Case Study

- E.F. is a 72-year-old man who comes to the clinic with “flulike” symptoms.

- He has a history of hypertension, past MRSA infection, and a recently implanted pacemaker.

- **What risk factors for IE does E.F. have?**

- **What other risk factors would you assess E.F. for?**
Case Study

- What clinical manifestations of IE does E.F. present with?

- What other clinical manifestations of IE would you assess him for?
Case Study

- E.F. has petechiae in the conjunctivae and splinter hemorrhages in his nail beds.

- His blood pressure is 138/64, heart rate 80, respiratory rate 18, and temperature 99.5° F (37.5° C).

- A heart murmur is noted.
Case Study

- The health care provider suspects infective endocarditis.
- E.F. is sent to the hospital for further workup and treatment.

- What diagnostic studies would you expect the admitting health care provider to order for E.F.?
Case Study

- E.F.’s blood culture results are positive for *Staphylococcus aureus*

- Echocardiogram demonstrates vegetations on his mitral valve.

- What treatment would you expect the health care provider to order for E.F.?
Case Study

- E.F. is started on IV antibiotics and seems to be resting comfortably.

- He occasionally requests PRN drugs for “achiness” and continues to have a low-grade fever.
Case Study

- He is not demonstrating any symptoms of heart failure at this time.

- Identify appropriate nursing diagnoses and goals for E.F.
Case Study

- E.F. has completed a week of IV antibiotic therapy in the hospital setting.

- He is afebrile and feeling better.
Case Study

- Social service has arranged home IV antibiotic therapy in anticipation of discharge to home.

- What important patient and caregiver teaching should you provide E.F. and his family?