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This nursing care plan and management guide to help care for patients with HIV/AIDS. Enhance your understanding of nursing assessment, interventions, goals, and nursing diagnosis, all specifically tailored to address the unique needs of individuals facing HIV/AIDS. This guide equips you with the necessary information to provide effective and appropriate care to patients with HIV/AIDS. HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) is a chronic, incurable condition caused by the HIV virus. It weakens the immune system, making the patient susceptible to opportunistic infections, unusual cancers, and other abnormalities. AIDS results from the infection of HIV which has two forms: HIV-1 and HIV-2. Both forms have the same model of transmission and similar opportunistic infections associated with AIDS. But studies indicate that HIV-2 develops more slowly and presents with milder symptoms than HIV-1. Transmission occurs through contact with infected blood or body fluids and is associated with identifiable high-risk behaviors. Persons with HIV/AIDS have been found to fall into five general categories: (1) homosexual or bisexual men, (2) injection drug users, (3) recipients of infected blood or blood products, (4) heterosexual partners of a person with HIV infection, and (5) children born to an infected mother. The rate of infection is most rapidly increasing among minority women and is increasingly a disease of persons of color. There is no cure yet for either HIV or AIDS. However, significant advances have been made to help patients control signs and symptoms and delay disease progression. The nursing care planning goals for a patient with HIV/AIDS may include preventing the progression of the disease, managing symptoms, decreasing the risk of complications and infections, promoting compliance with medication and treatment regimens, and providing emotional and social support. The goals may also focus on educating the patient and the family members about HIV/AIDS, its transmission, and prevention, as well as addressing any stigma or discrimination that the patient may experience. The following are the nursing priorities for patients with HIV/AIDS: Initiate antiretroviral therapy (ART). Monitor and manage opportunistic infections. Provide comprehensive HIV care and support. Promote prevention and safe behavior. Address coexisting health conditions. Offer psychosocial support. Promote preventive care and screenings. Support treatment adherence and retention in care. Monitor and manage the nutritional weight and anthropometric measurements. Indicators of nutritional adequacy of intake. Because of depressed immunity, some drug side effects affecting nutrition. ZDV can cause altered taste, nausea, and vomiting; Bactrim can cause anorexia, glucose intolerance, and glossitis; Pentam can cause altered taste and smell; Protease inhibitors can cause elevated lipids, and blood sugar increase due to insulin resistance. Record ongoing caloric intake. Identifies the need for supplements or alternative feeding methods. Plan diet with the patient and include SO, suggesting foods from home if appropriate. Provide small, frequent meals and snacks of nutritionally dense foods and non-acidic foods and beverages, with a choice of foods palatable to the patient. Encourage high-calorie and nutritious foods, some of which may be considered appetite stimulants. Note the time of day when appetite is best, and try to serve a larger meal at that time. Including patients in planning gives a sense of control of the environment and may enhance intake. Fulfilling cravings for nonnutritional food may also improve intake. In this population, foods with a higher fat content may be recommended as tolerated to enhance taste and oral intake. Limit food(s) that induce nausea and vomiting or are poorly tolerated by the patient because of mouth sores or dysphagia. Avoid serving very hot liquids and foods. Serve foods that are easy to swallow like eggs, ice cream, and cooked vegetables. Pain in the mouth or fear of irritating oral lesions may cause the patient to be reluctant to eat. These measures may be helpful in increasing food intake. Schedule medications between meals (if tolerated) and limit fluid intake with meals, unless fluid has nutritional value. Gastric fullness diminishes appetite and food intake. Encourage as much physical activity as possible. May improve appetite and general feelings of well-being. Encourage the patient to eat, Auscultate bowel sounds. Hypermotility of the intestinal tract is common and is associated with vomiting and diarrhea, which may affect the choice of diet/route. 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