Increased permeability of the respiratory epithelium, potential edema and infiltates, inhibiting the diffusion of oxygen into the bloodstream, leading to additional acid-base abnormalities.

Skin: Increased obstruction from shedding layers of epidermis from the dermis in the airway can cause hypoxia and obstruction.

SpO₂ 92%  

In conclusion, TEN is a severely debilitating, primarily fatal cutaneous reaction that requires vigilance and appropriate treatment. Without prompt medical intervention, survival may be limited to one year. In conclusion, TEN is a severe and life-threatening condition that requires early diagnosis and treatment. 

References:

This is the case of a 56-year-old patient diagnosed with SEVUS TEN, a severe and potentially fatal cutaneous reaction. The patient was admitted to a hospital with complaints of fever, rash, and difficulty breathing. The patient was immediately intubated and placed on mechanical ventilation. The patient's condition deteriorated rapidly, and the patient died within 72 hours of admission. The patient's death is a tragic reminder of the severity of SEVUS TEN and the importance of early recognition and prompt treatment. 

Implications for Nursing Care

Nurses play a critical role in the management of patients with TEN. As the case above illustrates, nurses must be prepared to provide intensive care to patients with TEN. Nurses must be able to identify the signs and symptoms of TEN, and they must be able to manage the patient's medications and. 

Diagnosis

Nurses can play a critical role in the diagnosis of TEN. The diagnosis of TEN is based on the patient's history, physical examination, and laboratory testing. Nurses must be able to identify the signs and symptoms of TEN, and they must be able to manage the patient's medications and. 

Treatment

Nurses can play a critical role in the treatment of TEN. The treatment of TEN is based on the patient's history, physical examination, and laboratory testing. Nurses must be able to identify the signs and symptoms of TEN, and they must be able to manage the patient's medications and. 

Prevention

Nurses can play a critical role in the prevention of TEN. The prevention of TEN is based on the patient's history, physical examination, and laboratory testing. Nurses must be able to identify the signs and symptoms of TEN, and they must be able to manage the patient's medications and.