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Last Updated on: January 31, 2025Human Immunodeficiency Virus (HIV) requires skilled nursing diagnoses to provide optimal patient outcomes. This comprehensive guide explores the essential nursing diagnoses, interventions, and care plans for patients living with HIV.HIV attacks the immune system,
specifically targeting CD4 T-cells, leading to a progressive decline in immune function. Without treatment, HIV can advance to Acquired Immunosuppression and increased vulnerability to opportunistic infections. HIV transmission occurs through blood, sexual fluids, and breast milkModern
antiretroviral therapy (ART) allows patients to live long, healthy livesEarly diagnosis and consistent treatment are crucial for optimal outcomesNursing care focuses on both physical and psychosocial aspectsFlu-like symptomsFever and chillsLymphadenopathyFatigue and malaiseMaculopapular rashOften asymptomaticMay last 10+ years with proper
treatmentRegular monitoring of CD4 counts and viral load essentialOpportunistic infectionsSignificant weight lossNight sweatsChronic fatigueOral thrushNeurological complicationsImmune status monitoringMedication adherenceNutritional statusMental health evaluationSupport system assessmentRisk behavior identificationCD4 count (normal
range: 500-1,500 cells/mm³)Viral load measurementsComplete blood countComprehensive metabolic panelOpportunistic infection screeningImmunosuppressionDecreased CD4 countExposure to pathogensPoor nutritional statusMedication non-adherenceMonitor vital signs and assess for infection signsRationale: Early detection allows prompt
interventionImplement strict hand hygiene protocolsRationale: Reduces pathogen transmission riskEducate about infection prevention strategiesRationale: It provides additional
protection against preventable diseasesPatient maintains CD4 count >500 cells/mm³Patient demonstrates proper infection prevention techniquesThe patient remains free from opportunistic infectionsComplex treatment regimenMisunderstanding of conditionLanguage or cultural barriersInformation overloadAnxiety about diagnosisProvide clear,
concise education about HIVRationale: Builds a foundation for self-managementDemonstrate medication administration techniquesRationale: Confirms understanding of informationProvide written materials in appropriate languageRationale: Supports ongoing
learningAddress specific cultural concernsRationale: Ensures culturally competent carePatient demonstrates proper medical attentionDecreased appetiteMedication side effectsOral lesionsFinancial constraintsFatigueMonitor
weight and nutritional intakeRationale: Tracks nutritional statusProvide small, frequent mealsRationale: Ensures appropriate dietary planningAddress oral hygiene issuesRationale: Ensures appropria
nutritionThe patient maintains a stable weightThe patient demonstrates improved appetiteThe patient shows adequate nutritionale: Reduces anxiety and builds trustConnect with support groupsRationale: Creates peer
support networkTeach stress management techniquesRationale: Provides coping mechanismsMonitor for depression signsRationale: Provides professional supportThe patient demonstrates reduced anxiety levelsThe patient utilizes effective coping strategiesThe patient maintains
social connectionsDisease processMedication side effectsPoor sleep patternsPsychological stressAnemiaAssess energy levelsRationale: Establishes baseline for interventionDevelop activity scheduleRationale: Maximizes
available energyAddress sleep hygieneRationale: Improves rest qualityThe patient reports improved energy levelsThe patient maintains daily activitiesThe patient maintains daily activit
appropriate nursing diagnoses helps ensure optimal patient outcomes and improved quality of life. Ackley, B. J., Ladwig, G. B., Makic, M. B., Martinez-Kratz, M. R., & Zanotti, M. (2023). Nursing diagnoses handbook: An evidence-based guide to planning care. St. Louis, MO: Elsevier. Detres LL. Al dia en patogenesis del VIH [Update on HIV]
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NCLEX-RN examination. St. Louis, MO: Elsevier. Turner BG, Summers MF. Structural biology of HIV. J Mol Biol. 1999 Jan 8;285(1):1-32. doi: 10.1006/jmbi.1998.2354. PMID: 9878383. Anna Curran. RN, BSN, PHN Use 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 specialized care to patients dealing with HIV/AIDS. Acquired immunodeficiency syndrome (AIDS) is a serious secondary
immunodeficiency disorder caused by the retrovirus, the human immunodeficiency virus (HIV). Both diseases are characterized by the progressive destruction of cell-mediated (T-cell) immunity because of the pivotal role of the CD4+helper T cells in immune reactions. Immunodeficiency makes 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 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 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 treatment adherence and retention in care. Provide education on risk reduction for HIV transmission. Promote a healthy lifestyle. Assess for the
following subjective and objective and objective data: Persistent or recurrent fever Profound and unexplained fatigue and weakness Rapid weight loss and loss of appetite Chronic diarrhea or gastrointestinal problems Night sweats and chills Swollen lymph nodes in the armpits, groin, or neck Persistent cough, shortness of breath, and respiratory symptoms
Recurrent infections, such as pneumonia, tuberculosis, or fungal infections Skin rashes, sores, or lesions Neurological symptoms, including memory loss, confusion, or difficulty concentrating Recurrent or severe vaginal yeast infections Recurrent or severe vaginal yeast infections Recurrent or lesions Neurological symptoms, including memory loss, confusion, or difficulty concentrating Recurrent or severe vaginal yeast infections Recurrent or lesions Neurological symptoms, including memory loss, confusion, or difficulty concentrating Recurrent or lesions Neurological symptoms, including memory loss, confusion, or difficulty concentrating Recurrent or lesions Neurological symptoms, including memory loss, confusion, or difficulty concentrating Recurrent or lesions Neurological symptoms, including memory loss, confusion, or difficulty concentrating Recurrent or lesions Neurological symptoms, including memory loss, confusion, or difficulty concentrating Recurrent or lesions Neurological symptoms (and including memory loss).
or abdominal pain Visual changes or eye problems Following a thorough assessment, a nursing diagnoses serve as a framework for organizing care, their
usefulness may vary in different clinical settings, it is important to note that the use of specific nursing diagnostic labels may not be as prominent or commonly utilized as other components of the care plan. It is ultimately the nurse's clinical expertise and judgment that shape the care plan to meet the unique needs of
each patient, prioritizing their health concerns and priorities. Goals and expected outcomes may include: The patient will demonstrate positive nitrogen balance, be free of signs of malnutrition, and display improved energy levels. The patient will report an improved
sense of energy. The patient will perform ADLs, with assistance as necessary. The patient will perform the patient will perform the patient will be free of/display improvement in wound/lesion healing. The patient will demonstrate behaviors/techniques to prevent skin
breakdown/promote healing. The patient will display intact mucous membranes, which are pink, moist, and free of inflammation/ulcerations. The patient will maintain the usual reality orientation and optimal cognitive functioning. The patient will verbalize
patient will verbalize some sense of control over the present situation. The patient will make choices related to the care and be involved in self-care. The patient will maintain hydration as evidenced by moist mucous membranes, good skin turgor, stable vital signs, and
individually adequate urinary output. The patient will maintain hydration as evidenced by moist mucous membranes, good skin turgor, stable vital signs, and individually adequate urinary output. The patient will maintain hydration as evidenced by moist mucous membranes, good skin turgor, stable vital signs, and individually adequate urinary output. The patient will maintain hydration as evidenced by moist mucous membranes, good skin turgor, stable vital signs, and individually adequate urinary output.
conditions. Therapeutic interventions and nursing actions for patients with AIDS may include: The nutritional and hydration status of a patient with AIDS can be compromised due to various factors. HIV infections, diarrhea, and
gastrointestinal issues commonly seen in AIDS can further contribute to poor nutrition and fluid imbalance. It is crucial to assess and manage the nutritional needs of patients with AIDS through appropriate dietary interventions, oral supplements, and intravenous fluids when necessary. Assess the patient's ability to chew, taste, and swallow.Lesions
of the mouth, throat, and esophagus (often caused by candidiasis, herpes simplex, hairy leukoplakia, Kaposi's sarcoma other cancers) and metallic or other taste changes caused by medications may cause dysphagia, limiting the patient's ability to ingest food and reducing the desire 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. Lactose intolerance and malabsorption (with CMV, MAC, and cryptosporidiosis) contribute to diarrhea and may necessitate a change in diet or supplemental formula. Weigh as indicated. Evaluate weight in terms of premorbid weight. Compare serial
weights and anthropometric measurements. Indicator of nutritional adequacy of intake. Because of depressed immunity, some blood tests normally used for testing 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 beverages, with a choice of foods palatable to the patient. Encourage high-calorie and nutritions 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. 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 general feelings of well-being. Provide frequent mouth care, observing secretion precautions. Avoid
alcohol-containing mouthwashes. Reduces discomfort associated with nausea and vomiting, oral lesions, mucosal dryness, and halitosis. A clean mouth may enhance appetite and provide comfort. Provide a rest period before meals. Avoid stressful procedures close to mealtime. Minimizes fatigue; increases the energy available for work of eating and
reduces chances of nausea or vomiting food. Remove existing noxious environmental stimuli or conditions that aggravate the gag reflex. Reduces stimulus of the vomiting food. Remove existing noxious environmental stimuli or conditions that aggravate the gag reflex. Reduces stimulus of the vomiting food. Remove existing noxious environmental stimuli or conditions that aggravate the gag reflex. Reduces stimulus of the vomiting food.
reduce nausea and vomiting. Insert or maintain a nasogastric (NG) tube as indicated. May be needed to reduce vomiting or to administer tube feedings. Esophageal irritation from existing infection (Candida, herpes, or KS) may provide site for secondary infections and trauma; therefore, NG tube as indicated. May be needed to reduce vomiting or to administer tube feedings.
(vitamins, antiemetics, appetite stimulants, antidiarrheals, TNF-alpha inhibitors, and sucralfate suspension as indicated. See Pharmacologic Management Monitor vital signs, including CVP if available. Note hypotension, including postural changes. Indicators of circulating fluid volume. Note temperature elevation and duration of the febrile episode.
Administer tepid sponge baths as indicated. Keep clothing and linens dry. Maintain comfortable environmental temperature. Around 97%, fever is one of the most frequent symptoms experienced by patients with HIV infections. Increased metabolic demands and associated excessive diaphoresis result in increased insensible fluid losses and
dehydration. Assess skin turgor, mucous membranes, and thirst. Indirect indicators of fluid status. Measure urinary output and specific gravity and decreasing urinary output reflect altered renal perfusion and circulating volume. Monitoring fluid
balance is difficult in the presence of excessive GI and insensible losses. Weigh as indicated. Although weight loss may reflect muscle wasting, sudden fluctuations reflect muscle wasting. Monitor oral intake and encourage fluids of at least 2500
multiple or single antibiotic therapy. Make fluids easily accessible to the patient; use fluids that are tolerable to the patient and that replace needed electrolytes antibiotic therapy. Make fluids easily accessible to the patient and that replace needed electrolytes antibiotic therapy. Make fluids easily accessible to the patient; use fluids may be too painful to consume (acidic juices) because of mouth lesions. Eliminate foods potentiating diarrheaMay help reduce diarrhea. The use of lactose-free
products helps control diarrhea in lactose-intolerant patients. Encourage the use of live culture yogurt or OTC Lactobacillus acidophilus (Lactaid). Antibiotic to prevent inactivation of live culture. Maintain a hypothermia blanket if used. May
be necessary when other measures fail to reduce excessive fever/insensible fluid losses. Administer fluids and electrolytes via feeding tube and IV, as appropriate. May be necessary to support or augment circulating volume, especially if oral intake is inadequate, and nausea and vomiting persist. Fatigue is a common symptom experienced by patients
with HIV/AIDS, and can be caused by a variety of factors, including the disease process itself, side effects of medications, anxiety, and poor sleep quality. HIV/AIDS can also cause chronic inflammation and immune activation, which can contribute to feelings of fatigue and malaise. Assess sleep patterns and note changes in though
processes and behavior. Multiple factors can aggravate fatigue, including sleep deprivation, emotional distress, side effects of drugs and chemotherapies, and developing CNS disease. Monitor physiological response to activity: changes in BP, respiratory rate, or heart rate. Tolerance varies greatly, depending on the stage of the disease process,
nutrition state, fluid balance, and the number or type of opportunistic diseases that the patient has been subject to. Recommend scheduling activities for periods when the patient has the most energy. Plan care to allow for rest periods. Involve patient and SO in schedule planning. Planning allows patients to be active during times when their energy
level is higher, which may restore a feeling of well-being and a sense of control. Frequent rest periods are needed to restore or conserve energy. Establish realistic activity goals with the patient to do whatever
is possible: self-care, sitting in a chair, and short walks. Increase activity level as indicated. May conserve strength, increase stamina, and enable the patient to become more active without undue fatigue and discouragement. Identify energy conservation techniques: sitting, breaking ADLs into manageable segments. Keep travel ways clear of furniture
Provide or assist with ambulation and self-care needs as appropriate. Weakness may make ADLs almost impossible for patients to complete. Protects patient from injury during activities. Encourage nutritional intake. Adequate intake or utilization of nutrients is necessary to meet increased energy needs for activity. Continuous stimulation of the
immune system by HIV infection contributes to a hypermetabolic state. Provide supplemental O2 as indicated. The presence of anemia or hypoxemia reduces oxygen available for cellular uptake and contributes to fatigue. Refer to physical and/or occupational therapy. Programmed daily exercises and activities help patients maintain and increase
strength and muscle tone, and enhance a sense of well-being. Refer to community resourcesProvides assistance in areas of individual need as the ability to care for self becomes more difficult. Patients with AIDS can increase the risk of skin
infections, slow wound healing, and make individuals more susceptible to dermatological conditions and skin rashes. Proper skincare, infection preventing complications in patients with AIDS. Assess skin daily
Note color, turgor, circulation, and sensation. Describe and measure lesions and observe changes. Take photographs if necessary. Establishes comparative baseline providing an opportunity for timely intervention. Obtain cultures of open skin lesions. Identifies pathogens and appropriate treatment choices. Maintain and instruct in good skin hygienes.
wash thoroughly, pat dry carefully, and gently massage with lotion or appropriate cream. Maintaining clean, dry skin provides a barrier to infection. Patting skin dry instead of rubbing reduces the risk of dermal trauma to dry and fragile skin. Massaging increases circulation to the skin and promotes comfort. Isolation precautions are required when
extensive or open cutaneous lesions are present. Reposition frequently. Use the turn sheet as needed. Encourage periodic weight shifts. Protect bony prominences with pillows, heel and elbow pads, and sheepskin. Reduces stress on pressure points, improves blood flow to tissues, and promotes healing. Maintain clean, dry, wrinkle-free linen,
preferably soft cotton fabric. Skin friction caused by wet or wrinkled or rough sheets leads to irritation of fragile skin and increases the risk of infection. Encourage ambulation as tolerated. Decreases pressure on the skin from prolonged bed rest. Cleanse the perianal area by removing stool with water and mineral oil or commercial product. Avoid the
use of toilet paper if vesicles are present. Apply protective creams: zinc oxide, and A & D ointment. Prevents maceration caused by diarrhea and keeps perianal lesions dry. The use of toilet paper may abrade lesions. File nails regularly. Long and rough nails increase the risk of dermal damage. Cover open pressure ulcers with sterile dressings or
protective barrier: Tegaderm, DuoDerm, as indicated. May reduce bacterial contamination, and promote healing. Provide foam, flotation, and alternate pressure mattress or bed. Reduces pressure on skin, tissue, and lesions, decreasing tissue ischemia. Apply and administer medications as indicated. Used in the treatment of skin lesions. The use of
agents such as Prederm spray can stimulate circulation, enhancing the healing process. When multidose ointments are used, care must be taken to avoid cross-contamination. Cover ulcerated KS lesions with wet-to-wet dressings or antibiotic ointment and nonstick dressing, as indicated. Protects ulcerated areas from contamination and promotes
healing Refer to physical therapy for regular exercise and activity programs. Promotes improved muscle tone and skin health. HIV/AIDS can cause chronic pain due to various reasons, including the direct effects of antiretroviral medications. HIV/AIDS can
also lead to acute pain episodes, such as painful neuropathy and other types of infections that cause pain. Assess pain reports, noting location, intensity (0-10 scale), frequency, and time of onset. Note nonverbal cues like restlessness, tachycardia, and grimacing. Indicates the need for or effectiveness of interventions and may signal the development or
resolution of complications. Chronic pain does not produce autonomic changes; however, acute and chronic pain does not produce autonomic changes; however, acute and encourage the patient to report pain as it develops rather than waiting until the level is severe. The efficacy of comfort measures and medications is improved with timely intervention. Encourage verbalization of
feelings. Can reduce anxiety and fear and thereby reduce the perception of the intensity of pain. Provide diversional activities: provide reading materials, light exercising, visiting, etc. Refocuses attention; may enhance coping abilities. Perform palliative measures: repositioning, massage, and ROM of affected joints. Promotes relaxation and decreases attention; may enhance coping abilities.
muscle tension. Instruct and encourage the use of visualization, guided imagery, progressive relaxation and a feeling of well-being. May decrease the need for narcotic analgesics (CNS depressants) when a neuro/motor degenerative process is already involved. May not be
successful in presence of dementia, even when dementia is minor. Mindfulness is the skill of staying in the here and now. Provide oral care. Oral ulcerations and IV sites for 20 min after administration. These injections are known to cause pain and sterile
abscesses Administer analgesics and/or antipyretics, narcotic analgesia (PCA) or provide around-the-clock medication keeps the blood level of analgesia stable, preventing cyclic under medication or
overmedication. Drugs such as Ativan may be used to potentiate the effects of analgesics. 5. Maintaining Oral Mucous Membrane Integrity Patients with AIDS may experience compromised oral mucous membranes as a result of immune suppression and increased susceptibility to infections. Conditions such as oral thrush (Candida infection), oral
ulcers, and viral lesions like herpes simplex virus (HSV) can manifest, requiring proper oral hygiene, antifungal or antiviral treatment, and document all oral lesions. Note reports of pain, swelling, and difficulty with chewing and swallowing. Edema
open lesions, and crusting on oral mucous membranes and throat may cause pain and difficulty with chewing and swallowing. Obtain culture specimens of lesions. Reveals causative agents and identifies appropriate therapies. Provide oral care daily and after food intake, using a soft toothbrush, non-abrasive toothpaste, non-alcohol mouthwash, floss
and lip moisturizer. Alleviates discomfort, prevents acid formation associated with retained food particles, and promotes a feeling of well-being. Rinse oral mucosal lesions with saline and dilute hydrogen peroxide or baking soda solutions. Reduces the spread of lesions and encrustations from candidiasis and promotes comfort. Suggest the use of
sugarless gum and candy. Stimulates the flow of saliva to neutralize acids and protect mucous membranes. Plan a diet to avoid salty, spicy, abrasive, and acidic foods or beverages. Check for temperature tolerance of foods. Offer cool or cold smooth foods. Abrasive foods may open healing lesions. Open lesions are painful and aggravated by salt, spice,
acidic foods, or beverages. Extreme cold or heat can cause pain to sensitive mucous membranes. Encourage oral intake of at least 2500 mL/day. Maintains hydration and prevents drying of the oral cavity. Encourage the patient to refrain from smoking. Smoke is drying and irritates mucous membranes. Administer medications such as (nystatin
(Mycostatin), ketoconazole (Nizoral), and TNF-alpha inhibitor, e.g., thalidomide as indicated: Refer for dental consultation, if appropriate. May require additional therapy to prevent dental losses. Patients with AIDS may experience changes in mental status and thought processes due to the impact of the disease on the central nervous system, as well
as the emotional and psychological challenges associated with the diagnosis. This can include cognitive impairment, memory difficulties, depression, anxiety, and changes in overall mental well-being, requiring comprehensive mental health support and interventions. Assess mental and neurological status using appropriate tools. Establishes functional
level at the time of admission and provides a baseline for future comparison. Consider the effects of emotional distress. Assess for anxiety, grief, and anger. This may contribute to reduced alertness, confusion, withdrawal, and hypoactivity, requiring further evaluation and intervention. Monitor medication regimen and usage. Actions and interactions of
various medications, prolonged drug half-life, and/or altered excretion rates result in cumulative effects; haloperidol (Haldol) can seriously impair motor function in patients with AIDS dementia complex. Investigate changes in personality, response to stimuli,
orientation, and level of consciousness; or development of headache, nuchal rigidity, vomiting, fever, and seizure activity. Changes may occur for numerous reasons, including the development of cognitive
ability. Maintain a pleasant environment with appropriate auditory, visual, and cognitive stimuli. Providing normal environmental stimuli can help in maintaining some sense of reality orientation. Put radio, television, calendars, clocks, room with an outside view if necessary. Use the patient's name. Identify yourself
Maintain consistent personnel and structured schedules as appropriate. Frequent reorientation to place and time may be necessary, especially during fever and/or acute CNS involvement. A sense of continuity may reduce the associated anxiety. Discuss the use of datebooks, lists, and other devices to keep track of activities. These techniques help
patients manage problems of forgetfulness. Encourage family and SO to socialize and provide reorientation with current news, and family events. Familiar contacts are often helpful in maintaining reality orientation with current news, and family events. Familiar contacts are often helpful in maintaining reality orientation with current news, and family events.
forth. Can help maintain mental abilities for a longer period. Provide support for the significant other (SO). Encourage discussion of concerns and fears. Bizarre behavior and/or deterioration of abilities may be very frightening for SO and makes management of care or dealing with situation difficult. The significant other may feel a loss of control as
stress, anxiety, burnout, and anticipatory grieving impair coping abilities. Provide information about care on an ongoing basis. Answer questions simply and honestly. Repeat explanations as needed. Can reduce anxiety and fear of the unknown. Can enhance patient's understanding and involvement and cooperation in treatment when possible. Reduce
provocative and noxious stimuli. Maintain bed rest in a quiet, darkened room if indicated. If the patient is prone to agitation, violent behavior, or seizures, reducing cognitive symptoms and effects of sleep deprivation. Maintain a safe environment: excess
furniture out of the way, call bell within patient's reach, bed in low position and rails up; restriction of smoking (unless monitored by caregiver/SO), seizure precautions, soft restraints if indicated. Provides a sense of security and stability in an otherwise confusing situation. Discuss causes or future expectations and treatment if dementia is diagnosed
Use concrete terms. Obtaining information that ZDV has been shown to improve cognition can provide hope and control for losses. Administer antiretroviral, anti-anxiety, and antipsychotic medications as indicated. May help the patient gain control in presence of thought disturbances or
psychotic symptomatology. Patients with AIDS may experience heightened anxiety and social isolation due to the stigma associated with the disease, fear of discrimination, and the emotional burden of managing a chronic illness. Supportive interventions focusing on education, counseling, and community engagement are essential to address anxiety
and combat social isolation, promoting a sense of belonging, understanding, and empowerment for individuals living with AIDS. Be alert to signs of denial or depression. Determine the presence of suicidal ideation and assess potential on a scale of 1-10. The patient may use the
defense mechanism of denial and continue to hope that the diagnosis is inaccurate. Feelings of guilt and spiritual distress may cause the patient to become withdrawn and believe that suicide is a viable alternative. Although the patient to become withdrawn and believe that suicide is a viable alternative.
intervention initiated. Assure the patient of confidentiality within the limits of the situations. Provides reassurance and opportunity for patients. Talk with and touch the patient. Limit the use of isolation clothing and masks. Provides assurance that patient is not
alone or rejected; conveys respect for and acceptance of the person, fostering trust. Provide accurate, consistent information regarding prognosis. Avoid arguing about the patient's perceptions of the situation. Can reduce anxiety and enable patient to make decisions and choices based on realities. Provide an open environment in which the patient
feels safe to discuss feelings or refrain from talking. Helps patients feel accepted in their present condition without confrontation. Give information that feelings are normal and are to be appropriately expressed. Acceptance of feelings
allows the patient to begin to deal with the situation. Recognize and support the stage patient and/or family is at in the grieving process. Choice of interventions as dictated by the stage of grief, coping behaviors Explain procedures, providing opportunities for questions and honest answers. Arrange for someone to stay with the patient during anxiety.
producing procedures and consultations. Accurate information allows patients to deal more effectively with the reality of the situation, thereby reducing anxiety and fear of the known. Identify and encourage patient interaction with support systems. Encourage verbalization and interaction with family/SO. Reduces feelings of isolation. If family support
participate in the patient's life. If the patient, family, and SO are in conflict, separate care consultations and visiting times may be needed. Discuss Advance Directives, end-of-life desires, or needs. Review specific wishes and eath. Many individuals to plan realistically for terminal stages and death.
do not understand medical terminology or options, Refer to psychiatric counseling (psychiatric clinical nurse specially when suicidal thoughts are present. Provide contact with other resources as indicated: Spiritual advisor or hospice
staffProvides an opportunity for addressing spiritual concerns. May help relieve anxiety regarding end-of-life care and support for the patient/SO. Ascertain the patient/so action of others. Be alert to verbal or nonverbal cues: withdrawal, statements of
despair, sense of aloneness. Ask the patient if thoughts of suicide are being entertained. Indicators of despair and suicide are being entertained ideation are often present; when these cues are acknowledged by the caregiver, the patient is usually willing to talk about thoughts of suicide and a sense of isolation and hopelessness. Spend time talking with patients during and
between care activities. Be supportive, allowing for verbalization. Treat with dignity and regard for the patient's feelings. The patient may experience physical isolation as a result of the current medical status and some degree of social isolation secondary to the diagnosis of AIDS. Limit or avoid the use of masks, gowns, and gloves when possible and
when talking to patients. Reduces the patient's sense of physical isolation and provides positive social contact, which may enhance self-esteem and decrease negative behaviors. Identify support systems available to the patient has assistance from SO
feelings of loneliness and rejection are diminished. The patient may not receive the usual or needed support for coping with a life-threatening (AIDS hysteria). Explain isolation precautions and procedures to the patient and SO.Gloves, gowns, and masks are not routinely required
with a diagnosis of AIDS except when contact with secretions or excretions or excretions is expected. Misuse of these barriers enhances feelings of emotional and physical isolation. When precautions are necessary, explanations help patients understand the reasons for procedures and provide a feeling of inclusion in what is happening. Encourage open visitation
(as able), telephone contacts, and social activities within a tolerated level. Participation with others can foster a feeling of belonging. Encourage active role of contact with SO. Helps reestablish a feeling of belonging. Encourage active role of contact with social activities within a tolerated level. Participation in a social relationship. May lessen the likelihood of suicide attempts. Develop a plan of action with the patient: Look at available
resources; support healthy behaviors. Help patients problem-solve solutions to short-term or imposed isolation. Having a plan promotes a sense of control over own life and gives the patient's feelings of powerlessness: diagnosis of a terminal illness,
lack of support systems, and lack of knowledge about the present situation. Patients with AIDS are usually aware of the current literature and prognosis unless newly diagnosed. Powerlessness is most prevalent in a patient newly diagnosed with HIV and when dying of AIDS. Fear of AIDS (by the general population and the patient's family/SO) is the
most profound cause of the patient's isolation. For some homosexual patients, this may be the first time that the patient lives an alternative lifestyle. Assess the degree of feelings of helplessness: verbal or nonverbal expressions indicating lack of communication. Determines the status
of the individual patient and allows for appropriate intervention when the patient is immobilized by depressed feelings. Encourage active role in planning activities, establishing realistic and attainable daily goals. Encourage active role in planning activities, establishing realistic and attainable daily goals.
feelings of control and self-worth and a sense of personal responsibility. Encourage Living Will and durable medical power of attorney documents, with specific and precise instructions regarding acceptable and unacceptable procedures to prolong life. Many factors associated with the treatments used in this debilitating and often fatal disease process
place patients at the mercy of medical personnel and other unknown people who may be making decisions for and about patients' wishes, increasing loss of independence. Discuss desires and assist with planning for the funeral as appropriate. The individual can gain a sense of completion and value to his or her life when he
or she decides to be involved in planning this final ceremony. This provides an opportunity to include things that are of importance to the person. Safety and injury prevention are paramount for patients with AIDS to reduce the risk of infections and complications. This involves implementing measures such as practicing safe sex, avoiding sharing
needles or other injection equipment, ensuring proper hygiene practices, and taking precautions to prevent accidental injuries, all aimed at minimizing the transmission of HIV and maintaining well-being. Observe for or report epistaxis, hemoptysis, hemoptysi
sites. Spontaneous bleeding may indicate the development of DIC or immune thrombocytopenia, necessitating further evaluation and prompt intervention. Monitor for changes in vital signs and skin color: BP, pulse, respirations, skin pallor, and discoloration. The presence of bleeding and hemorrhage may lead to circulatory failure and shock. Evaluate
change in the level of consciousness. May reflect cerebral bleeding. Hematest body fluids: urine, stool, vomitus, for occult blood. Prompt detection of bleeding or initiation of therapy may prevent critical hemorrhage. Review laboratory studies: PT. aPTT. clotting time, platelets, Hb/Hct. Detects alterations in clotting capability: identifies therapy needs.
Many individuals (up to 80%) display platelet count below 50,000 and may be asymptomatic, necessitating regular monitoring. Avoid injections, rectal temperatures, and rectal tubes can damage or tear
rectal mucosa. Some medications need to be given via suppository, so caution is advised. Maintain a safe environment. Keep all necessary objects and call bell within the patient's reach and place the bed in a low position. Reduces accidental injury, which could result in bleeding. Maintain bed rest or chair rest when platelets are below 10,000 or as
individually appropriate. Assess medication regimen. Reduces the possibility of injury, although activity needs to be maintained. May need to discontinue or reduce the dosage of a drug. The patient can have a surprisingly low platelet count without bleeding. Avoid the use of aspirin products and NSAIDs, especially in presence of gastric lesions. These
medications reduce platelet aggregation, impairing and prolonging the coagulation process, and may cause further gastric irritation, and increased risk of bleeding. Administer blood products as indicated. Transfusions may be required in the event of persistent or massive spontaneous bleeding. Patients with HIV/AIDS are at an increased risk of
infection due to their compromised immune system, which is unable to effectively fight off opportunistic infections. Certain treatments for HIV/AIDS, such as chemotherapy or immunosuppressive medications, can also further increase the risk of infection. To mitigate this risk, patients with HIV/AIDS require close monitoring, appropriate prophylactic
treatments, and management of co-occurring infections or conditions. Assess patient knowledge and ability to maintain operation regimen based on side effects experienced, contributing to
inadequate prophylaxis, active disease, and resistance. Assess respiratory rate and depth; note dry spasmodic cough on deep inspiration, changes in characteristics of sputum, and presence of wheezes or rhonchi. Initiate respiratory isolation when the etiology of productive cough is unknown. Respiratory congestion or distress may indicate developing
PCP; however, TB is on the rise and other fungal, viral, and bacterial infections may occur that compromise the respiratory system. CMV and PCP can reside together in the lungs and, if treatment is not effective for PCP, the addition of CMV therapy may be effective. Investigate reports of headache, stiff neck, and altered vision. Note changes in
mentation and behavior. Monitor for nuchal rigidity and seizure activity. Neurological abnormalities are common and may be related to HIV or secondary infections. Symptoms may vary from subtle changes in mood and sensorium (personality changes or depression) to hallucinations, memory loss, severe dementias, seizures, and loss of vision. CNS
infections (encephalitis is the most common) may be caused by protozoal and helminthic organisms or fungi. Examine skin and cryptococcosis are common opportunistic diseases affecting the cutaneous membranes. Monitor vital signs, including
temperature. Provides information for baseline data; frequent temperature elevations and the onset of new fever indicate that the body is responding to a new infectious process or that medications are not effectively controlling incurable infections. Monitor reports of heartburn, dysphagia, retrosternal pain on swallowing, increased abdominal
cramping, and profuse diarrhea. Esophagitis may occur secondary to oral candidiasis, CMV, or herpes. Cryptosporidiosis is a parasitic infection responsible for watery diarrhea (often more than 15L/day). Inspect wounds and the site of invasive devices, noting signs of local inflammation and infection. Early identification and treatment of secondary
infection may prevent sepsis. Wash hands before and after all care contacts. Instruct patient and SO to wash hands as indicated. Reduces risk of cross-contamination. Provide a clean, well-ventilated environment. Screen visitors and staff for signs of infection and maintain isolation precautions as indicated. Reduces the number of pathogens presented
to the immune system and reduces the possibility of a patient contracting a nosocomial infection. Discuss the extent and rationale for isolation precautions and maintenance of personal hygiene. Promotes cooperation with the regimen and may lessen feelings of isolation. Clean the patient's nails frequently. File, rather than cut, and avoid trimming
cuticles. Reduces the risk of transmission of pathogens through breaks in the skin. Fungal infections along the nail plate are common. Wear gloves and gowns during direct contact with secretions or any time there is a break in the skin of the caregiver's hands. Wear a mask and protective eyewear to protect the nose, mouth, and eyes
from secretions during procedures (suctioning) or when a splattering of blood may occur. The use of masks, gowns, and gloves is required for direct contact with body fluids, e.g., sputum, blood/blood products, semen, and vaginal secretions. Dispose of needles and sharps in rigid, puncture-resistant containers. Prevents accidental inoculation of
caregivers. The use of needle cutters and recapping is not to be practiced. Accidental needlesticks should be reported immediately, with follow-up evaluations done per protocol. Label blood bags, body fluid containers, soiled dressings, and linens, and package them appropriately for disposal per isolation protocol. Prevents cross-contamination and
alerts appropriate personnel and departments to exercise specific hazardous materials procedures. Clean up spills of body fluids and/or blood with a bleach solution (1:10); add bleach to laundry. Kills HIV and controls other microorganisms on surfaces. Patients with HIV/AIDS may have a lack of knowledge about their disease, its transmission,
treatment options, and available resources. This can lead to poor medication adherence, increased risk of opportunistic infections, and other negative health outcomes. Review disease process and future expectations. Provides a knowledge base from which patients can make informed choices. Determine the level of independence or dependence and
physical condition. Note the extent of care and symptom management required and the need for additional resources. Review modes of transmission of disease, especially if newly diagnosed. Corrects myths and misconceptions; promotes safety
for patients and others. Accurate epidemiological data are important in targeting prevention interventions. Identify signs and symptoms requiring medical evaluation: persistent fever and night sweats, swollen glands, continued weight loss, diarrhea, skin blotches and lesions, headache, chest pain, and dyspnea. Early recognition of developing
complications and timely interventions may prevent progression to life-threatening situations. Instruct patient and caregivers concerning infection control, using gloves when handling bedpans, dressings, or soiled linens; wearing a mask if the patient has a productive
cough; placing soiled or wet linens in a plastic bag and separating from family laundry, washing with detergent and hot water; cleaning surfaces with bleach and water solution of 1:10 ratio, disinfecting toilet bowl and bedpan with full-strength bleach; preparing patient's food in clean area; washing dishes and utensils in hot soapy water (can be
washed with the family dishes). Reduces risk of transmission of diseases; promotes wellness in presence of reduced ability of the immune system to control the level of flora. Stress the necessity of daily skin care, including inspecting skin folds, pressure points, and perineum, and providing adequate cleansing and protective measures: ointments, and
padding. Healthy skin provides a barrier to infection. Measures to prevent skin disruption and associated complications are critical. Ascertain that the patient or SO can perform necessary oral and dental care. Review procedures as indicated. Encourage regular dental care. The oral mucosa can quickly exhibit severe, progressive complications. Studies
indicate that 65% of AIDS patients have some oral symptoms. Therefore, prevention and early intervention are critical. Review dietary needs (high-protein and high-calorie) and ways to improve intake when anorexia, diarrhea, weakness, and depression interfere with intake. Promotes adequate nutrition necessary for healing and support of the
immune system; enhances the feeling of well-being. Discuss medication regimen, interactions, and side effectsEnhances cooperation with or increases the probability of success with the therapeutic regimen; with intermittent diarrhea, take diphenoxylate
(Lomotil) before going to a social event. Provides patients with an increased sense of control, reduces the risk of embarrassment and promotes comfort. Stress the importance of adequate rest. Helps manage fatigue; enhances coping abilities and energy level. Encourage activity and exercise at a level that the patient can tolerate. Stimulates the release
of endorphins in the brain, enhancing a sense of well-being. Stress the necessity of continued healthcare and follow-up. Provides an opportunity for altering regimens to meet individual and changing needs. Recommend cessation of smoking. Smoking increases the risk of respiratory infections and can further impair the immune system. Identify
community resources: hospice and residential care centers, visiting nurses, home care services, Meals on Wheels, and peer group support. Facilitates transfer from acute care setting for recovery/independence or end-of-life care. In addition to antiretroviral therapy, patients with AIDS may require medications to manage specific symptoms or
complications associated with the disease. These medications may include prophylactic antibiotics to prevent opportunistic infections, and other medications to address specific complications such as vomiting, anemia, pain, or mental health disorders.
Antiemetics: prochlorperazine (Compazine), promethazine (Phenergan), and trimethobenzamide (Tigan)Reduces the incidence of nausea and vomiting, possibly enhancing oral intake. Sucralfate (Carafate) suspension; a mixture of Maalox, diphenhydramine (Benadryl), and lidocaine (Xylocaine)Given with meals (swish and hold in mouth) to relieve
mouth pain, and enhance intake. The mixture may be swallowed for the presence of pharyngeal or esophageal lesions. Vitamin supplements corrects vitamin deficiencies resulting from decreased food intake and/or disorders of digestion and absorption in the GI system. Avoid megadoses and the suggested supplemental level is two times the
recommended daily allowance (RDA). Appetite stimulants: dronabinol (Marinol), megestrol (Megace), oxandrin) and Megace (an antineoplastic) act as appetite stimulants in the presence of AIDS. Oxandrin is currently being studied in clinical trials to boost appetite and improve muscle mass and strength. TNF-
alpha inhibitors: thalidomideReduces elevated levels of tumor necrosis factor (TNF) present in chronic illness contributing to wasting or cachexia. Studies reveal a mean weight gain of 10% over 28 wk of therapy. Effective in the treatment of oral lesions due to recurrent stomatitis. Antidiarrheals: diphenoxylate (Lomotil), loperamide (Imodium),
octreotide (Sandostatin)Inhibit GI motility subsequently decreasing diarrhea. Imodium or Sandostatin are effective treatments for secretory diarrhea (Secretion of water and electrolytes by intestinal epithelium). Antibiotic therapy: ketoconazole (Diflucan)May be given to treat and prevent infections involving the GI tract. Nystatin
(Mycostatin), ketoconazole (Nizoral)Specific drug choice depends on particular infecting organism(s) like Candida. ZDV (Retrovir) and other antiretrovirals alone or in combinationShown to improve neurological and mental functioning for an undetermined period of time. Antipsychotics: haloperidol (Haldol), and/or antianxiety agents: lorazepam
(Ativan) Cautious use may help with problems of sleeplessness, emotional lability, hallucinations, suspiciousness, and agitation. Recommended nursing diagnosis and nursing care plan books and resources. Disclosure: Included below are affiliate links from Amazon at no additional cost from you. We may earn a small commission from your purchase.
For more information, check out our privacy policy. Ackley and Ladwig's Nursing Diagnosis Handbook uses an easy, three-step system to guide you through client assessment, nursing diagnosis, and
care planning. Includes step-by-step instructions showing how to implement care and evaluate outcomes, and help you build skills in diagnostic reasoning and critical thinking. Other recommended site resources for this nursing care plans related to communicable and infectious diseases: FacebookEmailPrintBufferPinterestShare Use
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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
specialized care to patients dealing with HIV/AIDS. Acquired immunodeficiency syndrome (AIDS) is a serious secondary immunodeficiency disorder caused by the progressive destruction of cell-mediated (T-cell) immunity with subsequent effects on humoral
(B-cell) immunity because of the pivotal role of the CD4+helper T cells in immune reactions. Immunodeficiency makes 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. 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.
care. Provide education on risk reduction for HIV transmission. Promote a healthy lifestyle. Assess for the following subjective and objective data: Persistent or recurrent fever Profound and unexplained fatigue and weakness Rapid weight loss and loss of appetite Chronic diarrhea or gastrointestinal problems Night sweats and chills Swollen lymph
nodes in the armpits, groin, or neck Persistent cough, shortness of breath, and respiratory symptoms Recurrent infections, such as pneumonia, tuberculosis, or fungal infections, or difficulty concentrating Recurrent or severe vaginal yeast infections Recurrent oral
thrush (white coating on the tongue and mouth) Persistent and unexplained pain, such as headaches or eye problems Following a thorough assessment, a nursing diagnosis is formulated to specifically address the challenges associated with AIDS based on the nurse's clinical judgement and understanding of the
patient's unique health condition. While nursing diagnoses serve as a framework for organizing care, their usefulness may vary in different clinical situations. In real-life clinical settings, it is important to note that the use of specific nursing diagnoses serve as a framework for organizing care, their usefulness may vary in different clinical situations. In real-life clinical settings, it is important to note that the use of specific nursing diagnoses serve as a framework for organizing care, their usefulness may vary in different clinical settings, it is important to note that the use of specific nursing diagnoses serve as a framework for organizing care, their usefulness may vary in different clinical settings, it is important to note that the use of specific nursing diagnoses serve as a framework for organizing care, their usefulness may vary in different clinical settings, it is important to note that the use of specific nursing diagnoses serve as a framework for organizing care, their usefulness may vary in different clinical settings.
ultimately the nurse's clinical expertise and judgment that shape the care plan to meet the unique needs of each patient will maintain weight or display weight gain toward the desired goal. The patient will demonstrate positive nitrogen balance,
be free of signs of malnutrition, and display improved energy levels. The patient will report an improved energy levels. The patient will perform ADLs, with assistance as necessary. The patient will perform ADLs, with assistance as necessary. The patient will perform ADLs, with assistance as necessary.
wound/lesion healing. The patient will demonstrate behaviors/techniques to prevent skin breakdown/promote healing. The patient will demonstrate techniques to restore/maintain the integrity of oral mucosa. The patient will maintain the
usual reality orientation and optimal cognitive functioning. The patient will verbalize awareness of feelings and healthy ways to deal with them. The patient will participate in activities/programs at the level of ability/desire
The patient will acknowledge feelings and have healthy ways to deal with them. The patient will ways to deal with them the patient will make choices related to the care and be involved in self-care. The patient will display homeostasis as evidenced by the absence of bleeding. The patient will maintain hydration as
evidenced by moist mucous membranes, good skin turgor, stable vital signs, and individually adequate urinary output. The patient will achieve timely healing of wounds/lesions. The patient will
be afebrile and free of purulent drainage/secretions and other signs of infectious conditions. Therapeutic interventions and nursing actions for patients with AIDS may include: The nutritional and hydration status of a patient with AIDS may include: The nutritional and hydration status of a patient with AIDS may include: The nutritional and hydration status of a patient with AIDS may include: The nutritional and hydration status of a patient with AIDS may include: The nutritional and hydration status of a patient with AIDS may include: The nutritional and hydration status of a patient with AIDS may include: The nutritional and hydration status of a patient with AIDS may include: The nutritional and hydration status of a patient with AIDS may include: The nutritional and hydration status of a patient with AIDS may include: The nutritional and hydration status of a patient with AIDS may include: The nutritional and hydration status of a patient with AIDS may include a patient w
leading to malnutrition and weight loss. Opportunistic infections, diarrhea, and gastrointestinal issues commonly seen in AIDS can further contribute to poor nutrition and fluid imbalance. It is crucial to assess and manage the nutritional needs of patients with AIDS through appropriate dietary interventions, oral supplements, and intravenous fluids
when necessary. Assess the patient's ability to chew, taste, and swallow.Lesions of the mouth, throat, and esophagus (often caused by medications may cause dysphagia, limiting the patient's ability to ingest food and reducing
the desire 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. Lactose intolerance and malabsorption (with CMV, MAC, and cryptosporidiosis) contribute to diarrhea and may necessitate a change in diet or supplemental formula. Weigh
as indicated. Evaluate weight in terms of premorbid weight. Compare serial weights and anthropometric measurements. Indicator of nutritional status are not useful. Note drug side effects. Medications used can have side effects affecting
nutrition. ZDV can cause altered taste, nausea, and vomiting; Bactrim 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 noninstitutional 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 general feelings of well-
being. Provide frequent mouth care, observing secretion precautions. Avoid alcohol-containing mouthwashes. Reduces discomfort associated with nausea and vomiting, oral lesions, mucosal dryness, and halitosis. A clean mouth may enhance appetite and provide comfort. Provide a rest period before meals. Avoid stressful procedures close to
mealtime. Minimizes fatigue; increases the energy available for work of eating and reduces chances of nausea or vomiting food. Remove existing noxious environmental stimuli or conditions that aggravate the gag reflex. Reduces stimulus of the womiting food. Remove existing noxious environmental stimuli or conditions that aggravate the gag reflex. Reduces stimulus of the womiting food. Remove existing noxious environmental stimuli or conditions that aggravate the gag reflex. Reduces stimulus of the womiting food. Remove existing noxious environmental stimuli or conditions that aggravate the gag reflex. Reduces stimulus of the womiting food. Remove existing noxious environmental stimuli or conditions that aggravate the gag reflex. Reduces stimulus of the womiting food. Remove existing noxious environmental stimuli or conditions that aggravate the gag reflex. Reduces stimulus of the womiting food. Remove existing noxious environmental stimuli or conditions that aggravate the gag reflex. Reduces stimulus of the womiting food. Remove existing noxious environmental stimulus of the womiting food.
the risk of aspiration. Maintain NPO status when appropriate. May be needed to reduce vomiting. Insert or maintain a nasogastric (NG) tube as indicated. May be needed to reduce vomiting or to administer tube feedings. Esophageal irritation from existing infection (Candida, herpes, or KS) may provide site for secondary infections and
trauma; therefore, NG tube should be used with caution. Administer medications (vitamins, antiemetics, appetite stimulants, antidiarrheals, TNF-alpha inhibitors, and sucralfate suspension as indicated. See Pharmacologic Management Monitor vital signs, including CVP if available. Note hypotension, including postural changes. Indicators of circulating
fluid volume. Note temperature elevation and duration of the febrile episode. Administer tepid sponge baths as indicated. Keep clothing and linens dry. Maintain comfortable environmental temperature elevation and duration of the most frequent symptoms experienced by patients with HIV infections. Increased metabolic demands and associated
excessive diaphoresis result in increased insensible fluid losses and dehydration. Assess skin turgor, mucous membranes, and thirst. Indirect indicators of fluid status. Measure urinary output and specific gravity and decreasing urinary output reflect
altered renal perfusion and circulating volume. Monitoring fluid balance is difficult in the presence of excessive GI and insensible losses. Weigh as indicated. Although weight loss may reflect muscle wasting, sudden fluctuations reflect the state of hydration. Fluid losses associated with diarrhea can quickly create a crisis and become life-threatening.
Monitor oral intake and encourage fluids of at least 2500 mL/day. Maintains fluid balance, reduces thirst, and keeps mucous membranes moist. Monitor laboratory studies as indicated: Serum or urine electrolytes; BUN/Cr; Stool specimen collection. Alerts to possible electrolyte disturbances and determines replacement needs. Evaluates renal perfusion
and function. Bowel flora changes can occur with multiple or single antibiotic therapy. Make fluids easily accessible to the patient; use fluids that are tolerable to the patient and that replace needed electrolytes intake. Certain fluids may be too painful to consume (acidic juices) because of mouth lesions. Eliminate foods potentiating
diarrheaMay help reduce diarrhea. The use of lactose-free products helps control diarrhea in lactose-intolerant patients. Encourage the use of live culture yogurt or OTC Lactobacillus acidophilus (Lactaid). Antibiotic therapies disrupt normal bowel flora balance, leading to diarrhea. Must be taken 2 hr before or after antibiotic to prevent inactivation of
live culture. Maintain a hypothermia blanket if used. May be necessary when other measures fail to reduce excessive fever/insensible fluid losses. Administer fluids and electrolytes via feeding tube and IV, as appropriate. May be necessary to support or augment circulating volume, especially if oral intake is inadequate, and nausea and vomiting
persist. Fatigue is a common symptom experienced by patients with HIV/AIDS, and can be caused by a variety of factors, including the disease process itself, side effects of medications, anxiety, and poor sleep quality. HIV/AIDS can also cause chronic inflammation and immune activation, which can contribute to feelings of fatigue
and malaise. Assess sleep patterns and note changes in thought processes and behavior. Multiple factors can aggravate fatigue, including sleep deprivation, emotional distress, side effects of drugs and chemotherapies, and developing CNS disease. Monitor physiological response to activity: changes in BP, respiratory rate, or heart rate. Tolerance
varies greatly, depending on the stage of the disease process, nutrition state, fluid balance, and the number or type of opportunistic diseases that the patient has been subject to. Recommend scheduling activities for periods when the patient has been subject to. Recommend scheduling activities for periods when the patient has been subject to. Recommend scheduling activities for periods when the patient has the most energy. Plan care to allow for rest periods. Involve patient and SO in schedule planning. Planning.
allows patients to be active during times when their energy level is higher, which may restore a feeling of well-being and a sense of control. Frequent rest periods are needed to restore or conserve energy. Establish realistic activity goals with the patient. Provides a sense of control and feelings of accomplishment. Prevents discouragement from the
fatigue of overactivity. Encourage the patient to do whatever is possible: self-care, sitting in a chair, and short walks. Increase activity level as indicated. May conserve strength, increase stamina, and enable the patient to become more active without undue fatigue and discouragement. Identify energy conservation techniques: sitting, breaking ADLs
into manageable segments. Keep travel ways clear of furniture. Provide or assist with ambulation and self-care needs as appropriate. Weakness may make ADLs almost impossible for patients to complete. Protects patient from injury during activities. Encourage nutritional intake. Adequate intake or utilization of nutrients is necessary to meet increased
energy needs for activity. Continuous stimulation of the immune system by HIV infection contributes to a hypermetabolic state. Provide supplemental O2 as indicated. The presence of anemia or hypoxemia reduces oxygen available for cellular uptake and contributes to fatigue. Refer to physical and/or occupational therapy. Programmed daily exercises
and activities help patients maintain and increase strength and muscle tone, and enhance a sense of well-being. Refer to community resources provides assistance in areas of individual need as the ability to care for self becomes more difficult. Patients with AIDS may experience compromised skin integrity due to several factors. The immunodeficiency
associated with AIDS can increase the risk of skin infections, slow wound healing, and make individuals more susceptible to dermatological conditions such as fungal infections and skin rashes. Proper skincare, infection preventing
complications in patients with AIDS. Assess skin daily. Note color, turgor, circulation, and sensation. Describe and measure lesions and observe changes. Take photographs if necessary. Establishes comparative baseline providing an opportunity for timely intervention. Obtain cultures of open skin lesions. Identifies pathogens and appropriate treatment
choices. Maintain and instruct in good skin hygiene: wash thoroughly, pat dry carefully, and gently massage with lotion or appropriate cream. Maintaining clean, dry skin provides a barrier to infection. Patting skin dry instead of rubbing reduces the risk of dermal trauma to dry and fragile skin. Massaging increases circulation to the skin and
promotes comfort. Isolation precautions are required when extensive or open cutaneous lesions are present. Reposition frequently. Use the turn sheet as needed. Encourage periodic weight shifts. Protect bony prominences with pillows, heel and elbow pads, and sheepskin. Reduces stress on pressure points, improves blood flow to tissues, and
promotes healing. Maintain clean, dry, wrinkle-free linen, preferably soft cotton fabric. Skin friction caused by wet or wrinkled or rough sheets leads to irritation of fragile skin and increases the risk of infection. Encourage ambulation as tolerated. Decreases pressure on the skin from prolonged bed rest. Cleanse the perianal area by removing stoolars are also irritation of fragile skin and increases the risk of infection.
with water and mineral oil or commercial product. Avoid the use of toilet paper if vesicles are present. Apply protective creams: zinc oxide, and A & D ointment. Prevents maceration caused by diarrhea and keeps perianal lesions dry. The use of toilet paper may abrade lesions. File nails regularly. Long and rough nails increase the risk of dermal
damage. Cover open pressure ulcers with sterile dressings or protective barrier: Tegaderm, DuoDerm, as indicated. May reduce bacterial contamination, and promote healing. Provide foam, flotation, and alternate pressure mattress or bed. Reduces 
indicated. Used in the treatment of skin lesions. The use of agents such as Prederm spray can stimulate circulation, enhancing the healing process. When multidose ointments are used, care must be taken to avoid cross-contamination. Cover ulcerated KS lesions with wet-to-wet dressings or antibiotic ointment and nonstick dressing, as
indicated. Protects ulcerated areas from contamination and promotes healing Refer to physical therapy for regular exercise and activity programs. Promotes improved muscle tone and skin health. HIV/AIDS can cause chronic pain due to various reasons, including the direct effects of the virus on the nervous system, HIV-related infections and
inflammation, and the side effects of antiretroviral medications. HIV/AIDS can also lead to acute pain episodes, such as painful neuropathy and other types of infections that cause pain. Assess pain reports, noting location, intensity (0-10 scale), frequency, and time of onset. Note nonverbal cues like restlessness, tachycardia, and grimacing. Indicates
the need for or effectiveness of interventions and may signal the development or resolution of complications. Chronic pain does not produce autonomic changes; however, acute and chronic pain to report pain as it develops rather than waiting until the level is severe. The efficacy of comfort measures and
medications is improved with timely intervention. Encourage verbalization of feelings. Can reduce anxiety and fear and thereby reduce the perception of the intensity of pain. Provide diversional activities: provide reading materials, light exercising, visiting, etc. Refocuses attention; may enhance coping abilities. Perform palliative measures:
repositioning, massage, and ROM of affected joints. Promotes relaxation and decreases muscle tension. Instruct and encourage the use of visualization, guided imagery, progressive relaxation and decreases the need for narcotic analgesics (CNS
depressants) when a neuro/motor degenerative process is already involved. May not be successful in presence of dementia, even when dementia is minor. Mindfulness is the skill of staying in the here and now. Provide oral care. Oral ulcerations and lesions may cause severe discomfort. Apply warm or moist packs to pentamidine injection and IV sites
for 20 min after administration. These injections are known to cause pain and sterile abscesses Administer analgesics with rescue doses PRN. Provides relief of pain and discomfort; reduces fever. PCA or around-the-clock medication
keeps the blood level of analgesia stable, preventing cyclic under medication or overmedication. Drugs such as Ativan may be used to potentiate the effects of analgesias stable, preventing cyclic under medication or overmedication. Drugs such as Ativan may be used to potentiate the effects of analgesias stable, preventing cyclic under medication or overmedication. Drugs such as Ativan may be used to potentiate the effects of analgesias stable, preventing cyclic under medication or overmedication. Drugs such as Ativan may be used to potentiate the effects of analgesias stable, preventing cyclic under medication or overmedication.
susceptibility to infections. Conditions such as oral thrush (Candida infection), oral ulcers, and viral lesions like herpes simplex virus (HSV) can manifest, requiring proper oral hygiene, antifungal or antiviral treatment, and regular dental care to preserve oral health and prevent complications. Assess mucous membranes and document all oral lesions
Note reports of pain, swelling, and difficulty with chewing and swallowing. Edema, open lesions, and crusting on oral mucous membranes and throat may cause pain and difficulty with chewing and swallowing. Edema, open lesions, and crusting on oral mucous membranes and throat may cause pain and difficulty with chewing and swallowing. Edema, open lesions, and crusting on oral mucous membranes and throat may cause pain and difficulty with chewing and swallowing.
intake, using a soft toothbrush, non-abrasive toothpaste, non-alcohol mouthwash, floss, and lip moisturizer. Alleviates discomfort, prevents acid formation associated with retained food particles, and promotes a feeling of well-being. Rinse oral mucosal lesions with saline and dilute hydrogen peroxide or baking soda solutions. Reduces the spread of
lesions and encrustations from candidiasis and promotes comfort. Suggest the use of sugarless gum and candy. Stimulates the flow of saliva to neutralize acids and protect mucous membranes. Plan a diet to avoid salty, spicy, abrasive, and acidic foods or beverages. Check for temperature tolerance of foods. Offer cool or cold smooth foods. Abrasive
foods may open healing lesions. Open lesions are painful and aggravated by salt, spice, acidic foods, or beverages. Extreme cold or heat can cause pain to sensitive mucous membranes. Encourage the patient to refrain from smoking. Smoke is
drying and irritates mucous membranes. Administer medications such as (nystatin (Mycostatin), ketoconazole (Nizoral), and TNF-alpha inhibitor, e.g., thalidomide as indicated: Refer for dental consultation, if appropriate. May require additional therapy to prevent dental losses. Patients with AIDS may experience changes in mental status and thought
processes due to the impact of the disease on the central nervous system, as well as the emotional and psychological challenges associated with the diagnosis. This can include cognitive impairment, memory difficulties, depression, anxiety, and changes in overall mental well-being, requiring comprehensive mental health support and interventions.
Assess mental and neurological status using appropriate tools. Establishes functional level at the time of admission and provides a baseline for future comparison. Consider the effects of emotional distress. Assess for anxiety, grief, and anger. This may contribute to reduced alertness, confusion, withdrawal, and hypoactivity, requiring further evaluation
and intervention. Monitor medication regimen and usage. Actions and interactions of various medications, prolonged drug half-life, and/or altered excretion rates result in cumulative effects, potentiating the risk of toxic reactions. Some drugs may have adverse side effects: haloperidol (Haldol) can seriously impair motor function in patients with AIDS
dementia complex. Investigate changes in personality, response to stimuli, orientation, and level of consciousness; or development of headache, nuchal rigidity, vomiting, fever, and seizure activity. Changes may occur for numerous reasons, including the development or exacerbation of opportunistic diseases or CNS infections. Early detection and
treatment of CNS infection may limit permanent impairment of cognitive ability. Maintain a pleasant environment with appropriate auditory, visual, and cognitive stimuli. Providing normal environment with appropriate auditory, visual, and cognitive stimuli. Providing normal environment with appropriate auditory, visual, and cognitive stimuli. Providing normal environment with appropriate auditory, visual, and cognitive ability.
outside view if necessary. Use the patient's name. Identify yourself. Maintain consistent personnel and structured schedules as appropriate. Frequent reorientation to place and time may be necessary, especially during fever and/or acute CNS involvement. A sense of continuity may reduce the associated anxiety. Discuss the use of datebooks, lists, and
other devices to keep track of activities. These techniques help patients manage problems of forgetfulness. Encourage family and SO to socialize and provide reorientation, especially if the patient is hallucinating. Encourage the patient to do as
much as possible: dress and groom daily, see friends, and so forth. Can help maintain mental abilities for a longer period. Provide support for the significant other (SO). Encourage discussion of concerns and fears. Bizarre behavior and/or deterioration of abilities may be very frightening for SO and makes management of care or dealing with situation
difficult. The significant other may feel a loss of control as stress, anxiety, burnout, and anticipatory grieving impair coping abilities. Provide information about care on an ongoing basis. Answer questions simply and honestly. Repeat explanations as needed. Can reduce anxiety and fear of the unknown. Can enhance patient's understanding and
involvement and cooperation in treatment when possible. Reduce provocative and noxious stimuli. Maintain bed rest in a quiet, darkened room if indicated. If the patient is prone to agitation, violent behavior, or seizures, reducing external stimuli may be helpful. Decrease noise, especially at night. Promotes sleep, reducing cognitive symptoms and
effects of sleep deprivation. Maintain a safe environment: excess furniture out of the way, call bell within patient's reach, bed in low position and rails up; restriction of smoking (unless monitored by caregiver/SO), seizure precautions, soft restraints if indicated. Provides a sense of security and stability in an otherwise confusing situation. Discuss
causes or future expectations and treatment if dementia is diagnosed. Use concrete terms. Obtaining information that ZDV has been shown to improve cognition can provide hope and control for losses. Administer antiretroviral, anti-anxiety, and antipsychotic medications as indicated. See Pharmacologic Management Refer to counseling as
education, counseling, and community engagement are essential to address anxiety and combat social isolation, promoting a sense of belonging, understanding, and empowerment for individuals living with AIDS. Be alert to signs of withdrawal, anger, or inappropriate remarks as these can be signs of denial or depression. Determine the presence of
suicidal ideation and assess potential on a scale of 1-10. The patient may use the defense mechanism of denial and continue to hope that the diagnosis is inaccurate. Feelings of guilt and spiritual distress may cause the patient may be too "sick" to have enough
energy to implement thoughts, ideation must be taken seriously and appropriate intervention initiated. Assure the patients to problem-solve solutions to anticipated situations. Maintain frequent contact with patients. Talk with and touch the patient.
Limit the use of isolation clothing and masks. Provides assurance that patient is not alone or rejected; conveys respect for and acceptance of the person, fostering trust. Provide accurate, consistent information regarding prognosis. Avoid arguing about the patient's perceptions of the situation. Can reduce anxiety and enable patients to make decisions
and choices based on realities. Provide an open environment in which the patient feels safe to discuss feelings or refrain from talking. Helps patients feel accepted in their present condition without confrontation. Give information that
feelings are normal and are to be appropriately expressed. Acceptance of feelings allows the patient to begin to deal with the situation. Recognize and support the stage of grief, coping behaviors Explain procedures, providing opportunities for questions
and honest answers. Arrange for someone to stay with the patient during anxiety-producing procedures and consultations. Accurate information allows patients to deal more effectively with the reality of the situation, thereby reducing anxiety and fear of the known. Identify and encourage patient interaction with support systems. Encourage
verbalization and interaction with family/SO. Reduces feelings of isolation. If family support systems are not available, outside sources may be needed immediately Provide reliable and consistent information and support for SO. Allows for better interpersonal interaction and reduction of anxiety and fear. Include SO as indicated when major decisions
are to be made. Ensures a support system for the patient, and allows SO the chance to participate in the patient's life. If the patient, family, and SO are in conflict, separate care consultations and visiting times may be needed. Discuss Advance Directives, end-of-life desires, or needs. Review specific wishes and explain various options clearly. May assist
the patient or SO to plan realistically for terminal stages and death. Many individuals do not understand medical terminology or options, Refer to psychiatric counseling (psychiatric counseling terminology or options, Refer to psychiatric counseling terminology or options.
Provide contact with other resources as indicated: Spiritual advisor or hospice staffProvides an opportunity for addressing spiritual concerns. May help relieve anxiety regarding end-of-life care and support for the patient/SO. Ascertain the patient/SO. Ascertain the patient/SO.
rejection/reaction of others. Be alert to verbal or nonverbal cues: withdrawal, statements of despair, sense of aloneness. Ask the patient if thoughts of suicide are being entertained. Indicators of despair, sense of aloneness are acknowledged by the caregiver, the patient is usually willing to talk about thoughts of
suicide and a sense of isolation and hopelessness. Spend time talking with patients during and between care activities. Be supportive, allowing for verbalization. Treat with dignity and regard for the patient's feelings. The patient may experience physical isolation as a result of the current medical status and some degree of social isolation secondary to
the diagnosis of AIDS. Limit or avoid the use of masks, gowns, and gloves when possible and when talking to patients. Reduces the patients represent of and/or
relationship with immediate and extended family. When the patient may not receive the usual or needed support for coping with a life-threatening illness and associated grief because of fear and lack of understanding (AIDS hysteria). Explain isolation precautions
and procedures to the patient and SO.Gloves, gowns, and masks are not routinely required with a diagnosis of AIDS except when contact with secretions or excretions or excretions are necessary, explanations help patients understand the reasons for
procedures and provide a feeling of inclusion in what is happening. Encourage open visitation (as able), telephone contacts, and social activities within a tolerated level. Participation in a social relationship. May lessen the
likelihood of suicide attempts. Develop a plan of action with the patient: Look at available resources; support healthy behaviors. Help patients problem-solve solutions to short-term or imposed isolation. Having a plan promotes a sense of control over own life and gives the patient something to look forward to and actions to accomplish. Identify factors
that contribute to the patient's feelings of powerlessness: diagnosis of a terminal illness, lack of support systems, and lack of knowledge about the present situation. Patient in a patient newly diagnosed with HIV and when
dying of AIDS. Fear of AIDS (by the general population and the patient's family/SO) is the most profound cause of the patient's isolation. For some homosexual patients, this may be the first time that the family has been made aware that the patient's isolation. For some homosexual patients, this may be the first time that the family has been made aware that the patient's isolation.
expressions indicating lack of control, flat affect, and lack of communication. Determines the status of the individual patient and allows for appropriate intervention when the patient is immobilized by depressed feelings. Encourage active role in planning activities, establishing realistic and attainable daily goals. Encourage patient control and
responsibility as much as possible. Identify things that the patient can and cannot control. May enhance feelings of control and self-worth and a sense of personal responsibility. Encourage Living Will and durable medical power of attorney documents, with specific and precise instructions regarding acceptable and unacceptable procedures to prolong
life. Many factors associated with the treatments used in this debilitating and often fatal disease process place patients at the mercy of medical personnel and about patients without regard for patients' wishes, increasing loss of independence. Discuss desires and assist with planning for the
funeral as appropriate. The individual can gain a sense of completion and value to his or her life when he or she decides to be involved in planning this final ceremony. This provides an opportunity to include things that are of importance to the person. Safety and injury prevention are paramount for patients with AIDS to reduce the risk of infections
and complications. This involves implementing measures such as practicing safe sex, avoiding sharing needles or other injection equipment, ensuring proper hygiene practices, and taking precautions to prevent accidental injuries, all aimed at minimizing the transmission of HIV and maintaining well-being. Observe for or report epistaxis, hemoptysis,
hematuria, non-menstrual vaginal bleeding, or oozing from lesions or body orifices and/or IV insertion sites. Spontaneous bleeding may indicate the development of DIC or immune thrombocytopenia, necessitating further evaluation and prompt intervention. Monitor for changes in vital signs and skin color: BP, pulse, respirations, skin pallor, and
discoloration. The presence of bleeding and hemorrhage may lead to circulatory failure and shock. Evaluate change in the level of consciousness. May reflect cerebral bleeding or initiation of therapy may prevent critical hemorrhage. Review laboratory studies:
PT, aPTT, clotting time, platelets, Hb/Hct.Detects alterations in clotting capability; identifies therapy needs. Many individuals (up to 80%) display platelet count below 50,000 and may be asymptomatic, necessitating regular monitoring. Avoid injections, rectal temperatures, and rectal tubes. Administer rectal suppositories with caution. Protects patient
from procedure-related causes of bleeding: insertion of thermometers and rectal tubes can damage or tear rectal mucosa. Some medications need to be given via suppository, so caution is advised. Maintain a safe environment. Keep all necessary objects and call bell within the patient's reach and place the bed in a low position. Reduces accidental
injury, which could result in bleeding. Maintain bed rest or chair rest when platelets are below 10,000 or as individually appropriate. Assess medication regimen. Reduces the dosage of a drug. The patient can have a surprisingly low platelet count
without bleeding. Avoid the use of aspirin products and NSAIDs, especially in presence of gastric lesions. These medications reduce platelet aggregation, impairing and prolonging the coagulation process, and may cause further gastric irritation, and increased risk of bleeding. Administer blood products as indicated. Transfusions may be required in
the event of persistent or massive spontaneous bleeding. Patients with HIV/AIDS are at an increased risk of infections. Certain treatments for HIV/AIDS, such as chemotherapy or immunosuppressive medications, can also further increase the risk
of infection. To mitigate this risk, patients with HIV/AIDS require close monitoring, appropriate prophylactic treatments, and management of co-occurring infections or conditions. Assess patient knowledge and ability to maintain opportunistic infection prophylactic regimen. Multiple medication regimens are difficult to maintain over a long period of
time. Patients may adjust the medication regimen based on side effects experienced, contributing to inadequate prophylaxis, active disease, and resistance. Assess respiratory rate and depth; note dry spasmodic cough on deep inspiration, changes in characteristics of sputum, and presence of wheezes or rhonchi. Initiate respiratory isolation when the
etiology of productive cough is unknown. Respiratory congestion or distress may indicate developing PCP; however, TB is on the rise and other fungal, viral, and bacterial infections may occur that compromise the respiratory system. CMV and PCP can reside together in the lungs and, if treatment is not effective for PCP, the addition of CMV therapy
may be effective. Investigate reports of headache, stiff neck, and altered vision. Note changes in mentation and behavior. Monitor for nuchal rigidity and seizure activity. Neurological abnormalities are common and may be related to HIV or secondary infections. Symptoms may vary from subtle changes in mood and sensorium (personality changes or
depression) to hallucinations, memory loss, severe dementias, seizures, and loss of vision. CNS infections (encephalitis is the most common) may be caused by protozoal and helminthic organisms or fungi. Examine skin and oral mucous membranes for white patches or lesions. Oral candidiasis, KS, herpes, CMV, and cryptococcosis are common
opportunistic diseases affecting the cutaneous membranes. Monitor vital signs, including temperature elevations and the onset of new fever indicate that the body is responding to a new infectious process or that medications are not effectively controlling incurable infections. Monitor
reports of heartburn, dysphagia, retrosternal pain on swallowing, increased abdominal cramping, and profuse diarrhea. Esophagitis may occur secondary to oral candidiasis, CMV, or herpes. Cryptosporidiosis is a parasitic infection responsible for watery diarrhea. Esophagitis may occur secondary to oral candidiasis, CMV, or herpes. Cryptosporidiosis is a parasitic infection responsible for watery diarrhea.
of local inflammation and infection. Early identification and treatment of secondary infection may prevent sepsis. Wash hands before and after all care contacts. Instruct patient and SO to wash hands as indicated. Reduces risk of cross-contamination. Provide a clean, well-ventilated environment. Screen visitors and staff for signs of infection and
maintain isolation precautions as indicated. Reduces the number of pathogens presented to the immune system and reduces the possibility of a patient contracting a nosocomial infection. Discuss the extent and rationale for isolation precautions and maintenance of personal hygiene. Promotes cooperation with the regimen and may lessen feelings of
isolation. Clean the patient's nails frequently. File, rather than cut, and avoid trimming cuticles. Reduces the risk of transmission of pathogens through breaks in the skin. Fungal infections along the nail plate are common. Wear gloves and gowns during direct contact with secretions and excretions or any time there is a break in the skin of the
caregiver's hands. Wear a mask and protective eyewear to protect the nose, mouth, and eyes from secretions during procedures (suctioning) or when a splattering of blood may occur. The use of masks, gowns, and gloves is required for direct contact with body fluids, e.g., sputum, blood/blood products, semen, and vaginal secretions. Dispose of
needles and sharps in rigid, puncture-resistant containers. Prevents accidental inoculation of caregivers. The use of needle cutters and recapping is not to be practiced. Accidental needlesticks should be reported immediately, with follow-up evaluations done per protocol. Label blood bags, body fluid containers, soiled dressings, and linens, and
package them appropriately for disposal per isolation protocol. Prevents cross-contamination and alerts appropriate personnel and departments to exercise specific hazardous materials procedures. Clean up spills of body fluids and/or blood with a bleach solution (1:10); add bleach to laundry. Kills HIV and controls other microorganisms on surfaces
Patients with HIV/AIDS may have a lack of knowledge about their disease, its transmission, treatment options, and available resources. This can lead to poor medication adherence, increased risk of opportunistic infections, and other negative health outcomes. Review disease process and future expectations. Provides a knowledge base from which
patients can make informed choices. Determine the level of independence and physical condition. Note the extent of care and symptom management required and the need for additional resources. Review modes of transmission
of disease, especially if newly diagnosed. Corrects myths and misconceptions; promotes safety for patients and others. Accurate epidemiological data are important in targeting prevention interventions. Identify signs and symptoms requiring medical evaluation: persistent fever and night sweats, swollen glands, continued weight loss, diarrhea, skin
blotches and lesions, headache, chest pain, and dyspnea. Early recognition of developing complications and timely interventions may prevent progression to life-threatening situations. Instruct patient, family, caregivers); using gloves when handling situations and timely interventions may prevent progression to life-threatening situations. Instruct patient, and dyspnea. Early recognition of developing complications and timely interventions may prevent progression to life-threatening situations.
bedpans, dressings, or soiled linens; wearing a mask if the patient has a productive cough; placing soiled or wet linens in a plastic bag and separating from family laundry, washing with detergent and hot water; cleaning surfaces with bleach and water solution of 1:10 ratio, disinfecting toilet bowl and bedpan with full-strength bleach; preparing
patient's food in clean area; washing dishes and utensils in hot soapy water (can be washed with the family dishes). Reduces risk of transmission of diseases; promotes wellness in presence of reduced ability of the immune system to control the level of flora. Stress the necessity of daily skin care, including inspecting skin folds, pressure points, and
 perineum, and providing adequate cleansing and protective measures: ointments, and padding. Healthy skin provides a barrier to infection. Measures to prevent skin disruption and associated complications are critical. Ascertain that the patient or SO can perform necessary oral and dental care. Review procedures as indicated. Encourage regular
dental care. The oral mucosa can quickly exhibit severe, progressive complications. Studies indicate that 65% of AIDS patients have some oral symptoms. Therefore, prevention and early intervention are critical. Review dietary needs (high-protein and high-calorie) and ways to improve intake when anorexia, diarrhea, weakness, and depression
interfere with intake. Promotes adequate nutrition necessary for healing and support of the immune system; enhances the probability of success with the therapeutic regimen. Provide information about symptom management
that complements the medical regimen; with intermittent diarrhea, take diphenoxylate (Lomotil) before going to a social event. Provides patients with an increased sense of control, reduces the risk of embarrassment and promotes comfort. Stress the importance of adequate rest. Helps manage fatigue; enhances coping abilities and energy level.
Encourage activity and exercise at a level that the patient can tolerate. Stimulates the release of endorphins in the brain, enhancing a sense of well-being. Stress the necessity of continued healthcare and follow-up. Provides an opportunity for altering regimens to meet individual and changing needs. Recommend cessation of smoking. Smoking
increases the risk of respiratory infections and can further impair the immune system. Identify community resources: hospice and residential care centers, visiting nurses, home care services, Meals on Wheels, and peer group support. Facilitates transfer from acute care setting for recovery/independence or end-of-life care. In addition to antiretroviral
therapy, patients with AIDS may require medications to manage specific symptoms or complications associated with the disease. These medications to treat fungal infections, antiviral drugs to manage viral co-infections, and other medications to address
specific complications such as vomiting, anemia, pain, or mental health disorders. Antiemetics: prochlorperazine (Compazine), promethazine (Phenergan), and trimethobenzamide (Tigan)Reduces the incidence of nausea and vomiting, possibly enhancing oral intake. Sucralfate (Carafate) suspension; a mixture of Maalox, diphenhydramine (Benadryl)
and lidocaine (Xylocaine) Given with meals (swish and hold in mouth) to relieve mouth pain, and enhance intake. The mixture may be swallowed for the presence of pharyngeal or esophageal lesions. Vitamin supplements Corrects vitamin deficiencies resulting from decreased food intake and/or disorders of digestion and absorption in the GI
system. Avoid megadoses and the suggested supplemental level is two times the recommended daily allowance (RDA). Appetite stimulants: dronabinol (Marinol), megestrol (Megace), oxandrinol (an antiemetic) and Megace (an antineoplastic) act as appetite stimulants in the presence of AIDS. Oxandrin is currently being studied
in clinical trials to boost appetite and improve muscle mass and strength. TNF-alpha inhibitors: thalidomideReduces elevated levels of tumor necrosis factor (TNF) present in chronic illness contributing to wasting or cachexia. Studies reveal a mean weight gain of 10% over 28 wk of therapy. Effective in the treatment of oral lesions due to recurrent
stomatitis. Antidiarrheals: diphenoxylate (Lomotil), loperamide (Imodium), octreotide (Sandostatin)Inhibit GI motility subsequently decreasing diarrhea. Imodium or Sandostatin epithelium). Antibiotic therapy: ketoconazole (Nizoral), fluconazole
(Diflucan)May be given to treat and prevent infections involving the GI tract. Nystatin (Mycostatin), ketoconazole (Nizoral)Specific drug choice depends on particular infections involving the GI tract. Nystatin (Mycostatin), ketoconazole (Nizoral)Specific drug choice depends on particular infections involving the GI tract. Nystatin (Mycostatin), ketoconazole (Nizoral)Specific drug choice depends on particular infections involving the GI tract. Nystatin (Mycostatin), ketoconazole (Nizoral)Specific drug choice depends on particular infections involving the GI tract. Nystatin (Mycostatin), ketoconazole (Nizoral)Specific drug choice depends on particular infections involving the GI tract. Nystatin (Mycostatin), ketoconazole (Nizoral)Specific drug choice depends on particular infections involving the GI tract. Nystatin (Mycostatin), ketoconazole (Nizoral)Specific drug choice depends on particular infections involving the GI tract. Nystatin (Mycostatin), ketoconazole (Nizoral)Specific drug choice depends on particular infections involving the GI tract. Nystatin (Mycostatin) (Mycostatin)
time. Antipsychotics: haloperidol (Haldol), and/or antianxiety agents: lorazepam (Ativan)Cautious use may help with problems of sleeplessness, emotional lability, hallucinations, suspiciousness, and agitation. Recommended nursing diagnosis and nursing care plan books and resources. Disclosure: Included below are affiliate links from Amazon at no
additional cost from you. We may earn a small commission from your purchase. For more information, check out our privacy policy. Ackley and Ladwig's Nursing Diagnosis Handbook: An Evidence-Based Guide to Planning CareWe love this book because of its evidence-based approach to nursing interventions. This care plan handbook uses an easy
three-step system to guide you through client assessment, nursing diagnosis, and care planning. Includes step-by-step instructions showing how to implement care and evaluate outcomes, and help you build skills in diagnostic reasoning and critical thinking. Other recommended site resources for this nursing care plan: Other care plans related to
communicable and infectious diseases: FacebookEmailPrintBufferPinterestShare Use 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 specialized care to patients dealing with HIV/AIDS. Acquired immunodeficiency syndrome (AIDS) is a serious secondary syndrome (AIDS) is a serious secon
progressive destruction of cell-mediated (T-cell) immunity with subsequent effects on humoral (B-cell) immunity because of the pivotal role of the cD4+helper T cells in immune reactions. Immunodeficiency makes the patient susceptible to opportunistic infections, unusual cancers, and other abnormalities. AIDS results from the infection of HIV which related to opportunistic infections.
 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, 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. Provide education on risk reduction for HIV transmission. Promote a healthy lifestyle. Assess for the following subjective and objective data: Persistent or recurrent fever Profound and unexplained fatigue and weakness Rapid
including memory loss, confusion, or difficulty concentrating Recurrent or severe vaginal yeast infections Recurrent oral thrush (white coating on the tongue and mouth) Persistent and unexplained pain, such as headaches or abdominal pain Visual changes or eye problems Following a thorough assessment, a nursing diagnosis is formulated to
specifically address the challenges associated with AIDS based on the nurse's clinical judgement and understanding of the patient's unique health condition. While nursing diagnoses serve as a framework for organizing care, their usefulness may vary in different clinical situations. In real-life clinical settings, it is important to note that the use of
specific nursing diagnostic labels may not be as prominent or commonly utilized as other components of the care plan. It is ultimately the nurse's clinical expertise and judgment that shape the care plan to meet the unique needs of each patient, prioritizing their health concerns and priorities. Goals and expected outcomes may include: The patient
will maintain weight or display weight gain toward the desired goal. The patient will demonstrate positive nitrogen balance, be free of signs of malnutrition, and display improved energy levels. The patient will participate in desired
 activities at the level of ability. The patient will report relief/control of pain. The patient will be free of/display improvement in wound/lesion healing. The patient will display intact mucous membranes, which are pink, moist, and free of
inflammation/ulcerations. The patient will demonstrate techniques to restore/maintain the integrity of oral mucosa. The patient will demonstrate techniques to restore/maintain the usual reality orientation and optimal cognitive functioning. The patient will demonstrate techniques to restore/maintain the usual reality orientation and optimal cognitive functioning. The patient will demonstrate techniques to restore/maintain the usual reality orientation and optimal cognitive functioning.
lessened fear/anxiety. The patient will use resources for assistance. The patient will participate in activities/programs at the level of ability/desire. The patient will use resources for assistance. The patient will make choices related to the care
and be involved in self-care. The patient will display homeostasis as evidenced by moist mucous membranes, good skin turgor, stable vital signs, and individually adequate urinary output. The patient will maintain hydration as evidenced by moist mucous membranes, good
skin turgor, stable vital signs, and individually adequate urinary output. The patient will achieve timely healing of wounds/lesions. The rapeutic interventions and nursing actions for patients with AIDS may include: The nutritional and hydration
status of a patient with AIDS can be compromised due to various factors. HIV infection can affect the body's ability to absorb and utilize nutrients, leading to malnutrition and fluid imbalance. It is crucial to
assess and manage the nutritional needs of patients with AIDS through appropriate dietary interventions, oral supplements, and intravenous fluids when necessary. Assess the patient's ability to chew, taste, and swallow.Lesions of the mouth, throat, and esophagus (often caused by candidiasis, herpes simplex, hairy leukoplakia, Kaposi's sarcoma
other cancers) and metallic or other taste changes caused by medications may cause dysphagia, limiting the patient's ability to ingest food and reducing the desire 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. Lactose intolerance
and malabsorption (with CMV, MAC, and cryptosporidiosis) contribute to diarrhea and may necessitate a change in diet or supplemental formula. Weights and anthropometric measurements. Indicator of nutritional adequacy of intake, Because of depressed immunity,
some blood tests normally used for testing nutritional status are not useful. Note drug side effects. Medications used can have side effects affecting nutrition. ZDV can cause altered taste, nausea, and vomiting; Bactrim can cause 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 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 noninstitutional food may also improve 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. Provide frequent mouth care, observing secretion precautions. Avoid alcohol-containing mouthwashes. Reduces discomfort associated with nausea and vomiting, oral lesions, mucosal
dryness, and halitosis. A clean mouth may enhance appetite and provide comfort. Provide a rest period before meals. Avoid stressful procedures close to mealtime. Minimizes fatigue; increases the energy available for work of eating and reduces chances of nausea or vomiting food. Remove existing noxious environmental stimuli or conditions that
aggravate the gag reflex. Reduces stimulus of the vomiting center in the medulla. Encourage the patient to sit up for meals Facilitates swallowing and reduces the risk of aspiration. Maintain NPO status when appropriate. May be needed to reduce nausea and vomiting. Insert or maintain a nasogastric (NG) tube as indicated. May be needed to reduce nausea and vomiting.
vomiting or to administer tube feedings. Esophageal irritation from existing infections (Candida, herpes, or KS) may provide site for secondary infections and trauma; therefore, NG tube should be used with caution. Administer medications (vitamins, antiemetics, appetite stimulants, antidiarrheals, TNF-alpha inhibitors, and sucralfate suspension as
indicated. See Pharmacologic Management Monitor vital signs, including CVP if available. Note hypotension, including postural changes. Indicators of circulating fluid volume. Note temperature elevation and duration of the febrile environmental
temperature. Around 97%, fever is one of the most frequent symptoms experienced by patients with HIV infections. Increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased metabolic demands and associated excessive diaphoresis result in increased diaphoresis result in increased diaphoresis resu
and specific gravity. Measure and estimate the amount of diarrheal loss. Note insensible losses. Increased specific gravity and decreasing urinary output reflect altered renal perfusion and circulating volume. Monitoring fluid balance is difficult in the presence of excessive GI and insensible losses. Weigh as indicated. Although weight loss may reflect
muscle wasting, sudden fluctuations reflect the state of hydration. Fluid losses associated with diarrhea can quickly create a crisis and become life-threatening. Monitor oral intake and encourage fluids of at least 2500 mL/day. Maintains fluid balance, reduces thirst, and keeps mucous membranes moist. Monitor oral intake and encourage fluids of at least 2500 mL/day. Maintains fluid balance, reduces thirst, and keeps mucous membranes moist. Monitor oral intake and encourage fluids of at least 2500 mL/day. Maintains fluid balance, reduces thirst, and keeps mucous membranes moist.
or urine electrolytes; BUN/Cr; Stool specimen collection. Alerts to possible electrolyte disturbances and determines replacement needs. Evaluates renal perfusion and function. Bowel flora changes can occur with multiple or single antibiotic therapy. Make fluids easily accessible to the patient; use fluids that are tolerable to the patient and that replacement needs. Evaluates renal perfusion and function.
needed electrolytesEnhances intake. Certain fluids may be too painful to consume (acidic juices) because of mouth lesions. Eliminate foods potentiating diarrhea in lactose-intolerant patients. Encourage the use of live culture yogurt or OTC Lactobacillus acidophilus
(Lactaid). Antibiotic therapies disrupt normal bowel flora balance, leading to diarrhea. Must be taken 2 hr before or after antibiotic to prevent inactivation of live culture. Maintain a hypothermia blanket if used. May be necessary when other measures fail to reduce excessive fever/insensible fluid losses. Administer fluids and electrolytes via feeding
tube and IV, as appropriate. May be necessary to support or augment circulating volume, especially if oral intake is inadequate, and nausea and vomiting persist. Fatigue is a common symptom experienced by patients with HIV/AIDS, and can be caused by a variety of factors, including the disease process itself, side effects of medications, anemia,
depression, anxiety, and poor sleep quality. HIV/AIDS can also cause chronic inflammation and immune activation, which can contribute to feelings of fatigue and malaise. Assess sleep patterns and note changes in thought processes and behavior. Multiple factors can aggravate fatigue, including sleep deprivation, emotional distress, side effects of
drugs and chemotherapies, and developing CNS disease. Monitor physiological response to activity: changes in BP, respiratory rate, or heart rate. Tolerance varies greatly, depending on the stage of the disease process, nutrition state, fluid balance, and the number or type of opportunistic diseases that the patient has been subject to. Recommend
scheduling activities for periods when the patient has the most energy. Plan care to allow for rest periods are needed to restore or
conserve energy. Establish realistic activity goals with the patient. Provides a sense of control and feelings of accomplishment. Prevents discouragement from the fatigue of overactivity level as indicated. May conserve strength, increase
stamina, and enable the patient to become more active without undue fatigue and discouragement. Identify energy conservation techniques: sitting, breaking ADLs into manageable segments. Keep travel ways clear of furniture. Provide or assist with ambulation and self-care needs as appropriate. Weakness may make ADLs almost impossible for
patients to complete. Protects patient from injury during activities. Encourage nutritional intake Adequate intake or utilization of nutrients is necessary to meet increased energy needs for activity. Continuous stimulation of the immune system by HIV infection contributes to a hypermetabolic state. Provide supplemental O2 as indicated. The presence
of anemia or hypoxemia reduces oxygen available for cellular uptake and contributes to fatigue. Refer to physical and/or occupational therapy. Programmed daily exercises and activities help patients maintain and increase strength and muscle tone, and enhance a sense of well-being. Refer to community resources Provides assistance in areas of
individual need as the ability to care for self becomes more difficult. Patients with AIDS may experience compromised skin infections, slow wound healing, and make individuals more susceptible to dermatological conditions such as fungal
infections and skin rashes. Proper skincare, infection prevention measures, and timely management of skin-related issues are essential in maintaining skin integrity and prevention measure lesions and observe changes. Take photographs are essential in maintaining skin integrity and prevention measures, and timely management of skin-related issues are essential in maintaining skin integrity and prevention measures, and timely management of skin-related issues are essential in maintaining skin integrity and prevention measures, and timely management of skin-related issues are essential in maintaining skin integrity and prevention measures, and timely management of skin-related issues are essential in maintaining skin integrity and prevention measures, and timely management of skin-related issues are essential in maintaining skin integrity and prevention measures, and timely management of skin-related issues are essential in maintaining skin integrity and prevention measures.
if necessary. Establishes comparative baseline providing an opportunity for timely intervention. Obtain cultures of open skin lesions. Identifies pathogens and appropriate treatment choices. Maintain and instruct in good skin hygiene: wash thoroughly, pat dry carefully, and gently massage with lotion or appropriate cream. Maintaining clean, dry skin
provides a barrier to infection. Patting skin dry instead of rubbing reduces the risk of dermal trauma to dry and fragile skin. Massaging increases circulation to the skin and promotes comfort. Isolation precautions are required when extensive or open cutaneous lesions are present. Reposition frequently. Use the turn sheet as needed. Encourage
periodic weight shifts. Protect bony prominences with pillows, heel and elbow pads, and sheepskin. Reduces stress on pressure points, improves blood flow to tissues, and promotes healing. Maintain clean, dry, wrinkle-free linen, preferably soft cotton fabric. Skin friction caused by wet or wrinkled or rough sheets leads to irritation of fragile skin and
increases the risk of infection. Encourage ambulation as tolerated. Decreases pressure on the skin from prolonged bed rest. Cleanse the perianal area by removing stool with water and mineral oil or commercial product. Avoid the use of toilet paper if vesicles are present. Apply protective creams: zinc oxide, and A & D ointment. Prevents maceration
caused by diarrhea and keeps perianal lesions dry. The use of toilet paper may abrade lesions. File nails regularly. Long and rough nails increase the risk of dermal damage. Cover open pressure ulcers with sterile dressings or protective barrier: Tegaderm, DuoDerm, as indicated. May reduce bacterial contamination, and promote healing. Provide
foam, flotation, and alternate pressure mattress or bed. Reduces pressure on skin, tissue, and lesions, decreasing tissue ischemia. Apply and administer medications as indicated. Used in the treatment of skin lesions. The use of agents such as Prederm spray can stimulate circulation, enhancing the healing process. When multidose ointments are used,
care must be taken to avoid cross-contamination. Cover ulcerated KS lesions with wet-to-wet dressings or antibiotic ointment and nonstick dressing, as indicated. Protects ulcerated areas from contamination and promotes healing Refer to physical therapy for regular exercise and activity programs. Promotes improved muscle tone and skin health
HIV/AIDS can cause chronic pain due to various reasons, including the direct effects of the virus on the nervous system, HIV-related infections and inflammation, and the side effects of antiretroviral medications. HIV/AIDS can also lead to acute pain episodes, such as painful neuropathy and other types of infections that cause pain. Assess pain
reports, noting location, intensity (0-10 scale), frequency, and time of onset. Note nonverbal cues like restlessness, tachycardia, and grimacing. Indicates the need for or effectiveness of interventions and may signal the development or resolution of complications. Chronic pain does not produce autonomic changes; however, acute and chronic pain can
coexist. Instruct and encourage the patient to report pain as it develops rather than waiting until the level is severe. The efficacy of comfort measures and medications is improved with timely intervention. Encourage verbalization of feelings. Can reduce anxiety and fear and thereby reduce the perception of the intensity of pain. Provide diversional
activities: provide reading materials, light exercising, visiting, etc.Refocuses attention; may enhance coping abilities. Perform palliative measures: repositioning, massage, and ROM of affected joints. Promotes relaxation and decreases muscle tension. Instruct and encourage the use of visualization, guided imagery, progressive relaxation, deep-
breathing techniques, meditation, and mindfulness. Promotes relaxation and a feeling of well-being. May decrease the need for narcotic analgesics (CNS depressants) when a neuro/motor degenerative process is already involved. May not be successful in presence of dementia, even when dementia is minor. Mindfulness is the skill of staying in the here
and now. Provide oral care.Oral ulcerations and lesions may cause severe discomfort. Apply warm or moist packs to pentamidine injection and IV sites for 20 min after administration. These injections are known to cause pain and sterile abscesses Administer analgesics and/or antipyretics, narcotic analgesics. Use patient-controlled analgesia (PCA) or
provide around-the-clock analgesia with rescue doses PRN. Provides relief of pain and discomfort; reduces fever. PCA or around-the-clock medication or overmedication. Drugs such as Ativan may be used to potentiate the effects of analgesia stable, preventing cyclic under medication or overmedication.
Membrane Integrity Patients with AIDS may experience compromised oral mucous membranes as a result of immune suppression and increased susceptibility to infections. Conditions such as oral thrush (Candida infection), oral ulcers, and viral lesions like herpes simplex virus (HSV) can manifest, requiring proper oral hygiene, antifungal or antiviral
treatment, and regular dental care to preserve oral health and prevent complications. Assess mucous membranes and document all oral lesions, and crusting on oral mucous membranes and throat may cause pain and difficulty with chewing and
swallowing. Obtain culture specimens of lesions. Reveals causative agents and identifies appropriate therapies. Provide oral care daily and after food intake, using a soft toothbrush, non-abrasive toothbrush, non-alcohol mouthwash, floss, and lip moisturizer. Alleviates discomfort, prevents acid formation associated with retained food particles, and
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promotes a feeling of well-being. Rinse oral mucosal lesions with saline and dilute hydrogen peroxide or baking soda solutions. Reduces the spread of lesions and encrustations from candidiasis and protect mucous membranes. Plan a
diet to avoid salty, spicy, abrasive, and acidic foods or beverages. Check for temperature tolerance of foods. Offer cool or cold smooth foods. Abrasive foods may open healing lesions. Open lesions are painful and aggravated by salt, spice, acidic foods, or beverages. Extreme cold or heat can cause pain to sensitive mucous membranes. Encourage oral
intake of at least 2500 mL/day. Maintains hydration and prevents drying of the oral cavity. Encourage the patient to refrain from smoking. Smoke is drying and irritates mucous membranes. Administer medications such as (nystatin (Mycostatin), ketoconazole (Nizoral), and TNF-alpha inhibitor, e.g., thalidomide as indicated: Refer for dental
consultation, if appropriate. May require additional therapy to prevent dental losses. Patients with AIDS may experience changes in mental status and thought processes due to the impact of the disease on the central nervous system, as well as the emotional and psychological challenges associated with the diagnosis. This can include cognitive
impairment, memory difficulties, depression, anxiety, and changes in overall mental well-being, requiring comprehensive mental health support and interventions. Assess mental and neurological status using appropriate tools. Establishes functional level at the time of admission and provides a baseline for future comparison. Consider the effects of
emotional distress. Assess for anxiety, grief, and anger. This may contribute to reduced alertness, confusion, withdrawal, and hypoactivity, requiring further evaluation and intervention. Monitor medication regimen and usage. Actions and intervention. Monitor medication regimen and usage. Actions and intervention and interventi
effects, potentiating the risk of toxic reactions. Some drugs may have adverse side effects: haloperidol (Haldol) can seriously impair motor function in patients with AIDS dementia complex. Investigate changes in personality, response to stimuli, orientation, and level of consciousness; or development of headache, nuchal rigidity, vomiting, fever, and
seizure activity. Changes may occur for numerous reasons, including the development or exacerbation of opportunistic diseases or CNS infection and treatment of cognitive ability. Maintain a pleasant environment with appropriate auditory, visual, and cognitive stimuli. Providing
normal environmental stimuli can help in maintaining some sense of reality orientation. Provide cues for reorientation. Provide cues for reorientation to place and structured schedules as appropriate. Frequent reorientation to place and
time may be necessary, especially during fever and/or acute CNS involvement. A sense of continuity may reduce the associated anxiety. Discuss the use of datebooks, lists, and other devices to keep track of activities. These techniques help patients manage problems of forgetfulness. Encourage family and SO to socialize and provide reorientation with
current news, and family events. Familiar contacts are often helpful in maintaining reality orientation, especially if the patient to do as much as possible: dress and groom daily, see friends, and so forth. Can help maintain mental abilities for a longer period. Provide support for the significant other (SO).
Encourage discussion of concerns and fears. Bizarre behavior and/or deterioration of abilities may be very frightening for SO and makes management of care or dealing with situation difficult. The significant other may feel a loss of control as stress, anxiety, burnout, and anticipatory grieving impair coping abilities. Provide information about care on
an ongoing basis. Answer questions simply and honestly. Repeat explanations as needed. Can reduce anxiety and fear of the unknown. Can enhance patient's understanding and involvement and cooperation in treatment when possible. Reduce provocative and noxious stimuli. Maintain bed rest in a quiet, darkened room if indicated. If the patient is
prone to agitation, violent behavior, or seizures, reducing external stimuli may be helpful. Decrease noise, especially at night. Promotes sleep, reducing cognitive symptoms and effects of sleep deprivation. Maintain a safe environment: excess furniture out of the way, call bell within patient's reach, bed in low position and rails up; restriction of
smoking (unless monitored by caregiver/SO), seizure precautions, soft restraints if indicated. Provides a sense of security and stability in an otherwise confusing situation. Discuss causes or future expectations and treatment if dementia is diagnosed. Use concrete terms. Obtaining situation that ZDV has been shown to improve cognition can provide
hope and control for losses. Administer antiretroviral, anti-anxiety, and antipsychotic medications as indicated. See Pharmacologic Management Refer to counseling as indicated. May help the patient gain control in presence of thought disturbances or psychotic symptomatology. Patients with AIDS may experience heightened anxiety and social
isolation due to the stigma associated with the disease, fear of discrimination, and the emotional burden of managing a chronic illness. Supportive interventions focusing on education, promoting a sense of belonging, understanding, and empowerment
for individuals living with AIDS. Be alert to signs of withdrawal, anger, or inappropriate remarks as these can be signs of denial and continue to hope that the diagnosis is inaccurate. Feelings of guilt
and spiritual distress may cause the patient to become withdrawn and believe that suicide is a viable alternative. Although the patient may be too "sick" to have enough energy to implement thoughts, ideation must be taken seriously and appropriate intervention initiated. Assure the patient of confidentiality within the limits of the situation. Provides
reassurance and opportunity for patients to problem-solve solutions to anticipated situations. Maintain frequent contact with patients is not alone or rejected; conveys respect for and acceptance of the person, fostering trust. Provide
accurate, consistent information regarding prognosis. Avoid arguing about the patient's perceptions of the situation. Can reduce anxiety and enable patient feels safe to discuss feelings or refrain from talking. Helps patients feel accepted in their
present condition without feeling judged, and promotes a sense of dignity and control. Allow expressions of anger, fear, and despair without confrontation. Give information that feelings are normal and are to be appropriately expressed. Acceptance of feelings allows the patient to begin to deal with the situation. Recognize and support the stage
patient and/or family is at in the grieving process. Choice of interventions as dictated by the stage of grief, coping behaviors Explain procedures, providing opportunities for questions and honest answers. Arrange for someone to stay with the patients to deal
more effectively with the reality of the situation, thereby reducing anxiety and fear of the known. Identify and encourage verbalization with support systems. Encourage verbalization and interaction with family/SO.Reduces feelings of isolation. If family support systems are not available, outside sources may be needed immediately Provide
reliable and consistent information and support for SO. Allows for better interpersonal interaction and reduction of anxiety and fear. Include SO as indicated when major decisions are to be made. Ensures a support system for the patient, separate in the patient, and allows SO the chance to participate in the patient, separate in the patient, separate in the patient, and so are in conflict, separate in the patient in the pa
care consultations and visiting times may be needed. Discuss Advance Directives, end-of-life desires, or needs. Review specific wishes and explain various options clearly. May assist the patient or SO to plan realistically for terminal stages and death. Many individuals do not understand medical terminology or options, Refer to psychiatric counseling
(psychiatric clinical nurse specialist, psychiatrist, social worker). May require further assistance in dealing with diagnosis or prognosis, especially when suicidal thoughts are present. Provides an opportunity for addressing spiritual concerns. May help relieve anxiety
regarding end-of-life care and support for the patient/SO. Ascertain the patient/s perception of the situation. Isolation may be partly self-imposed because the patient fears rejection/reaction of others. Be alert to verbal or nonverbal cues: withdrawal, statements of despair, sense of aloneness. Ask the patient fears rejection/reaction of suicide are being
entertained. Indicators of despair and suicidal ideation are often present; when these cues are acknowledged by the caregiver, the patient is usually willing to talk about thoughts of suicide and a sense of isolation are despair and suicide and a sense of isolation are despair and suicide and a sense of isolation are despair and suicide and a sense of isolation and hopelessness. Spend time talking with patients during and between care activities. Be supportive, allowing for verbalization. Treat with
dignity and regard for the patient's feelings. The patient may experience physical isolation as a result of the current medical status and some degree of social isolation secondary to the diagnosis of AIDS. Limit or avoid the use of masks, gowns, and gloves when possible and when talking to patients. Reduces the patient's sense of physical isolation as a result of the current medical status and some degree of social isolation as a result of the current medical status and some degree of social isolation secondary to the diagnosis of AIDS. Limit or avoid the use of masks, gowns, and gloves when possible and when talking to patients. Reduces the patient's sense of physical isolation as a result of the current medical status and some degree of social isolation as a result of the current medical status and some degree of social isolation as a result of the current medical status and some degree of social isolation as a result of the current medical status and some degree of social isolation as a result of the current medical status and some degree of social isolation as a result of the current medical status and some degree of social isolation as a result of the current medical status and some degree of social isolation as a result of the current medical status and some degree of social isolation as a result of the current medical status and social isolation as a result of the current medical status and social isolation as a result of the current medical status and social isolation as a result of the current medical status and social isolation as a result of the current medical status and social isolation as a result of the current medical status and social isolation as a result of the current medical status and social isolation as a result of the current medical status and social isolation as a result of the current medical status and social isolation as a result of the current medical status and social isolation as a result of the current medical status and social isolation as a result of the current medical statu
provides positive social contact, which may enhance self-esteem and decrease negative behaviors. Identify support systems available to the patient has assistance from SO, feelings of loneliness and rejection are diminished. The patient may not
receive the usual or needed support for coping with a life-threatening illness and associated grief because of fear and lack of understanding (AIDS hysteria). Explain isolation precautions and procedures to the patient and SO.Gloves, gowns, and masks are not routinely required with a diagnosis of AIDS except when contact with secretions or
excretions is expected. Misuse of these barriers enhances feelings of emotional and physical isolation. When precautions are necessary, explanations help patients understand the reasons for procedures and provide a feeling of inclusion in what is happening. Encourage open visitation (as able), telephone contacts, and social activities within a
tolerated level. Participation with others can foster a feeling of belonging. Encourage active role of contact with SO. Helps reestablish a feeling of participation in a social relationship. May lessen the likelihood of suicide attempts. Develop a plan of action with the patient: Look at available resources; support healthy behaviors. Help patients problem
solve solutions to short-term or imposed isolation. Having a plan promotes a sense of control over own life and gives the patient something to look forward to and actions to accomplish. Identify factors that contribute to the patient something to look forward to and actions to accomplish. Identify factors that contribute to the patient something to look forward to and actions to accomplish.
present situation. Patients with AIDS are usually aware of the current literature and prognosis unless newly diagnosed with HIV and when dying of AIDS. Fear of AIDS (by the general population and the patient's isolation. For someone are not profound cause of the patient's isolation.
 homosexual patients, this may be the first time that the family has been made aware that the patient lives an alternative lifestyle. Assess the degree of feelings of helplessness: verbal or nonverbal expressions indicating lack of communication. Determines the status of the individual patient and allows for appropriate
intervention when the patient is immobilized by depressed feelings. Encourage active role in planning activities, establishing realistic and attainable daily goals. Encourage patient control and responsibility as much as possible. Identify things that the patient can and cannot control. May enhance feelings of control and self-worth and a sense of
personal responsibility. Encourage Living Will and durable medical power of attorney documents, with specific and precise instructions regarding acceptable and unacceptable and unacceptable procedures to prolong life. Many factors associated with the treatments used in this debilitating and often fatal disease process place patients at the mercy of medical personnel responsibility.
and other unknown people who may be making decisions for and about patients' wishes, increasing loss of independence. Discuss desires and assist with planning for the funeral as appropriate. The individual can gain a sense of completion and value to his or her life when he or she decides to be involved in planning this
final ceremony. This provides an opportunity to include things that are of importance to the person. Safety and injury prevention are paramount for patients with AIDS to reduce the risk of infections and complications. This involves implementing measures such as practicing safe sex, avoiding sharing needles or other injection equipment, ensuring
proper hygiene practices, and taking precautions to prevent accidental injuries, all aimed at minimizing the transmission of HIV and maintaining well-being. Observe for or report epistaxis, hematuria, non-menstrual vaginal bleeding, or oozing from lesions or body orifices and/or IV insertion sites. Spontaneous bleeding may indicate the
development of DIC or immune thrombocytopenia, necessitating further evaluation and prompt intervention. Monitor for changes in vital signs and skin color: BP, pulse, respirations, skin pallor, and discoloration. The presence of bleeding and hemorrhage may lead to circulatory failure and shock. Evaluate change in the level of consciousness. May
reflect cerebral bleeding. Hematest body fluids: urine, stool, vomitus, for occult blood. Prompt detection of bleeding or initiation of therapy may prevent critical hemorrhage. Review laboratory studies: PT, aPTT, clotting time, platelets, Hb/Hct. Detects alterations in clotting capability; identifies therapy needs. Many individuals (up to 80%) display
platelet count below 50,000 and may be asymptomatic, necessitating regular monitoring. Avoid injections, rectal tubes can damage or tear rectal mucosa. Some medications
need to be given via suppository, so caution is advised. Maintain a safe environment. Keep all necessary objects and call bell within the patient's reach and place the bed in a low position. Reduces accidental injury, which could result in bleeding. Maintain bed rest or chair rest when platelets are below 10,000 or as individually appropriate. Assess
medication regimen. Reduces the possibility of injury, although activity needs to be maintained. May need to discontinue or reduce the dosage of a drug. The patient can have a surprisingly low platelet count without bleeding. Avoid the use of aspirin products and NSAIDs, especially in presence of gastric lesions. These medications reduce platelet
aggregation, impairing and prolonging the coagulation process, and may cause further gastric irritation, and increased risk of bleeding. Administer blood products as indicated. Transfusions may be required in the event of persistent or massive spontaneous bleeding. Patients with HIV/AIDS are at an increased risk of infection due to their
compromised immune system, which is unable to effectively fight off opportunistic infections. Certain treatments for HIV/AIDS, such as chemotherapy or immunosuppressive medications, can also further increase the risk of infection. To mitigate this risk, patients with HIV/AIDS require close monitoring, appropriate prophylactic treatments, and
management of co-occurring infections or conditions. Assess patient knowledge and ability to maintain opportunistic infection prophylactic regimen. Multiple medication regimen based on side effects experienced, contributing to inadequate prophylaxis,
active disease, and resistance. Assess respiratory rate and depth; note dry spasmodic cough on deep inspiration, changes in characteristics of sputum, and presence of wheezes or rhonchi. Initiate respiratory isolation when the etiology of productive cough is unknown. Respiratory congestion or distress may indicate developing PCP; however, TB is on
the rise and other fungal, viral, and bacterial infections may occur that compromise the respiratory system. CMV and PCP can reside together in the lungs and, if treatment is not effective for PCP, the addition of CMV therapy may be effective. Investigate reports of headache, stiff neck, and altered vision. Note changes in mentation and behavior.
Monitor for nuchal rigidity and seizure activity. Neurological abnormalities are common and may be related to HIV or secondary infections. Symptoms may vary from subtle changes in mood and sensorium (personality changes or depression) to hallucinations, memory loss, severe dementias, seizures, and loss of vision. CNS infections (encephalitis is
the most common) may be caused by protozoal and helminthic organisms or fungi. Examine skin and oral mucous membranes for white patches or lesions. Oral candidiasis, KS, herpes, CMV, and cryptococcosis are common opportunistic diseases affecting the cutaneous membranes. Monitor vital signs, including temperature. Provides information for
baseline data; frequent temperature elevations and the onset of new fever indicate that the body is responding to a new infectious process or that medications are not effectively controlling incurable infectious process or that medications are not effectively controlling incurable infectious. Monitor reports of heartburn, dysphagia, retrosternal pain on swallowing, increased abdominal cramping, and profuse diarrhea. Esophagitis
may occur secondary to oral candidiasis, CMV, or herpes. Cryptosporidiosis is a parasitic infection may prevent sepsis. Wash hands before
and after all care contacts. Instruct patient and SO to wash hands as indicated. Reduces risk of cross-contamination. Provide a clean, well-ventilated environment. Screen visitors and staff for signs of infection and maintain isolation precautions as indicated. Reduces the number of pathogens presented to the immune system and reduces the possibility
of a patient contracting a nosocomial infection. Discuss the extent and rationale for isolation precautions and maintenance of personal hygiene. Promotes cooperation with the regimen and avoid trimming cuticles. Reduces the risk of transmission of
pathogens through breaks in the skin. Fungal infections along the nail plate are common. Wear gloves and gowns during direct contact with secretions or any time there is a break in the skin of the caregiver's hands. Wear a mask and protective eyewear to protect the nose, mouth, and eyes from secretions during procedures
(suctioning) or when a splattering of blood may occur. The use of masks, gowns, and gloves is required for direct contact with body fluids, e.g., sputum, blood/blood products, semen, and vaginal secretions. Dispose of needles and sharps in rigid, puncture-resistant containers. Prevents accidental inoculation of caregivers. The use of needle cutters and
recapping is not to be practiced. Accidental needlesticks should be reported immediately, with follow-up evaluations done per protocol. Label blood bags, body fluid containers, soiled dressings, and linens, and package them appropriately for disposal per isolation protocol. Prevents cross-contamination and alerts appropriate personnel and
departments to exercise specific hazardous materials procedures. Clean up spills of body fluids and/or blood with a bleach solution (1:10); add bleach to laundry. Kills HIV and controls other microorganisms on surfaces. Patients with HIV/AIDS may have a lack of knowledge about their disease, its transmission, treatment options, and available
resources. This can lead to poor medication adherence, increased risk of opportunistic infections, and other negative health outcomes. Review disease process and future expectations. Provides a knowledge base from which patients can make informed choices. Determine the level of independence or dependence and physical condition. Note the extent
of care and support available from family and SO and the need for other caregivers. Helps plan the amount of care and symptom management required and the need for additional resources. Review modes of transmission of disease, especially if newly diagnosed. Corrects myths and misconceptions; promotes safety for patients and others. Accurate
epidemiological data are important in targeting prevention interventions. Identify signs and symptoms requiring medical evaluation: persistent fever and lesions, headache, chest pain, and dyspnea. Early recognition of developing complications and timely interventions
may prevent progression to life-threatening situations. Instruct patient and caregivers concerning infection control, using gloves when handling bedpans, dressings, or soiled linens; wearing a mask if the patient has a productive cough; placing soiled or wet linens in a
plastic bag and separating from family laundry, washing with detergent and hot water; cleaning surfaces with bleach and water solution of 1:10 ratio, disinfecting toilet bowl and bedpan with full-strength bleach; preparing patient's food in clean area; washing dishes and utensils in hot soapy water (can be washed with the family dishes). Reduces risk
of transmission of diseases; promotes wellness in presence of reduced ability of the immune system to control the level of flora. Stress the necessity of daily skin care, including inspecting skin folds, pressure points, and perineum, and provides a barrier to
infection. Measures to prevent skin disruption and associated complications are critical. Ascertain that the patient or SO can perform necessary oral and dental care. Review procedures as indicated that 65% of AIDS patients have
some oral symptoms. Therefore, prevention and early intervention are critical. Review dietary needs (high-protein and high-calorie) and ways to improve intake when anorexia, diarrhea, weakness, and depression interfere with intake. Promotes adequate nutrition necessary for healing and support of the immune system; enhances the feeling of well-
being. Discuss medication regimen, interactions, and side effectsEnhances cooperation with or increases the probability of success with the therapeutic regimen. Provide information about symptom management that complements the medical regimen, interactions, and side effectsEnhances cooperation with or increases the probability of success with the therapeutic regimen. Provide information about symptom management that complements the medical regimen, interactions, and side effectsEnhances cooperation with or increases the probability of success with the therapeutic regimen.
patients with an increased sense of control, reduces the risk of embarrassment and promotes comfort. Stress the importance of adequate rest. Helps manage fatigue; enhances coping abilities and energy level. Encourage activity and exercise at a level that the patient can tolerate. Stimulates the release of endorphins in the brain, enhancing a sense of
well-being. Stress the necessity of continued healthcare and follow-up. Provides an opportunity for altering regimens to meet individual and changing needs. Recommend cessation of smoking. Smoking increases the risk of respiratory infections and can further impair the immune system. Identify community resources: hospice and residential care
centers, visiting nurses, home care services, Meals on Wheels, and peer group support. Facilitates transfer from acute care setting for recovery/independence or end-of-life care. In addition to antiretroviral therapy, patients with AIDS may require medications to manage specific symptoms or complications associated with the disease. These
medications may include prophylactic antibiotics to prevent opportunistic infections, antifungal medications to treat fungal infections, antiviral drugs to manage viral co-infections, antifungal medications to treat fungal infections, antiviral drugs to manage viral co-infections, antifungal medications to treat fungal infections, antiviral drugs to manage viral co-infections, and other medications to manage viral co-infections, and other medications to manage viral co-infections and other medications are drugs to manage viral co-infections.
promethazine (Phenergan), and trimethobenzamide (Tigan)Reduces the incidence of nausea and vomiting, possibly enhancing oral intake. Sucralfate (Carafate) suspension; a mixture of Maalox, diphenhydramine (Benadryl), and lidocaine (Xylocaine)Given with meals (swish and hold in mouth) to relieve mouth pain, and enhance intake. The mixture
may be swallowed for the presence of pharyngeal or esophageal lesions. Vitamin supplements Corrects vitamin deficiencies resulting from decreased food intake and/or disorders of digestion and absorption in the GI system. Avoid megadoses and the suggested supplemental level is two times the recommended daily allowance (RDA). Appetite
stimulants; dronabinol (Marinol), megestrol (Megace), oxandrolone (Oxandrin) Marinol (an antiemetic) and Megace (an antineoplastic) act as appetite stimulants in the presence of AIDS. Oxandrin is currently being studied in clinical trials to boost appetite and improve muscle mass and strength. TNF-alpha inhibitors; thalidomideReduces elevated
levels of tumor necrosis factor (TNF) present in chronic illness contributing to wasting or cachexia. Studies reveal a mean weight gain of 10% over 28 wk of therapy. Effective in the treatment of oral lesions due to recurrent stomatitis. Antidiarrheals: diphenoxylate (Lomotil), loperamide (Imodium), octreotide (Sandostatin)Inhibit GI motility
subsequently decreasing diarrhea. Imodium or Sandostatin are effective treatments for secretory diarrhea (Nizoral), fluconazole (Diflucan) and electrolytes by intestinal epithelium). Antibiotic therapy: ketoconazole (Diflucan) and electrolytes by intestinal epithelium).
(Nizoral)Specific drug choice depends on particular infecting organism(s) like Candida. ZDV (Retrovir) and other antiretrovirals alone or in combinationShown to improve neurological and mental functioning for an undetermined period of time. Antipsychotics: haloperidol (Haldol), and/or antianxiety agents: lorazepam (Ativan)Cautious use may help
our privacy policy. Ackley and Ladwig's Nursing Diagnosis Handbook: An Evidence-Based Guide to Planning CareWe love this book because of its evidence-based approach to nursing diagnosis, and care planning. Includes step-by
step instructions showing how to implement care and evaluate outcomes, and help you build skills in diagnostic reasoning and critical thinking. Other recommended site resources for this nursing care plans related to communicable and infectious diseases: FacebookEmailPrintBufferPinterestShare Pregnancy and HIV infection: A
european consensus on management. Coll O, Fiore S, Floridia M, Giaquinto C, Grosch-Wörner I, Guiliano M, Lindgren S, Lyall H, Mandelbrot L, Newell ML, Peckham C, Rudin C, Semprini AE, Taylor G, Thorne C, Tovo PA. Coll O, et al. AIDS. 2002 Jun;16 Suppl 2:S1-18. AIDS. 2002. PMID: 12479261 Review. No abstract available. Human
Immunodeficiency Virus (HIV) is a type of retrovirus that causes immunosuppression. HIV progresses to Acquired Immunodeficiency Syndrome (AIDS) when the virus has severely damaged the immune system, and the body can no longer fight off infections. There currently is no cure for HIV, but medication can help patients live a healthy life with
normal life expectancy. HIV can be transmitted through sexual intercourse with an infected partner, needle-sharing, and to an infant during pregnancy, childbirth, or breastfeeding. HIV cannot be transmitted casually through a handshake, sharing utensils, kissing, or hugging. HIV cannot be transmitted through sexual intercourse with an infected partner, needle-sharing, and to an infant during pregnancy, childbirth, or breastfeeding. HIV cannot be transmitted casually through a handshake, sharing utensils, kissing, or hugging. HIV cannot be transmitted through sexual intercourse with an infected partner, needle-sharing, and to an infant during pregnancy, childbirth, or breastfeeding.
weeks after the initial infection, the patient may develop a flu-like illness as the body attempts to fight off the virus. Symptoms include inflamed lymph nodes, fever, sore throat, malaise, muscle pain, diarrhea, rash, and night sweats. Chronic HIV Infection: This phase can last 10-15 years from the initial HIV infection. During this time, patients with
HIV are often asymptomatic. They may still infect others, especially if they continue high-risk behaviors without knowing they are infected. If taking antiretroviral therapy, the patient may remain in this stage for decades. If HIV is left untreated, it will advance to AIDS. AIDS: This is when the patient's immune system becomes severely compromised
and they cannot fight off opportunistic infections. Their viral load is very high, and they can easily transmit the virus to others. Patients with HIV infection focuses on monitoring the immune function and disease progression, prevention, detection, and treatment of
opportunistic illnesses, management of symptoms of the infection, prevention of complications, and prevention of the infection, prevention of the seasessment, consistent patient care. Antiretroviral
therapy (ART) are medications prescribed for HIV infection to decrease the viral load, maintain CD4 cell counts at acceptable levels, prevent HIV-related symptoms, delay the progression of the disease, and prevent transmission of the disease, and prevent transmission of the infection.
strict adherence. The first step of nursing care is the nursing assessment, during which the nurse will gather physical, psychosocial, emotional, and diagnostic data. In this section, we will cover subjective data related to HIV. 1. Know the HIV stages and inquire about the patient's general symptoms. Symptoms depend on the stage of
infection: Stage 1: primary infection (acute HIV) - 2-4 weeks after the initial infection, the patient may develop a flu-like illness as the body attempts to fight the virus. Symptoms include: Inflamed lymph nodes (most common initial sign of HIV infection) Fever Headache Sore throat Malaise Muscle aches Diarrhea Rash Night sweats Stage 2a: clinical
latency - patients may be asymptomatic during this time Stage 2b: advanced HIV infections or the following chronic signs and symptoms, including: Fatigue Swollen lymph nodes Diarrhea Significant weight loss Yeast in the mouth (thrush) Shingles (herpes zoster) Pneumonia Stage 4: progression to AIDS - a
patient's immune system becomes severely compromised and cannot fight off opportunistic infections. Patients may experience: Night sweats Fever and chills Chronic diarrhea Inflamed lymph nodes White spots or lesions on the tongue or mouth Generalized weakness Severe weight loss Skin rashes or sores 2. Elicit the patient's possible exposures
and histories. It is essential to perform proper history-taking to uncover any possible HIV exposures. Risk factors include: Unprotected sexual partners Exposure to sexually transmitted diseases (STDs) Sharing of needles History of being a recipient of blood transfusion
(rare) Needle-stick injuries HIV infection passed from the mother to the infant during childbirth 3. Advise on contact tracing (HIV partner notification) is identifying, locating, and notifying someone that a partner with whom they have engaged in sexual activity or drug use has been diagnosed with HIV. Patients must be willing to
provide this information. 1. Check for the presence of infection, and not all patients will display symptoms. Signs of risk factors or mild concomitant opportunistic infection, and not all patients will display symptoms. Signs of risk factors or mild concomitant opportunistic infection, and not all patients will display symptoms.
nodes. Generalized lymphadenopathy commonly occurs in patients with HIV. Swollen or abnormal lymph nodes in the cervical and axillary area are the most common. 3. Monitor for significant weight loss is accompanied by diarrhea,
weakness, and a fever that lasts longer than 30 days. This is more common with advanced HIV/AIDS. 1. Perform screening tests. Since infected people may go years without showing symptoms while the infection worsens, it is crucial to screen for HIV infection. The CDC recommends screening for anyone between the age of 13-64. If participating in
risky sexual or drug practices, screen more frequently. HIV screening is also recommended as part of routine prenatal screening test. HIV infection can be detected in as little as 18 days post-infection. 2. Assist the patient in ongoing diagnostic evaluation. Patients diagnosed
with HIV must receive routine testing to monitor their immune status, HIV progression, and medication effectiveness. These tests include: CD4 T-cell count indicates the current immune status and risk of acquiring an infection. CD4 counts are typically between 500-2000. A CD4 count below 200 is considered AIDS. Viral load measures the number of
copies of HIV in the blood. Antiretroviral therapy keeps viral loads low, so patients are less likely to transmit the virus to others. An "undetectable" viral load is the goal of treatment. 3. Monitor the overall health status. The patient will need to be monitored for other health conditions that may occur. These tests include: CBC - performed at least every
3-6 months Electrolytes, kidney function, liver function, liver function - performed at baseline and every 3-6 months Lipid profile - performed annually unless abnormal Viral hepatitis screening Chest X-ray as needed Pap smear Tuberculosis as needed STD testing - annually or with each new partner 4. Assess the patient's mental health and coping
status. Depression screenings should be completed regularly to assess for emotional concerns. Nursing interventions and care are essential for the patients recovery. In the following section, you will learn more about possible nursing interventions for a patient with HIV. 1. Administer antiretroviral therapy (ART) is the
most effective management of HIV. ART often involves two or more drugs from several pharmacological classes together, such as: Nucleoside reverse transcriptase inhibitors (PIs) Fusion inhibitors (PIs) Fusion inhibitors (PIs) Fusion inhibitors (NRTIs) Non-nucleoside reverse transcriptase inhibitors (NRTIs) Non
Attachment inhibitors Post-attachment inhibitors Pharmacokinetic enhancers Combination of HIV medicines 2. Encourage treatment plan can maintain control of the virus and may never progress to AIDS. When ART is taken as
prescribed, the medication provides the following benefits: Boosts the immune system Reduces the infectious disease specialist. A specialist in infectious disease should prescribe and monitor ART. The choice of an
antiretroviral regimen is made specifically for each patient based on the following: Virologic effectiveness Toxicity Pill burden Dosage frequency Potential drug-drug interactions Findings from drug resistance often entails genotyping or
phenotyping the patient's viral strains for signs of resistance. Before patients begin treatment, recommend genotypic testing to another medication. When complicated drug resistance mutation patterns are present, phenotypic and
genotypic testing are combined. 5. Ensure the patient's optimal health.HIV-positive patients should receive screenings for diabetes, osteoporosis, and colon cancer as needed. Monitoring and managing lipid levels and other cardiovascular risk factors is essential. 6. Inform the patient about treatment side effects. Treatment side effects depend on the
medication and may include: 7. Collaborate with the HIV treatment team. HIV patients may be supported by a team of healthcare professionals, including social workers, doctors, nurses specializing in rare diseases, and mental health specialists, throughout their treatment. Collaborating with a team ensures proper follow-up, and prevention and
management of complications. 8. Educate on lab monitoring. Patients should receive CD4 count and viral load testing before beginning ART treatment effectiveness. If, after two years, the patient's viral load remains suppressed, CD4 testing may decrease annually or as directed. 1
Administer prophylactic antimicrobials for opportunistic infections (OI). Patients may require antibiotics or antifungal treatment to prevent infections when coupled with HIV should also be instructed to wash
their hands after touching animals, as a potential OI called toxoplasmosis is found in the feces of birds, rodents, and cats. 3. Encourage the patient to avoid crowded places. Avoid contact with large crowds (such as events and social gatherings) to prevent exposure to different infections, especially if CD4 counts are suboptimal. 4. Promote safe sex
practices. Teach the patient the importance of using latex condoms to prevent transmission of HIV. 5. Educate on PrEP. Pre-exposure prophylaxis is a medication taken to prevent getting HIV. People who form intimate relationships with someone with HIV can reduce their risk of getting the disease through sex by 99% on this medication. 6. Schedule and the prevent getting HIV.
the patient for vaccinations. Patients should receive pneumococcal, influenza, varicella, hepatitis A, hepatitis B, HPV, and meningococcal vaccinations to boost their ability to fight infection. 7. Encourage the pregnant patient to get screened for HIV. 8. Assist in meal planning. Encourage the
patient to eat nutritious foods. Recommend lean protein, whole grains, and fresh produce to enhance the immune system and keep their energy high. Discourage taking raw food (such as sushi or raw eggs) and unpasteurized dairy products as they may carry live microorganisms causing infection. 9. Promote good personal hygiene. Teach the patient
the importance of good personal hygiene. Maintaining a clean body reduces the risk of pathogens on the skin. Emphasize oral care due to the risk of oral fungal infection. 10. Monitor visitors who are unwell. 11. Promote a healthy lifestyle. Encourage
exercise as a method to boost the immune system. Abstain from smoking and drug use that can lead to cancer and other complications. 1. Universal precautions are instituted. Don personal protective equipment (PPE) such as gloves, gowns/aprons, masks, and eye protection for direct
contact with blood or bodily fluids from an HIV-positive person. 2. Instruct on needle-stick precautions. Never recap needles. If an accidental needle-stick precautions will begin for infection, and the employee may be required to start ART. 3
Dispose of contaminated items appropriately. Linens and items contaminated with infected blood must be disposed of in red biohazard bags. 1. Ask the patient to share their feelings and emotions. Expression of feelings and thoughts lessens anxiety. Nurses can be nonjudgmental listeners and a source of support. 2. Encourage the patient to join
support groups. A support group allows members to open up and discuss their feelings, coping mechanisms, and lived experiences. People with HIV who attend support, whether from a group or family and friends, live longer, healthier lives. 3. Refer
the patient to a social worker. Patients with HIV can receive a variety of services and assistance through social workers and case managers. They can assist patients in navigating government programs, legal aid, and financial concerns while enabling them to make well-informed health choices. 4. Treat the patient the same as others. Interact with the
patient as you would with any other. The patient can tell if a healthcare professional is judgmental or prejudiced. HIV patients should receive the same treatment and communication as other patients. Assess oneself to recognize feelings of assumption or bias. Contact with a patient who has HIV does not require anything more than routine safeguards
Once the nurse identifies nursing diagnoses for HIV, nursing care plans help prioritize assessments and interventions for both short and long-term goals of care. In the following section, you will find nursing care plan examples for HIV. Patients diagnosed with HIV infection often develop anxiety disorders, depression, and low self-esteem. Disturbed
body image is often associated with poor self-care behaviors, poor ART adherence, and risky behaviors. Nursing Diagnosis: Disturbed Body Image Altered body function Fear of disease progression Low self-efficacy Low self-efficacy
interest in activities Expresses concerns about sexuality Expresses fear of rejection by others Preoccupation with past strengths and functions Preoccupation with changes by adhering to their medication and
treatment plan. Patient will verbalize acceptance of their progressive disease. 1. Assess factors that contribute to perceptions of disturbed body image due to a permanent condition. 2. Observe the patient's
description of self. Listen to the patient talk about their body and self and observe for positive and negative comments and how they believe others perceive them. 1. Allow the patient to express emotions and feelings. Expression of feelings and emotions relieves anxiety and reduces depressive behavior. It also helps nurses better understand what the
patient is going through. 2. Provide education and support. Patients with HIV infection often feel rejected or stigmatized by society. Provide support to the patient about their disease and educate them that patients can live normal lives with treatment. 3. Interact as you would with any other patient. Patients can sense if a healthcare provider is
judgmental or stereotyping them. Patients with HIV deserve the same care and interaction as all patients. Contact with a patient with HIV does not require anything beyond standard precautions and the nurse must educate themselves if they recognize feelings of assumption or prejudice. 4. Encourage support groups. Social support is important in
 learning to live with HIV. Encourage the patient to interact with others who are HIV positive by joining online groups and community programs to gain confidence and recognize their diagnosis does not define them. HIV infection affects the body's ability to effectively absorb nutrients due to various infections. Malabsorption, altered metabolism, and
weight loss caused by loss of appetite and mouth ulcers are common in patients with HIV infection. Nursing Diagnosis: Imbalanced Nutrition Altered taste perception Depressive symptoms Difficulty swallowing Food aversion Inability to absorb nutrition Altered taste perception.
and gender Constipation Mouth sores/ulcers Diarrhea Food intake less than recommended daily allowance (RDA) Lethargy Muscle hypotonia Poor dentition Patient will report increased appetite and interest in food. 1. Assess the patient's potential barriers to
eating.HIV patients often develop lesions in the mouth and throat caused by infections like candidiasis, limiting the patient's ability to chew, swallow and ingest food. 2. Determine previous weight to-height charts. It is vital to determine the pre-diagnosis
weight and current weight to determine muscle wasting and assess nutritional needs. 1. Educate the patient about the side effects of the current medication regimen. Drug therapy for HIV often causes altered taste, anorexia, nausea, and vomiting. 2. Provide an environment conducive to eating. Ensure uninterrupted mealtimes, provide small frequent
meals and snacks, and remove noxious odors to help improve appetite and promote nutritional intake. 3. Encourage oral hygiene can enhance appetite and promote a desire to eat. 4. Administer medications as indicated. Antiemetics
administered before meals can help reduce nausea and vomiting and promote appetite. Appetite stimulants may also be prescribed to enhance appetite on that prevents nutritionally balanced diet that nutritionally balanced diet that prevents n
cells depresses immune function, causing the patient to be at higher risk of acquiring infection. Nursing Diagnosis: Ineffective Protection HIV infection Impaired immunity Inadequate nutrition Engagement in risky behaviors (i.e., unprotected sex, sharing of needles) Insufficient knowledge about HIV and its management Detectable HIV viral load
Decreased CD4 count (CD4 count 500 cells/mm3. Patient will demonstrate precautions preventing AIDs and HIV transmission. 1. Monitor CD4 level and viral load. Regular monitoring of CD4 levels and viral load provides information about the status of the patient's immunity and HIV progression. Lower CD4 counts and a higher viral load indicate and viral load.
more significant risk of acquiring opportunistic infections. 2. Monitor for signs and symptoms of infection. PLHIV must monitor themselves for signs of infection such as fever, chills, new or productive coughs, rashes, mouth sores, and
weight loss. 3. Assess risky behaviors.HIV is commonly transmitted through unprotected anal or vaginal sex or sharing of contaminated needles, syringes, or other drug injection equipment. PLHIV who continue to engage in these behaviors place themselves and others at risk for infection. 4. Assess socioeconomic barriers.The stigma and
discrimination attached to having a positive HIV status are associated with unemployment, homelessness, and poverty. Nurse case managers can assess for barriers that limit the patient's access to medical care, proper nutrition, and medication adherence. 1. Observe standard precautions. Healthcare-associated infections are commonly due to the
transmission of harmful microorganisms through the hands of health workers. Handwashing is the first step to reducing this risk. When starting IVs or performing invasive procedures, adhere to aseptic or sterile techniques to prevent the transmission of pathogens. 2. Provide meal planning with high-calorie and high-protein foods.PLHIV experience
wasting syndrome, especially with the progression to AIDS. Once muscle and fat are lost, it's difficult to regain. Providing high-calorie and high-protein foods will help replace lost fat, muscle, and antifungals against opportunistic infections when
CD4 counts become suboptimal. 4. Administer immunizations. PLHIV have decreased protection against opportunistic infections. The CDC recommends that PLHIV be vaccinated against hepatitis B, human papillomavirus (HPV), influenza, meningitis, pneumonia, tetanus, diphtheria, and pertussis. 5. Referrals to community resources. HIV's devastating
effects on the socioeconomic status of the patient can be addressed by linking them to social services, free health clinics, financial services, food banks, and more. 6. Encourage proper hygiene are essential to prevent the development of oral thrush and skin rashes and sores that can occur with HIV and AIDS. The patient may
experience concerns or dysfunction surrounding their sexual ty following the diagnosis of HIV. Conflict about sexual orientation or variant preferences Fear of pregnancy with HIV Impaired relationship with partner Insufficient knowledge about alternative sexual practices Reported changes in sexual activities or behaviors Changes to intimate
relationship Engaging in unsafe sexual practices. Patient will describe acceptable alternative sexual practices. Patient will partake in safe sex practices. Patient will partake in safe sex practices. Patient will partake in safe sex practices. Patient will partake in safe sexual practices. Patient will partake in safe sex practices. Patient will be appeared by the patient will patient will be appeared by the patient will be appea
navigate current or future intimate relationships. HIV can cause feelings of low self-esteem, unworthiness, and shame that affect their sexual history provides an understanding of the patient's sexual patterns. Note the patient's sexual orientation and their number of
sexual partners. Assess the patient's risk of STIs and pregnancy through their use of condoms and contraceptives are often hesitant and uncomfortable reporting sexual issues. Sexuality is a sensitive issue and private matter. Patients are often hesitant and uncomfortable reporting such concerns. The nurse must first build a rapport with the
patient so both are comfortable discussing sexual topics. 2. Discuss thoughts on pregnancy, offer education on how ART can reduce the risk of transmitting the virus to the fetus to less than 1%. 3. Encourage the
patient to share feelings and concerns with their partner. Sexual concerns, if not communicated, can lead to stress and deterioration in the relationship. 4. Educate the patient about safe sex practices helps change behavior geared toward HIV prevention.
Patients without HIV who wish to have an intimate relationship with an HIV-positive partner can protect themselves through pre-exposure prophylaxis (PrEP), a medication regimen that reduces the risk of getting HIV. HIV infection causes immunosuppression, placing patients at risk for illness. Opportunistic infections such as pneumonia can be life
threatening in patients with HIV/AIDS. Nursing Diagnosis: Risk for Infection Chronic illness Immunosuppression Disease process Insufficient knowledge to avoid exposure to pathogens Nonadherence to ART Low CD4 count High viral load A risk diagnosis is not evidenced by signs and symptoms as the problem has not yet occurred. Nursing
interventions are aimed at prevention. Patient will remain free of symptoms of infection and demonstrate appropriate behaviors that reduce the risk of infection. Signs of infection with HIV include fever, rashes, swollen lymph nodes,
washing before and after care of the patient. Handwashing reduces the risk of introducing bacteria to the patient and family members to wash their hands as indicated. 2. Screen visitors and primary caregivers for signs of infection. This helps reduce the possibility of nosocomial infection. Family members who are sick should not
interact with the patient. 3. Administer medications as indicated. Adhering to antiretroviral drug therapy can help reduce the risk of infection in patients diagnosed with HIV. Educate patients about the importance of adhering to their treatment regimen. Some over-the-counter drugs and herbal remedies have significant interactions with ART drugs
and should be taken with caution. 4. Educate about routine testing with HIV require viral load, testing with medication changes. Once they reach an undetectable viral load, testing with the HIV treatment team. It is very important patients adhere to routine infectious disease appointments
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Organization (WHO). (2019, October 1). Hiv/Aids. Retrieved April 2023, from tab 1 Published on October 21, 2022 0 ratings0% found this document discusses recommendations for preventing perinatal HIV transmission including HIV testing during pregnancy, treatment of HIV infection during
pregnancy and delivery, avoiding br...AI-enhanced title and descriptionSaveSave nursing care plan of pregnant women with HIV For Later0%0% found this document useful (0 votes)97 views28 pagesThe document discusses recommendations for preventing perinatal HIV transmission including HIV
testing during pregnancy, treatment of HIV infection during pregnancy and delivery, avoiding breastfeeding, and providing antiretroviral prophylaxis to the mother during pregnancy and infant after birth. It also covers nutrition considerations for people living with HIV such as maintaining a healthy diet and addressing common problems like weight
loss, diarrhea, and loss of appetite.0 ratings0% found this document useful (0 votes)97 views28 pagesThe document discusses recommendations for preventing pregnancy, avoiding br...AI-enhanced title and description In many
countries, HIV/AIDS prevalence is increasing rapidly among women of reproductive age, and has become an important contributing factor to high maternal morbidity and mortality. All women should know their HIV status and understand the importance of HIV prevention. Knowledge of HIV status, through HIV testing and counselling, is especially
important during pregnancy, childbirth, and breastfeeding, since women with HIV can transmit the virus to their infants during these times. Talking to women are already a trusted source of information and advice. Building on
this foundation of trust, skilled attendants can be an important source of caring and provide supportive HIV/AIDS counselling. This session only provides an introduction with a focus on HIV and pregnancy.
You are encouraged to discuss with your colleagues and programme managers how the services can best provide support for the different themes covered. If HIV is very prevalent in your community, you might consider discussing in your group or with your supervisor opportunities for additional training to help staff in supporting women. Tools
developed by the CDC, World Health Organization (WHO), UNICEF, USAID, and partners can provide useful strategies for learning about how to address HIV. For testing and counselling, prevent HIV, and prevent mother-to-child transmission of HIV support tools see to motivate women to accept HIV testing and counselling, prevent HIV, and prevent mother-to-child transmission of HIV support tools see to motivate women to accept HIV testing and counselling, prevent HIV, and prevent mother-to-child transmission of HIV support tools see to motivate women to accept HIV testing and counselling, prevent HIV, and prevent mother-to-child transmission of HIV support tools see to motivate women to accept HIV testing and counselling, prevent HIV, and prevent mother-to-child transmission of HIV support tools see to motivate women to accept HIV testing and counselling, prevent HIV, and prevent mother-to-child transmission of HIV support tools see to motivate women to accept HIV testing and counselling for prevent HIV, and prevent mother-to-child transmission of HIV support tools see to motivate women to accept HIV testing and counselling for prevent mother-to-child transmission of HIV support tools are the support tools and the support tools are the suppo
to-child HIV transmission (PMTCT). How to help women overcome actual or perceived HIV-related stigma and discrimination and testing about HIV prevention and testing about HIV prevention and testing and use of PMTCT services. Self-reflection: how to explore your own beliefs and attitudes around HIV/AIDS. By the end of this session you
should be able to: Explain the benefits of testing and counselling for HIV during pregnancy, the need for partner testing and counselling, and the importance of sharing HIV status with partner testing and counselling, and the importance of sharing HIV status with partner testing and counselling for HIV during pregnant women and their partner testing and counselling.
how to prevent it. Motivate women with HIV infection to participate in PMTCT interventions. Assist pregnant women who are HIV-positive to cope with their diagnosis and support them to make a plan to get the special care they and their infants will need. 45 minutes To reflect on your own attitudes, beliefs and values towards women who are HIV-positive to cope with their diagnosis.
positive. This exercise is best done in a group or with another person so that you can discuss the topic. If you are working alone, try and find a colleague who will carry out the exercise with you. Is it important to know whether a woman has HIV? Why or why not? Are there certain types of women more likely to be infected with HIV or can any woman
get HIV?Whose fault is it if a woman gets HIV?Should women who have HIV be allowed to get pregnant? Should they be allowed to have more than one pregnancy?Should women who have HIV?Should women who have HIV get the same care or different care to women who have HIV? If different, how should it be different?Think about how some of the answers you have
given to these questions may impact on the way you treat and counsel women that you see. Do these present a barrier to providing appropriate care and support? Keep these points in mind as you read through the session. You may wish to review the questions and answers after you complete the session, to see if your answers have changed and to
think about the barriers your beliefs and attitudes may pose. Our ViewIn answering these questions you will have had to explore some of your own attitudes, values and beliefs towards HIV. Anyone can get HIV. Some people are more at risk because of the behaviours they have such as multiple sexual partners, or because they inject drugs. It should
not matter how a woman or man got HIV in terms of how you treat them. All women that you see, whether they are HIV-positive or negative, should be treated with respect. As you will not know who has HIV and who does not, you should be treated with respect. As you will not know who has HIV-positive or negative, should be treated with respect.
human rights as all other women and they can make choices and decisions about whether to have children or not, and how many children and whether they want to breastfeed. If a woman is HIV-positive, she may need additional information, support and counselling including the possible effects of childbirth on her health status, but the decisions are
still hers to make. You may agree or you may not agree with some of the views expressed here. Whatever your views, you need to think about how they might impact the women that you treat and counsel. Are you likely to treat them differently? How could you try to overcome some of the negative attitudes that you have? Identifying women with HIV
infection and their partners is a "gateway" to helping women, partners and children to receive the HIV treatment and counselled for HIV. Counselling during routine antenatal and postpartum care is an important way to reach women with
information about HIV/AIDS and encourage HIV testing. New emphasis is placed on providing essential HIV/AIDS information. During pregnancybasics of HIV transmission and preventionHIV testing and counselling processes benefits and risks of HIV
testingright to refuse testing (opt-out)implication of positive and treatment available family planning/dual protection and provide condoms (See page 167 below for a definition of dual protection)identification of sexual risks and
plan for reduction of risksavailability and benefits of testing and counselling services for couplesimportance of infant feeding and nutritionCounselling after an HIV test result and the possibility that in the first 3 months following infection the test may still come back negative ("window period") assist in understanding result/ coping
with diagnosisprovide information to HIV-negative women on how to stay negativediscuss immediate concerns best and most feasible infant feeding optiondiscuss the importance of good nutrition for staying
healthy explain essential PMTCT issues encourage partner dialogue/disclosure encourage partner testing and counselling discuss family planning/ dual protection and provide condoms reinforce HIV prevention/risk reduction and develop a plan to reduce the risk of HIV reinfection revise the birth and emergency plan and discuss the need to give birth in
a facility with a skilled attendantIn many countries, provider initiated testing and counselling of all pregnant women, like haemoglobin tests. All ANC clients are offered
the test, and counselled on the benefits and risks of knowing HIV status during pregnancy. But testing is still voluntary and women may refuse if they wish. Women are more likely to accept HIV testing if their health care provider counsels in favour of the procedure and recommends it. If a woman refuses testing and counselling, spend a bit of extra
time with her to find out why she refused (use your open questioning and active listening skills), and see if you can help her with any problems related to accepting the HIV test. But remember to present the information in a neutral, non-biased way without pressure or judgement. Some women may be afraid to get an HIV test, do not want to know
their HIV status, or do not want to discuss results with their partner. Real and perceived stigma and discrimination against those who are known to be infected with HIV is a big problem in many communities and may be a barrier to testing. Counselling women about the benefits and risks of knowing their HIV status, not only for themselves but for
their infant and partner, can help to overcome the fear of stigma, discrimination and other barriers. Allowing women to express their concerns is also important. Fear of bad outcomes is more common than actual bad outcomes, support and
understanding. When counselling, be sure to assist women to evaluate the real chances of bad outcomes and help make a plan to minimize them. BENEFITS OF PREGNANT WOMEN KNOWING HIV-positive, she can learn how to remain negative of HIV-positive, she can
learn how to live positively and care for herself and her babyRevision of her birth and emergency plan to make sure she gives birth in a facility with a skilled attendantShe can share HIV transmission to the baby is availableCare, nutrition support,
counselling, and follow-up is available for women infected with HIV and HIV-exposed infantsLong-term treatment (Anti-RetroVirals-ARVs) for women infected with HIV, baby, and family are available in many placesConfidentiality means that only health staff directly involved in her care will know her test results; that it is her decision if and when she
wants to share her test results with anyone else. Assure women that they will get good ANC whether or not they accept HIV testing and counselling at ANC for specialized HIV testing and counselling. Where available, refer women who refuse testing and counselling at ANC for specialized HIV testing and counselling.
every future visit if she is ready to be tested. Briefly review with her the benefits of knowing her and their babies, at each clinic visit to help her decide. Post-test counselling for a pregnant woman who has tested HIV-negative should focus on helping the woman decide
how she can stay HIV-negative. Support should also be provided to help her decide if she will discuss her results with her partner, so that he can be tested and actively participate in risk assessment and risk reduction for the two of them. The main ways to prevent HIV infection and STIs: Correct and consistent use of condoms during every sexual
actPractising safer sex (choosing sexual activities that do not allow semen, fluid from the vagina, or blood to enter the mouth, anus or vagina of the partners sexual fidelity Abstinence. Sometimes pregnant women may need help in adopting these
prevention behaviours, or in getting their partner to agree. A first step in negotiating safer sexual practices as a couple, and any other
sexual activity that might be taking place outside of their relationship. The second step is for the woman or couple to decide what changes need to be made to better protect against HIV/STIs, and how they will make those changes. All women should consider dual methods of protection, to protect against HIV and to avoid unwanted pregnancy. (See
Session 12 on family planning for more information on dual protection). Many couples are successful in adopting safer sexual practices. If you have developed the appropriate skills and experience, it is often helpful to offer to counsel the couple together so they can then talk with you as a couple about these issues, to help them better understand risks,
and find solutions that are agreeable to both. Correct and consistent use of condoms with another family planning method for every sexual encounter is the best way to ensure dual protection against HIV and avoid unwanted pregnancy. Another key to HIV prevention is partner testing and counselling. Every pregnant
woman should ask her partner to get an HIV test. It is not unusual for a pregnant woman to test HIV-positive and for her partner to test HIV-negative, or the other way around. This is called "discordance". Couples with discordant HIV test results can
be different. You may want to refer discordant couples to more specialized counselling services where available. Repeat testing late in the pregnancy should also be recommended to HIV-negative women if HIV is very prevalent in your community. 1 hour To develop or improve your counselling skills so you can help women to address common barriers
to HIV prevention behaviours, and to negotiate safer sex with their partners. Remember as previously discussed, the main ways to prevent STI/HIV infection; use of condoms (including dual protection), practising safer sex, fidelity, partner reduction, or abstinence. Discuss with colleagues, women and men in the community and make a list of the
different reasons why men and women do not put HIV prevention behaviours into practice. Also talk about barriers to partner HIV testing and counselling context (e.g. culture, gender roles, household decision-making, and the social system in your community) may contribute to these barriers. Discuss possible solutions -
make this into a list of things that women can do for themselves, things that can be addressed by the wider community. Think of ways you can help to implement the solutions you have proposed. With regards to things women can do for themselves, how can you support them to do these things? What
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information will they need? How can you improve your couple counselling skills to work with partners to involve them in the solutions? What work needs to be done in the broader community? Who else can support you in this effort? Finally what can health workers do? Discuss the solutions among staff and develop a plan together to improve the support you can provide. Our ViewWhether women are infected with HIV or not, it is important for them to understand how to prevent HIV transmission (or reinfection). Helping a woman overcome her own or her partner reduction or abstinence, will require you to have a frank, open discussion about sexual issues. You may find that women would like an opportunity to role-play condom negotiation and introduction of dual methods with you before they discuss the issues with their partners. Before they do so, make sure to provide her with condoms. See session 16 below on women and violence will also be of use to you if you suspect there may be a problem of violence. Helping a woman cope with positive HIV test results is among the most difficult counselling challenges faced by health workers today. Pregnant women who find out that they have HIV have to cope not only with their own diagnosis, but that their baby has been exposed to HIV, as well as the normal concerns all women have during pregnancy. Post-test counselling for pregnant women who test -HIV-positive can present challenges of time, space, and privacy/confidentiality. If it is not realistic to provide counselling to women infected with HIV during the regular antenatal care session, it may be possible to ask the woman to return at a time when it would be possible for you to have more time for a more in-depth discussion, after she has had time to think over the basic information you provided her during post-counselling at ANC. Some women who test HIV-positive may want to bring their partner or a family member back to the clinic to participate in couple or family counselling services. There are several key post-test counselling topics: coping with the diagnosislearning the actions to take to keep a woman and her baby healthier and prevent mother-to-child transmission, including antiretroviral drugs and infant feedingdeciding whether to share her test results with others, especially her partner, so he can also get tested. Helping pregnant women cope with their diagnosis is the first counselling objective and requires special skills. Factors that influence a woman's acceptance of a positive HIV test results include: the counselling and support she receives awareness of the options that are available to her for treatment, care and support she receives awareness of the options that are available to her for treatment, care and support she receives awareness of the options that are available to her for treatment, care and support she receives awareness of the options that are available to her for treatment, care and support she receives awareness of the options that are available to her for treatment, care and support she receives awareness of the options that are available to her for treatment, care and support she receives awareness of the options that are available to her for treatment, care and support she receives awareness of the options that are available to her for treatment, care and support she receives awareness of the options that are available to her for treatment, care and support she receives awareness of the options that are available to her for treatment and options that are available to her for treatment and options that are available to her for treatment and options that are available to her for treatment and options that are available to her for treatment and options that are available to her for treatment and options that are available to her for treatment and options that are available to her for the options are available to her for the options are available to her for treatment and options are available to her for the options important to discuss the pros and cons of disclosing her status to others from the woman's own perspective and to discuss any problems that a woman thinks she might have if she shares her HIV status with others. Help her decide who she might have if she shares her HIV status with others. Help her decide who she might have if she shares her HIV status with others. would like your support to disclose results, offer to participate in "mediated disclosure". Invite family and partner to the clinic or go to their home if appropriate, to participate in the sharing of HIV test results. Provide women who have a positive test result with multiple opportunities for disclosure. Even women who choose not to disclose when results. are first given to them can later change their minds. Remember to assure women that all discussions about HIV results and related issues are confidential. Only you and essential members of the health care team will know about HIV results and related issues are confidential. not to disclose their HIV status. Fear of stigma and discrimination, real or perceived, against people with HIV/AIDS, including fear of partner violence and rejection by family, can be a major barrier to getting tested for HIV test and disclosure of HIV-positive test results. Despite efforts to change attitudes towards people living with HIV/AIDS, stigma and discrimination persist in many communities. Some women infected with HIV who disclose test results do experience violence or some of the other negative things that can happen. Remember, as mentioned earlier, fear of bad outcomes is more common that actual bad outcomes for most women. Most women who do tell others their HIV status receive support and understanding from their partner and family. When counselling, try to determine if there is a real risk of bad disclosure outcomes, and help think of alternative sources of support for women who cannot or will not disclosure outcomes, and help think of alternative sources of support for women who cannot or will not disclosure outcomes, and help think of alternative sources of support for women who cannot or will not disclosure outcomes, and help think of alternative sources of support for women who cannot or will not disclosure outcomes, and help think of alternative sources of support for women who cannot or will not disclosure outcomes, and help think of alternative sources of support for women who cannot or will not disclosure outcomes, and help think of alternative sources of support for women who cannot or will not disclosure outcomes, and help think of alternative sources of support for women who cannot or will not disclosure outcomes, and help think of alternative sources of support for women who cannot or will not disclosure outcomes, and help think of alternative sources of support for women who cannot or will not disclosure outcomes, and help think of alternative sources of support for women who cannot or will not disclosure outcomes. and/or family. Barriers shock, anger, denial, fear, isolation, loss, grief, guiltfear of abandonment- economic and family support fear of rejection/stigma/discrimination blame - fear of accusations of infidelity shame - to admit to family support fear of rejection/stigma/discrimination blame - to admit to family support fear of rejection/stigma/discrimination blame - fear of accusations of infidelity shame - to admit to family support fear of rejection/stigma/discrimination blame - fear of accusations of infidelity shame - to admit to family support fear of rejection/stigma/discrimination blame - fear of accusations of infidelity shame - to admit to family support fear of rejection fear of rejection fear of rejection fear of accusations of infidelity shame - to admit to family support fear of rejection fear of childbearingdepression, anxiety, low self-esteem, suicidal ideas. Motivators avoiding burden of secrecy, no fear of involuntary disclosureallows opportunity for treatment with partner testing and counsellingability to discuss testing, prevention/protection, treatment with partner ability to protect partner/ baby from transmissionaccess to emotional and practical supportability to discuss symptoms and concernseasier to adhere to infant feeding style of choice. 1 hour To practise helping HIV-positive women to make a disclosure plan. Review the box above which lists barriers and motivators to disclosure. Think these over and discuss with colleagues, women and men in the community to make the list appropriate for your setting. Practise disclosure doing some role-plays where the counsellor will: discuss advantages of disclosure doing some role-plays where the counsellor will: discuss advantages of disclosure doing some role-plays where the counsellor will: discuss advantages of disclosure doing some role-plays where the counsellor will: discuss advantages of disclosure doing some role-plays where the counsellor will: discuss advantages of disclosure doing some role-plays where the counsellor will: discuss advantages of disclosure doing some role-plays where the counsellor will: discuss advantages of disclosure doing some role-plays where the counsellor will: discuss advantages of disclosure doing some role-plays where the counsellor will: discuss advantages of disclosure doing some role-plays where the counsellor will: discuss advantages of disclosure doing some role-plays where the counsellor will: discuss advantages of disclosure doing some role-plays where the counsellor will: discuss advantages of disclosure doing some role-plays where the counsellor will: discuss advantages of disclosure doing some role-plays where the counsellor will: discuss advantages of disclosure doing some role-plays where the counsellor will: discuss advantages of disclosure doing some role-plays where the counsellor will advantage advantage advantage advantage advantage advantage. readiness to disclosegive the woman time to think over the results and her specific needs. Continue the
role-play but move on to develop a disclosure or full disclosure or full disclosure - who to tell first, where, and howhow to break newsassist the woman to anticipate likely responses after disclosure provide reassurance, offer to mediate (e.g. act as a go-between) disclosure to partner or others. Offer couple counselling (see session 4).identify sources of supportdevelop coping strategies for managing stress of diagnosisdiscuss risk reduction, protecting partner and babyassist the woman in understanding the need for her existing children to know her status and for them to receive testing and counselling in an age-appropriate way. Our ViewTaking some time to review barriers and motivators to disclosure in advance will enable you to practise your counselling skills on this topic area. Counselling women or couples who are HIV-positive can be very emotional and is a sensitive topic. With the use of plays, you can explore different ways of facilitating and supporting the decision-making process. Develop a sheet with the different ways of facilitating and supporting the decision-making process. Develop a sheet with the different ways of facilitating and supporting the decision-making process. Develop a sheet with the different ways of facilitating and supporting the decision-making process. Develop a sheet with the different ways of facilitating and support when working with women. The second counselling objective for HIVpositive pregnant women is to explain in detail the care that will help her stay healthier and help her prevent passing HIV to her baby, and to motivate her to accept that care. Explain the prophylaxis (preventive treatment), treatment and care that may be available for her, her infant, and her partner. Explore with her if there are any barriers she might face receiving care and treatment, such as costs, transport, or family resistance. Efforts to prevent mother to child transmission of HIV should be as comprehensive as possible and acknowledge that both mothers and fathers have an impact on transmission of HIV to the infant: Both partners need to be aware of the importance of safer sex throughout pregnancy and breastfeeding. Both partners should be made aware of and provided with PMTCT interventions. Both partners should be made aware of and provided with partners should be made aware of and provided with partners should be made aware of and provided with partners should be made aware of and provided with partners should be made aware of and provided with partners should be made aware of and provided with partners should be made aware of and provided with partners should be made aware of and provided with partners should be made aware of and provided with partners should be made aware of and provided with partners should be made aware of and provided with partners should be made aware of and provided with partners should be made aware of and provided with partners should be made aware of and provided with partners should be made aware of and provided with partners should be made aware of and provided with partners should be made aware of an aware of a partners should be made aware of an aware of a partners should be made aware of an aware of a partners should be made aware of a partners should be made aware of an aware of a partners should be made aware of including using condoms during pregnancy and lactation, and receive needed maternal and HIV services. Some things that help prevent transmission from mother-to-child, such as exclusive replacement feeding or exclusive breastfeeding (see Session 13), can be difficult for women to adopt, especially if they do not share their HIV status with family For example, new mothers often experience pressure from mothers-in-law or other female relatives to use breast milk substitutes or to feed babies traditional porridge early in life, in addition to breast milk substitutes or to feed babies traditional porridge early in life, in addition to breast milk substitutes or to feed babies traditional porridge early in life, in addition to breast milk substitutes or to feed babies. exclusive breastfeeding even if there is resistance in the home environment. 1 hour To improve counselling content and techniques for the special needs of HIV-positive women during pregnancy, postpartum and breastfeeding. Review the key facts about PMTCT that you yourself would like to know more about to better counsel HIV-positive women? Think about the questions you ask all pregnant women when helping them prepare a birth and emergency planning is different. Also consider the impact of stigma and discrimination from health workers and from the community. What will you need to add to the questions you developed for birth and emergency plan? How could you strengthen your current counselling techniques to help HIV positive women with PMTCT and make a birth and emergency plan? Brainstorm possible barriers that women could face trying to carry out the recommended actions for PMTCT, such as disclosure, difficulties with adherence to antiretroviral interventions, planning to give birth in a facility and infant feeding recommendations. Talk with HIV-positive women and ask them what some of the barriers are. Use the information from Activity 2 in this session. Talk with staff members who may be involved in providing care to HIV-positive women, and whether they treat them differently, or view them differently. You can use Activity 1 of this session to guide your discussions. Ask for their comments on how each of them could contribute to more effective counselling for birth and emergency planning for PMTCT, infant feeding support and your insight, put together a sample "PMTCT Birth and Emergency Preparedness Counselling Session". Practise doing it. How long does it take to cover all the key facts? Probably more time than you actually have in your focus is more on giving information than about the woman's participation and a two-way communication process, consider how you can involve her more. Think of ways to cover all the information and allow time for the woman to participate and express her concerns in less time. You may need to break it up into several sessions. Make some notes in your notebook on how working with HIV-positive women for PMTCT has made you feel. Are there any things that you and the staff think you could do to make your facility more "PMTCT Friendly"? Our ViewThere is a lot of information to be conveyed in PMTCT counselling. However, it is important that the counselling (Sessions 2 through 5) - find out what the woman already knows and build on that knowledge. Ask about her situation and share information that is relevant to her. Help her to identify solutions and together work out how she can implement them. In some cases you may feel out of your depth, or unable to provide the level of support and care a mother who is HIV-positive needs. It may be appropriate in these instances to refer women for specialized counselling. Making sure that women with HIV continue to get the additional care and counselling they need after the baby's first year of life presents special challenges. New mothers who are infected with HIV continue to need supportive counselling well into the baby's first year of life, to assure better follow-up of mother-baby pairs (HIV-positive mothers and HIV-exposed infants). As your experience in counselling women infected with HIV. But remember to tailor your counselling to the specific needs of each woman: careful counselling can uncover deeper issues, problems and concerns that may be unique to each woman. Supportive counselling for women infected with HIV requires confidential two-way communication to help them define the problems and challenges related to HIV and make more informed choices about treatment, care and support. Women infected with HIV with special needs such as adolescents, or women living with intimate partner violence, may need even more support. As a health worker you can provide hope and encouragement, and help give women a sense of control so they can find practical, realistic ways to cope with lifelong care and treatment needs for a serious illness like HIV. The box on the next page can help you determine some of the issues that may need to be addressed as you counsel women infected with HIV after the birth of their baby. Keep this information as a resource and reminder. COUNSELLING TOPICS FOR WOMEN INFECTED WITH HIV practice safer sex and appropriate family planning for HIV-positive women; use condoms (See Session 12 and box below.) understand care and support needs for HIV-positive women and infants and access services if available identify personal strengths and resources if available identify personal care and improved nutrition identify personal strengths and resources if available identify personal care and improved nutrition identify personal strengths and resources if available identify personal strengths are strengths and resources if available identify personal strengths are strengths and resources if available identify personal strengths are strengths and resources if available identify personal strengths are strengths and resources if available identify personal strengths are strengths and resources if available identify personal strengths are strengths and resources if available identified in the strengths are strengths as a strength and resources in the strengths are strengths as a strength and resources in the strengths are strengths as a strength and resources in the strengths are strengths as a strength and resources in the strengths are strengths as a strength and resources in the strengths are strengths as a strength and resources in the strengths are strengths as a strength and resources in the strengths are strengths as a strength and resources in the strengths are strengths as a strength and resources in the strengths are strengths as a strength and resources in the strengths are strengths as a strength and
resources in the strengths are strengths as a strength and resources in the s additional emotional, social, spiritual support required and potential sources - family, peers, community organizationsidentify needs for material assistance and ways to tell other children and caregivers about HIV status. (Refer also to Session 12 or Family Planning)Explain that future pregnancy, birth or breastfeeding), miscarriage, anaemia, wasting, preterm labour, stillbirth, low birth weight and other complications. If she does wish to get pregnant again, birth spacing is important. Advise her to wait at least 24 months from birth to the next pregnancy, as that is healthier for her and the baby. Condoms are the best family planning method for women with HIV. Condoms provide protection from STIs/ reinfection with HIV and pregnancy. Advise on correct and consistent use of condoms. With the condom, another family planning method can be used for additional protection against pregnancy (dual protection). However, not all methods are appropriate for the HIV-positive woman is being treated with antiretrovirals (ARVs) and is healthy, the IUD can be inserted.-Fertility awareness-based methods may be unreliable to use if she has AIDS or is taking ARVs because of changes to the menstrual cycle and higher body temperature. Women with HIV should not use spermicides or diaphragms with spermicides or diaphragms with spermicides. monthly injectables, implants or patches. As for HIV-negative women, Lactational Amenorrhoea Method (LAM) can only be used as a family planning method in the first 6 months after birth if the woman is exclusively breastfeeding her baby (that is not giving any other foods or drinks to the baby, not even water) both day and night and her menstrual periods have not returned. Counsel about permanent methods if a woman has completed desired with HIV may want to have additional children. Be supportive and respect a woman's wishes but explain that pregnancy carries risks for herself and her baby. Explain that women infected with HIV may have difficulty becoming pregnant. Discuss the need to plan for care and treatment for her, and for her children if she or her partner becomes ill. 1 hour To help HIV-positive women plan to receive treatment for her and her baby and reduce MTCT during pregnancy, birth and in the postpartum periodIt is important to help women develop a plan to seek out and adhere to treatment, care and support for themselves and their infants. This activity aims to help you to provide supportive individual or family counselling HIV-positive women in the first year after birth. Identify additional information you need or counselling skills you will need to strengthen. For example, did your previous counselling partners and family members, or outreach to solicit support from community or religious groups? Review the clinic records of some of the HIV-positive women you have counselled during pregnancy who have now given birth. Think about the counselling and support you provided during labour and birth. Did it include recommending follow up for the mother and baby after routine postpartum visits are completed? What would you need to change so that supportive counselling to HIV-positive women throughout the first year after birth becomes a routine part of your counselling services? Think about the list of counselling, care and support recommended for HIV-positive women and their babies. Talk to some HIV-positive women to get their actual experiences caring for themselves and caring for themselves and caring for themselves and their babies. barriers (things like shame, fear, and low self-esteem) and external barriers (lack of funds or transport, no family support). Think of ways to support them to overcome each barrier (lack of funds or transport, no family support). Think of ways to support them to overcome each barrier (lack of funds or transport, no family support). through counselling, and what things you will need external help to achieve. How can you create broader awareness of the problems of HIV-positive women and families? Consider the possibility of creating peer support groups, so HIV-positive women and families? Consider the problems of HIV-positive women and families? and resources of local community and government organizations? After finishing this session you should be better prepared to counsel all pregnant women to practise safer sex to prevent HIV, and how to prevent MTCT. You can provide initial supportive counselling to women who test positive for HIV, and you have practised helping women to decide about disclosure of HIV test results, and to deal with stigma and discrimination that often results when a woman tests HIV-positive. You have learned more about the many concerns and challenges facing both HIV-negative and HIV-positive pregnant woman and their families. Are you more comfortable talking to women about their sexual practices that may put them at risk for getting HIV? About how to adopt safer sex practices within their relationships? Are you confident you can counsel women infected with HIV without allowing any personal attitudes you might have to influence the counselling relationship?Do you have all the necessary information you need to be able to counsel pregnant women about HIV/AIDS or to refer them to specialized counselling? If completing this session made you want to expand or formalize the basic HIV/AIDS counselling? If completing this session made you want to expand or formalize the basic HIV/AIDS or to refer them to specialized counselling? If completing this session made you want to expand or formalize the basic HIV/AIDS or to refer them to specialized counselling? If completing this session made you want to expand or formalize the basic HIV/AIDS or to refer them to specialized counselling? If completing this session made you want to expand or formalize the basic HIV/AIDS or to refer them to specialized counselling? If completing this session made you want to expand or formalize the basic HIV/AIDS or to refer them to specialized counselling? If completing this session made you want to expand or formalize the basic HIV/AIDS or to refer them to specialized counselling? If completing this session made you want to expand or formalize the basic HIV/AIDS or to refer them to specialized counselling? counselling and testing in your area, such as government programs, NGOs and community- based organizations. Write down in your notebook a summary of the key lessons you have learned in this session. As a library, NLM provides access to scientific literature. Inclusion in an NLM database does not imply endorsement of, or agreement with, the contents by NLM or the National Institutes of Health. Learn more: PMC Disclaimer | PMC Copyright Notice . 2023 May 8;15(5):e38704. doi: 10.7759/cureus.38704 Perinatal HIV transmission remains a significant public health nurses play a critical role in the prevention and elimination of perinatal HIV transmission through targeted interventions such as identification of pregnant women with HIV, referral and linkage to care, provision of antiretroviral therapy, and follow-up and retention in care for both mothers and infants. However, significant barriers to successful implementation exist, including stigma and discrimination, limited access to healthcare services, socioeconomic factors, and limited resources. Addressing these barriers will require a multifaceted approach that includes policy changes, community engagement, and targeted support and resources for affected families. In this review article, we provide an overview of the epidemiology of perinatal HIV transmission, current strategies for prevention and elimination, and the vital role of public health nurses in these efforts. We will also discuss the barriers to the successful implementation of public health nurses in these efforts. We will also discuss the barriers to the successful implementation of public health nurses in these efforts. HIV prevention and elimination can only be achieved through a sustained and collaborative effort. Keywords: barriers, interventions, public health nurses, elimination, prevention, perinatal HIV transmission refers to transmitting the human immunodeficiency virus from a mother to her infant during pregnancy, labor, delivery, or breastfeeding. This transmission mode remains a significant public health concern worldwide, with devastating consequences for both the mother and the infant. In 2020, an estimated 150,000 children were newly infected with HIV globally, with sub-Saharan Africa accounting for most cases [1,2]. Perinatal HIV transmission can have serious health implications for both the mother and the infant, including increased morbidity and mortality, reduced quality of life, and increased healthcare costs. Infants who acquire HIV risk developing AIDS and other opportunistic infections, which can compromise their immune systems and lead to life-threatening illnesses. HIV-positive mothers may experience a range of health complications, including progressive immune system damage and an increased risk of developing AIDS-related illnesses [3,4]. Despite these challenges, there has been significant progress in perinatal HIV prevention and elimination efforts in recent years. The introduction of antiretroviral therapy (ART) has dramatically reduced the risk of mother-to-child transmission, with some studies reporting transmission (PMTCT) programs have been successful in identifying and managing HIV-positive pregnant women and in providing appropriate care and treatment to ensure the health nurses in perinatal HIV prevention and elimination cannot be overstated. Public health nurses play a critical role in identifying and managing HIV-positive pregnant women, providing appropriate care and treatment, and ensuring their infants are protected from HIV transmission. These nurses are often on the front lines of PMTCT programs, providing a range of services,
including HIV testing, counseling, ART initiation and management, and follow-up and retention in care. Without the efforts of public health nurses, many women and infants would remain at risk of perinatal HIV prevention and elimination, as well as their key interventions and potential barriers to successful implementation. By highlighting the critical role of public health nurses in this area of healthcare, we hope to raise awareness of the ongoing challenges and opportunities in perinatal HIV prevention and elimination and inspire continued efforts to improve the health and well-being of affected families around the world. Methodology A comprehensive literature search was conducted using electronic databases such as PubMed, Medical Literature Analysis and Retrieval System Online (MEDLINE), PsycINFO, and the Cochrane Library. The search encompassed articles published from the year 2000 to the present. It utilized specific keywords such as "barriers", "interventions", "elimination", "prevention," and "perinatal HIV." The articles were screened for relevance and eligibility based on inclusion criteria. The inclusion criteria required that the articles be published in the English language, report on perinatal HIV transmission, associated factors, and potential health consequences, report on both observational and interventional studies published in non-peer-reviewed journals and published before 2000. Perinatal HIV transmission Perinatal HIV transmission, also known as mother-to-child transmission (MTCT) of HIV, is a major global public health issue that affects millions of people worldwide. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), an estimated 1.5 million pregnant women were living with HIV globally in 2020. Without intervention, up to 45% of their infants could become infected with HIV during pregnancy, delivery, or breastfeeding [9]. However, with the right interventions, the risk of perinatal HIV transmission include a combination of biomedical, behavioral, and social interventions. These strategies Mother-to-Child Transmission (PMTCT) program [1,10]. Public health nurses play a critical role in the PMTCT program by identifying and managing HIV-positive pregnant women, ensuring their adherence to ART and other PMTCT interventions, and providing support and counseling throughout pregnancy and postpartum [11,12]. They also work with other healthcare providers and community partners to promote HIV testing, prevention, and treatment services and to address barriers to successful PMTCT implementation. By providing comprehensive and coordinated care to HIV-positive pregnant women and their infants, public health nurses can help reduce the risk of perinatal HIV transmission and improve health outcomes for affected families [13,14]. Public health nurse intervention in perinatal HIV prevention and eliminating perinatal HIV transmission through a range of interventions aimed at identifying and managing HIV-positive pregnant women, ensuring their adherence to antiretroviral therapy (ART) and other PMTCT interventions, and providing support and counseling throughout pregnant women with HIV is a critical first step in preventing perinatal HIV transmission. Public health nurses are often the first point of contact for pregnant women seeking healthcare services, whether through prenatal clinics, community outreach programs, or other healthcare services, whether through prenatal clinics, community outreach programs, or other healthcare services, whether through prenatal clinics, community outreach programs, or other healthcare services, whether through prenatal clinics, community outreach programs, or other healthcare services, whether through prenatal clinics, community outreach programs, or other healthcare services, whether through prenatal clinics, community outreach programs, or other healthcare services, whether through prenatal clinics, community outreach programs, or other healthcare services, whether through prenatal clinics, community outreach programs, or other healthcare services, whether through prenatal clinics, community outreach programs, or other healthcare services, whether through prenatal clinics, community outreach programs, or other healthcare services, whether through prenatal clinics are not programs. counseling, partner notification and testing, and contact tracing [15,16]. Routine HIV testing during pregnancy is recommended by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) to identify pregnant women who are living with HIV and who may not know their status. Public health nurses can offer HIV testing to pregnant women during their first prenatal visit and throughout their pregnancy, as national guidelines recommend. They can also provide pre-test and post-test counseling to help women understand the importance of testing and ensure that they receive appropriate care and support if diagnosed with HIV [4,14]. Partner notification and testing are important strategies for identifying pregnant women with HIV. Public health nurses can work with women to identify and notify their partners of their potential exposure to HIV and encourage them to seek testing and counseling to partners to help ensure that they receive appropriate care and support if they are diagnosed with HIV [1,2,17]. Finally, contact tracing is a strategy that can be used to identify pregnant women who may have been exposed to HIV through other means, such as needle-sharing or unprotected sex. Public health nurses can work with women to identify potential sources of exposure and offer testing and counseling to ensure that they receive appropriate care and support if they are diagnosed with HIV [8]. Referral and Linkage to Care for HIV-positive Pregnant Women are critical in preventing perinatal HIV transmission. Public health nurses are crucial in facilitating this process by ensuring that HIV-positive Pregnant Women are critical in preventing perinatal HIV transmission. positive pregnant women are promptly referred to appropriate HIV care and treatment services. This includes providing education and support to help women understand the importance of ART and PMTCT interventions and addressing any concerns or barriers to care that may exist [18,19]. Public health nurses work closely with HIV care and treatment providers to ensure pregnant women receive timely and appropriate care. They may also provide additional support and counseling to their treatment regimen. By facilitating referral and linkage to care, public health nurses can help ensure that HIV positive pregnant women receive the care they need to protect their health and the health nurses may also work to address social and economic barriers to care that may prevent HIV-positive pregnant women from accessing care. For example, they may provide transportation assistance, assist with navigating insurance and financial assistance programs, or connect women to community resources that HIV-positive pregnant women receive the care and support they need to prevent perinatal HIV transmission and promote optimal health outcomes for themselves and their infants [7,13,16]. Antiretroviral Therapy for HIV-Positive Pregnant Women Antiretroviral therapy (ART) is critical to perinatal HIV prevention and elimination. Public health nurses are important in ensuring that HIV-positive pregnant women receive ART according to national guidelines. This typically involves working with healthcare providers to initiate ART as soon as possible after diagnosis and continuing treatment throughout pregnancy and postpartum [20]. ART helps suppress the viral load and reduce the risk of mother-to-child transmission of HIV. Public health nurses may also provide education and counseling to HIV-positive pregnant women about the importance of ART adherence and the potential benefits and risks associated with ART use during pregnancy and postpartum. In addition, public health nurses may work with healthcare providers to monitor the effectiveness of ART and adjust treatment as necessary to ensure optimal outcomes for both mother and child. By working collaboratively with healthcare providers, public health nurses can help ensure that HIV-positive pregnant women receive timely and effective ART, which is critical for preventing mother-to-Child Transmission (PMTCT) Interventions Public health nurses are critical to preventing mother-to-Child Transmission (PMTCT). to-child transmission (PMTCT) of HIV. PMTCT interventions involve a comprehensive approach that includes prophylaxis with antiretroviral drugs, delivery by elective cesarean section (ECS) for women with high viral loads, and exclusive formula feeding for infants of HIV-positive mothers. Public health nurses work closely with HIV-positive pregnant women to ensure they receive appropriate PMTCT interventions and understand the importance of adherence to these interventions, public health nurses also provide counseling and support to promote adherence to these interventions and address any concerns or barriers that may arise. This may include counseling around the importance of adhering to antiretroviral therapy (ART), ensuring that infants receive formula exclusively, and encouraging women to have an elective cesarean section if indicated. Public health nurses may also provide emotional support and referrals to additional services as needed, such as mental health counseling or social services [23,24]. Follow-up and Retention in Care for HIV-positive pregnant Women and their infants are critical components of perinatal HIV prevention and elimination. Public health nurses are critical in ensuring HIV-positive pregnant women and their infants remain engaged in care and receive appropriate follow-up services after delivery [1,9,20]. To achieve this, public health nurses must monitor the adherence of HIV-positive pregnant women to ART and PMTCT interventions, provide counseling and support, and
refer patients to additional services as needed. In addition, public health nurses must work with healthcare providers and community organizations to ensure that HIV-positive pregnant women and their infants receive appropriate care and support throughout the perinatal period and beyond [18,21]. Effective follow-up and retention in care require a comprehensive approach that includes ongoing monitoring and support, education and counseling, and access to appropriate healthcare providers, community organizations, and families to develop personalized care plans that address HIVpositive pregnant women's and their infants' unique needs. This may include providing ongoing support and connecting families to additional resources and services as needed [10,12]. Ultimately, the success of follow-up and retention in care efforts will depend on the ability of public health nurses to build strong relationships with patients and families, develop a deep understanding of the unique challenges each patient faces, and provide tailored support and resources to meet their individual needs. By doing so, public health nurses can help ensure that HIV-positive pregnant women and their infants receive the care and support they need to lead healthy, productive lives [20,23,25]. Partner Testing and Linkage to Care Partner testing and linkage to care are critical components of perinatal HIV prevention and elimination. Public health nurses recognize the important role that partners play in the lives of pregnant women and their families, and they understand that partner testing and treatment are essential for reducing the risk of HIV transmission within the household and community [1,17]. Public health nurses work closely with HIV-positive pregnant women to encourage their partners to get tested for HIV and to support them in accessing appropriate care and treatment services if needed They may provide education and counseling to both the pregnant woman and her partner on the importance of HIV transmission. This may include promoting condoms, providing information on PrEP, and encouraging regular HIV testing and check-ups. By engaging partners in the PMTCT process, public health nurses can help create a supportive and empowering environment that fosters optimal health outcomes for all household members. Ultimately, partner testing and linkage to care aim to help prevent new HIV infections and ensure HIV-positive individuals have access to the care and treatment they need to live healthy and fulfilling lives [12,21,23]. Barriers to the successful implementation of public health nurse intervention While public health nurse states and limit their ability to implement interventions successfully. These barriers can be categorized into several broad categories, including stigma and discrimination, limited access to healthcare services, socioeconomic factors, and limited resources. Below are some examples of each. Stigma and discrimination pregnant women and their partners. For example, HIV-related stigma and discrimination may discourage people from getting tested for HIV, seeking treatment, or adhering to medication regimens. This can lead to delayed diagnoses, decreased treatment, or adhering to medication regimens. This can lead to delayed diagnoses, decreased treatment, or adhering to medication regimens. HIV may also encounter stigma and discrimination in the course of their work. This can come from various sources, including healthcare providers who may stigmatize pregnant women with HIV, and even the women they serve themselves, who may internalize societal stigma around HIV. When public health nurses encounter stigma and discrimination in their work, engaging patients in care and providing effective support and counseling can be difficult. To address these challenges, public health nurses can take several steps to reduce stigma and discrimination in healthcare settings. This may include providing education and training to healthcare providers, advocating for policy changes that protect the rights of people living with HIV, and working with community organizations to help them cope with the challenges of living with HIV and build social networks that can help reduce isolation and stigma. Overall, addressing stigma and discrimination is critical to the success of perinatal HIV prevention and elimination efforts and must be a key focus of any comprehensive public health strategy aimed at addressing the HIV epidemic [26-28]. Limited Access to Healthcare Services Limited access to healthcare services can be a significant barrier to successful PMTCT implementation. HIV-positive pregnant women and their families may face significant challenges in accessing these services, which can impact the effectiveness of PMTCT interventions [29]. Geographic and transportation barriers can make it difficult for pregnant women to travel to healthcare facilities, particularly in rural or remote areas where services may be limited. Financial constraints can also pose significant challenges, particularly for lowincome women who may struggle to afford transportation, medications, or other healthcare-related expenses [25,30]. Language and cultural barriers can also impact access to care, particularly for immigrant or refugee populations who may have limited proficiency in the local language or cultural norms that differ from those in their home countries. These barriers can make it difficult for public health nurses to identify and manage HIV-positive pregnant women, provide appropriate counseling and support, and ensure their adherence to ART and PMTCT interventions [30]. Addressing these barriers will require a multifaceted approach that includes improving access to healthcare services through expanded service delivery, transportation subsidies, and other support programs. This may also require targeted interventions that address the specific needs of different populations. Public health nurses can play a key role in identifying and addressing these barriers through community engagement and outreach, advocacy efforts, and targeted support and resources for affected families [19,25,30]. Socioeconomic Factors Socioeconomic Factors Socioeconomic factors can have a profound impact on the successful implementation of PMTCT interventions. For instance, pregnant women living in poverty, experiencing unemployment, or struggling with housing instability may find it challenging to prioritize their healthcare needs, including accessing PMTCT services. These factors can create additional stressors and challenges for pregnant women, which may lead to delays in accessing care, missed appointments, and poor adherence to treatment regimens [31,32] Public health nurses may need to provide additional support and resources to help address these socioeconomic barriers and ensure that pregnant women have the necessary resources to help address these socioeconomic barriers and ensure that pregnant women have the necessary resources to help address these socioeconomic barriers and ensure that pregnant women have the necessary resources to help address these socioeconomic barriers and ensure that pregnant women have the necessary resources to help address these socioeconomic barriers and ensure that pregnant women have the necessary resources to help address these socioeconomic barriers and ensure that pregnant women have the necessary resources to help address these socioeconomic barriers and ensure that pregnant women have the necessary resources to help address these socioeconomic barriers and ensure that pregnant women have the necessary resources to help address these socioeconomic barriers and ensure that pregnant women have the necessary resources to help address the necessary resources the necessa major impediment to the successful implementation of perinatal HIV prevention and elimination programs. These resources, such as staffing and budget constraints, as well as inadequate infrastructure and equipment. When public health nurses are working with limited resources, it can have a negative impact on their ability to effectively identify and manage HIV-positive pregnant women and provide appropriate support and counseling [12,23]. For example, public health nurses may have limited time to dedicate to each patient, which can make it difficult to provide comprehensive counseling and support. Additionally, limited resources may mean that public health nurses are unable to provide regular follow-up care and support to patients, which can lead to poor health outcomes and an increased risk of perinatal HIV transmission. Addressing these resource constraints will require a concerted effort from policymakers, healthcare organizations, and other stakeholders to ensure adequate funding and resources are allocated to support effective PMTCT programs. This may include investing in staff training and development, improving healthcare infrastructure, and increasing funding for PMTCT interventions. By addressing these resource constraints, public health nurses can improve their ability to provide effective care and support to HIV-positive pregnant women and their families and ultimately help prevent perinatal HIV transmission [7,11,16,19,30]. Public health nurses play a vital role in the prevention and elimination of perinatal HIV transmission and elimination of perinatal HIV transmission. and follow-up and retention in care for both mothers and infants, public health nurses can help reduce the risk of transmission and improve health outcomes for affected families. However, significant barriers to successful implementation exist, including stigma and discrimination, limited access to healthcare services, socioeconomic factors, and limited resources. Addressing these barriers will require a multifaceted approach that includes policy changes, community engagement, and targeted support and resources for affected families. Looking forward, future research should focus on identifying effective
strategies for addressing these barriers and improving the effectiveness of PMTCT interventions. This may include exploring new models of care delivery, leveraging technology to improve access to care, and developing interventions that address the complex socioeconomic factors that contribute to HIV transmission. In addition, ongoing advocacy and policy efforts will be critical to ensuring that PMTCT programs are adequately resourced and supported. Ultimately, the goal of perinatal HIV prevention and elimination can only be achieved through a sustained and collaborative effort across multiple sectors and stakeholders. 1.HIV and pregnancy. [Apr; 2023]. 2023. 3.Irshad U, Mahdy H, Tonismae T. Treasure Island, FL: StatPearls [Internet], StatPearls Publishing; 2022. HIV in Pregnancy. Vol. 1. Treasure Island, FL: StatPearls Publishing; 2022. Practice essentials, epidemiology, prophylaxis and pregnancy outcome; p. 300. [Google Scholar] Scholar] 5.HIV: mother-to-child transmission. 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