Enterococcus Faecalis Endocarditis: A Case Study

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Infections endocarditis is an uncommon, but serious disease of the heart, usually stemming from a bacterial or fungal "infection" to the lining of the heart or heart valve (Pierce, Calhoun, & Mecklenberg, 2012). Since endocarditis is a later stage of the disease process of the heart, it usually follows any complications related to infective endocarditis, bacterial pneumonia, or endocarditis, which infective endocarditis is nearly 0.9 per 100,000 persons per year (Pierce, Calhoun, & Mecklenberg, 2012). Per Labar, Calkins, and Manon, occurrence of infective endocarditis (IE) is nearly 0.9 per 100,000 persons per year (2013). It is a serious disease presenting with symptoms such as cough, fever, malaise, and the heart disease (McCance et al., 2014). Risk factors of infection in the lining of the heart, valve, or blood vessel can enter the bloodstream and settle in the heart lining, valve, or blood vessel. Underlying Pathophysiology

An infection caused by bacteria that enters the bloodstream can produce an embolus in the heart leading to bundle branch block, neurologic damage and organ failure (McCance et al., 2014). Embolic risk in patients with suspected IE. Evaluation of IE has increased due to the underlying pathophysiology (McCance et al., 2014). Emboli include: being male, prior endocarditis, use of injectable drugs, and the heart disease can be realized. Infective endocarditis (IE), in addition to systemic embolization, can result in heart failure, sepsis, and the mortality and morbidity is high (McCance, 2013). The principles of therapy for IE is initial hemodynamic stabilization, obtaining blood cultures for microbial identification and treatment (Sa, D. D., Thomas, J. M., Lahr, D. B., Chen, W., & Torri Curtis, BSN, RN, OCN, 2014). The pathophysiology of IE includes ischemic injury and the formation of blood-borne microemboli adherence to the endocardium, valvular dysfunction, inflammation, and the mortality and morbidity is high (McCance et al., 2013). Emboli from IE can often involve the lung, coronary arteries, spleen, GI system, extremities, and central nervous system (Chung, Chen, Tai, Huang, & Chen, 2014). The pathophysiology of IE includes ischemic injury and the formation of blood-borne microemboli adherence to the endocardium, valvular dysfunction, inflammation, and the mortality and morbidity is high (McCance et al., 2013). Emboli from IE can often involve the lung, coronary arteries, spleen, GI system, extremities, and central nervous system (Chung, Chen, Tai, Huang, & Chen, 2014). Emboli related to IE can cause devastating neurologic damage and organ failure (Sa, D. D., Thomas, J. M., Lahr, D. B., Chen, W., & Torri Curtis, BSN, RN, OCN, 2014). The complications related to IE can cause devastating neurologic damage and organ failure (Sa, D. D., Thomas, J. M., Lahr, D. B., Chen, W., & Torri Curtis, BSN, RN, OCN, 2014). The complications related to IE can cause devastating neurologic damage and organ failure (Sa, D. D., Thomas, J. M., Lahr, D. B., Chen, W., & Torri Curtis, BSN, RN, OCN, 2014). The complications related to IE can cause devastating neurologic damage and organ failure (Sa, D. D., Thomas, J. M., Lahr, D. B., Chen, W., & Torri Curtis, BSN, RN, OCN, 2014). The complications related to IE can cause devastating neurologic damage and organ failure (Sa, D. D., Thomas, J. M., Lahr, D. B., Chen, W., & Torri Curtis, BSN, RN, OCN, 2014).

Conclusion

A multimorbidity approach in care and the diagnosis can be essential and should improve outcomes including improved survival for 1% of patients (Pierce et al., 2012). Follow up and patient education is important. Intravenous catheters and central venous catheters should be targeted toward the 

References


