

NRNP 6540 Week 4 Knowledge check

1. Martin is an 82-year-old with a history of smoking and alcohol use, which are known risk factors in developing oral cancers. List another risk factor for oral cancer for developing oral cancer.

Besides tobacco and alcohol use, other risk factors for developing oral cancer include ill-fitting dentures; however, the duration of denture use, in general, is not. For Asians like myself, several genetic polymorphisms, in addition to environmental carcinogens like betel quid chewing have been associated with oral cancer development. Pipe smoking and sun exposure are also implicated in lip cancer. Leukoplakia and erythroplasia are also precursors to oral cancer.

2. What other diagnostic testing would you perform to evaluate for cataracts?

Diagnostic testing to evaluate cataracts includes visual acuity and examination of the eye. After initial screening, a referral to an ophthalmologist for a complete evaluation is recommended. Pupillary dilation and slit lamp exam would reveal white, gray, or brownish opacities if a patient developed a cataract. Small cataracts indicate dark areas on the red reflex in a dilated eye while for large cataracts, the red reflex may not be visible.

3. What would your next step be for a patient you suspect has a diagnosis of acute angle glaucoma?

For a patient that a practitioner suspects having an acute angle glaucoma, an immediate referral for a complete ophthalmic examination to an ophthalmologist should be performed. Permanent visual loss occurs within 2 to 5 days if the condition is not treated. Treatment includes peripheral iridectomy or laser iridotomy. The use of an osmotic diuretic IV or orally and miotic eye drops may be used to lower intraocular pressure preoperatively. The practitioner must communicate to the specialist medical conditions that need monitoring using the said agents.

4. What education would you give your older patients about the preventable causes of hearing loss?

Education on older patients regarding preventable causes of hearing loss would include the use of protective devices to guard against occupational or recreational hearing loss, equalize ear pressure when diving, chew gums or use decongestants in airplanes, avoid flying or diving if the patient has upper respiratory infection, and to avoid ototoxic medications. It is also important to educate the patient on the proper technique for cerumen removal, avoiding Q-tip type ear swabs and other foreign bodies in the ear. Any sign of hearing difficulty in elder patients would require hearing screening tests.

5. How often should an older adult be screened for hearing loss?

Hearing screening tests for patients over 65 years old and persons who report hearing difficulty are recommended. Periodic screening for hearing loss is not recommended in asymptomatic adults as recently revised by USPSTF. The American Speech-Language-Hearing Association recommends screening every 3 years for adults more than 50 years old. For those patients residing in long-term care facilities, screening for hearing loss is recommended on admission and as needed thereafter.