Unit 3 Assignment: Poor Patient Outcome

Kaplan University

MN 566: Introduction to Primary Care for the Nurse Practitioner

# Poor Patient Outcome

How nurses provide care to patients strongly determines the quality and safety of patient care. Since nurses represent the largest health care workforce, their roles highly influence the patient outcomes. When care falls short of standards, nurses shoulder much of the responsibility. This essay is a reflection of a misdiagnosis case study indicating what would have been done to prevent the poor patient outcome.

As a nurse practitioner what I would have done differently include having a critical diagnostic reasoning. It would involve gathering patient history, performing a comprehensive clinical exam and putting more considerations on diagnostic laboratory tests and imaging. This would have helped to get more detailed information concerning the patient that would provide direction to the right category of illness. The same comprehensive information would also assist in the precise matching from a number of the illness scripts or internal Rolodex of diseases. Such thorough assessment would have prevented the faulty synthesis that seems to be the cause of the diagnostic error where the nurse solved the puzzle too quickly, often overestimating the importance of a single finding. The nurse appeared to have disregarded patient history, failed in conducting comprehensive clinical exam, and glossed over important diagnostic questions leading to misdiagnosis.

The other thing would be to develop a list of differential diagnosis. It would be crucial to consider multiple conditions that may have caused similar observable symptoms to determine the unknown ultimate diagnosis. Developing a list of differential diagnosis would have helped in coming up with disease script that would have assisted in distinguishing various conditions as the potential cause of the patient's illness through an elimination process. The developed multiple conditions exclusion could be done through applying pathophysiology knowledge of the conditions regarding the assessment findings and the patient history. Coming up with a differential diagnosis and following elimination process based on pathophysiology, is useful in potential choices field narrowing and zeroing in on the treatment needed. Also, the ruling out process involves comprehensive assessment which is a crucial step in arriving at the concrete diagnostic certainty and getting the ultimate diagnosis.

In this case, the patient was suffering from type 1 aortic dissection with pericardial tamponade. This condition is uncommon but has life threatening emergency with case fatality rate of as high as 55% (Thrumurthy, Karthikesalingam,Patterson,Holt, & Thompson,2012). It is very dangerous and was causing the patient to experience chest pain that was sharp especially during inspiration and movement which is usually the clinical presentation of the condition. However, the patient’s symptoms of chest pain, nonproductive cough, chest wall tenderness and faint cardiac murmur could be associated with other causes, such, costochondritis, atypical angina, pulmonary embolism, obstructive coronary artery disease, myocardial infarct, aortic regurgitation, pleural effusions, or even viral pleurisy (King,Tucker,Lee, Levy, &Loscalzo,2012).

Through assessment, the nurse determined the patient was suffering from viral pleurisy which has most of the symptoms like those of type 1 aortic dissection with pericardial tamponade making the diagnosis difficult to determine. Also, the clinical manifestations of the condition are diverse making the diagnosis difficult and necessitating a high index of suspicion (Robinson, 2011). In the case, the patient presented with an atypical presentation viral pleurisy, but if there were clinical suspicion, the condition would have been diagnosed at the earliest. High level of suspicion is always required to diagnose aortic dissection at the earliest since an estimated 38% of acute aortic dissections are missed on the initial evaluation, and therefore a high level of suspicion is the key in the management of acute aortic dissection (Thrumurthy, Karthikesalingam, Patterson, Holt, & Thompson, 2012).

Since type 1 aortic dissection with pericardial tamponade is a rare and lethal disease with the signs and symptoms presenting like those of other high-risk conditions, the diagnosis can be missed or delayed. To avoid this other diagnostic and laboratory or imaging needed to be used. They include a chest x-ray to determine the cause of chest pain and to provide an alternative explanation for the patient's symptoms. A transthoracic echocardiogram(TTE) would also have been useful to get suggestive findings that could have been used to identify pericardial effusion. The procedure is also useful when reliably confirming or excluding the diagnosis of the condition. (Nazerian et al, 2014). Another useful imaging would have been chest CT scan with IV contrast. It is one of the most imaging modality used to diagnose and classifytype 1 aortic dissection with pericardial tamponade (Strayer, Shearer, & Hermann, 2012). Lastly; in case the use of CT or IV contrast was undesirable to the patient an MRI could be used instead.

Recognizing the patient's cause of the condition was crucial in determining the ultimate diagnosis and appropriate interventions in a timely fashion. This would only have been achieved through developing a list of differential diagnosis.

# References

King, L. Y., Tucker, J. K., Lee, L. S., Levy, B. D., &Loscalzo, J. (2012). A Complex Cause of Pleuritic Chest Pain. *New England Journal of Medicine*, *367*(18), 1742-1748.

Nazerian, P., Vanni, S., Castelli, M., Morello, F., Tozzetti, C., Zagli, G., ... &Grifoni, S. (2014). Diagnostic performance of emergency transthoracic focus cardiac ultrasound in suspected acute type A aortic dissection. *Internal and Emergency Medicine*, *9*(6), 665-670.

Robinson, T. (2011). Identification, assessment and management of pleurisy. *Nursing Standard*, *25*(31), 43-48.

Strayer, R. J., Shearer, P. L., & Hermann, L. K. (2012). Screening, evaluation. *Current Cardiology Reviews*, *8*(2), 152.

Thrumurthy, S. G., Karthikesalingam, A., Patterson, B. O., Holt, P. J., & Thompson, M.M. (2012). The diagnosis and management of aortic dissection. *BMJ*, *344*(11), 37-42.