

## **Case Study Discussion: Working Through Ethical Dilemmas and Other Issues in Advanced Nursing Practice**

### **Unfolding Case Study 1: Issues in Advanced Nursing Practice**

75-year-old female

#### **Summary of your chosen case study**

Gloria Smart is a 75-year-old African American female who presents to the office for regular GYN care. Medical history includes cardiac stent at age 55, mild hypertension, up to date with colonoscopies, last DXA normal. Surgical hx include tonsillectomy as a child and bunion removal. Home medications include Zocor, Plavix, and lisinopril. Social history includes works full time which is by choice because it makes her feel young, negative for tobacco or recreational drug use, drinks wine occasionally. Ms. Smart has never been married, she has been with her current partner for 2 years and will be getting married in 2 months. Reproductive history includes first menses at age 14, menopause at age 54, normal pap history and last mammogram was normal. Ms. Smart has never been pregnant or had a child.

As I start to talk to Ms. Smart, she relates that she and her finance have been talking about wanting to have a child as her fiancé also never had a child. She verbalizes reading an article about a woman in Canada who had a child at age 80 and another woman who had a child at age 78 in India. Pt. wants referral and some guidance.

Ms. Thomas was able to get pregnant through IVF and a donor egg during their second cycle, however she visited the clinic again for rib pain, swelling on her face and legs. Testing was done, LFTs and platelets were abnormal, Pt. started on magnesium sulfate infusion and labetalol for blood pressure control. However, her water broke during her visit, and she delivered a boy who lived for approximately 20 minutes. Ms. Thomas was discharged home on day 11 after difficulties managing her blood pressure and anuria.

## **Background**

Gloria Smart is a 75-year-old female who presents to your office today for regular gyn care. You read her medical history and note she received a cardiac stent at age 55, has mild hypertension, and is on Zocor, Plavix, and lisinopril. Surgical history is remarkable for tonsils as a child and bunion surgery. She works full time, by choice, because it “makes me feel young.” She is up to date with colonoscopies. Gyn history normal pap history, last DXA within normal limits, normal mammogram. BMI is 26. First menses age 14 and menopause age 54. She works out at her local gym 5 days a week. Social history is negative for tobacco and recreational drugs. She has an occasional glass of wine. She has never married and has been with her current partner for 2 years and will be getting married in 2 months. She has never been pregnant, and her partner has never had a child.

## **Decision Point One**

Gloria relates as you start to talk to her that she and her fiancé have been talking about it, and they would like to have a child. She read an article about a woman in Canada who was 80 and about another one in India who was 78. She wants a referral and some guidance.

## **Differential Diagnosis**

The differential diagnosis for the patient, Gloria in this case, indicates that she has cardiovascular disease in particular, high blood pressure and addition to this her age is 75 years old, which leads to a diagnosis of High-Risk Pregnancy secondary to Old Primigravida. The reason for this differential diagnosis is based on primarily the patients age but as well as her medical and health history. It is evident that she has hypertension and with a cardiac stent at age 55, this could increase risk on mother and baby during labor and delivery (Lu et al., 2018). It also noted that she has mild hypertension and taking for long time medicines such as Zocor, Plavix and Lisinopril medicines like this are contraindicated to be taken during pregnancy.

If pregnancy is her goal, she would need to stop these medications because FDA says that statins are not recommended for pregnant women (Kintiraki et al., 2015). Her surgical history also proposes a risk factor for high-risk pregnancy with the tonsil and bunion post-surgery. Also having required colonoscopies procedure poses risk factors since they are performed to find causes of symptoms in colon or rectum problems may lead to cancer. Her BMI is 26 which is considered 20% overweight which poses a risk factor. She menopausal at age 54 which poses a risk factor, however, in vitro fertilization maybe discussed. Lastly, since her partner has never had a child it would be important for the provider to consider fertility issues as a risk factor.

## **Management and Treatment**

The treatment plan for Gloria’s case will be initiated based on the assessment of risk factors mentioned. If pregnancy is her desired goal, her diet should consist of heart healthy meals with a minimum amount of salt to lower her incidence of hypertension (Lu et al., 2018). In addition, engaging in regular physical activities would be beneficial in maintain cardiovascular health as well. Avoiding obesity and overweight through consuming healthy meals that contain balanced nutrition should be a priority. Gloria should also avoid excessive alcohol consumption and smoking. She should also consume less sugary food to avoid diabetes which a risk factor for high blood pressure.

In regard to medications, use of thiazide diuretics that assist the kidney in eliminating sodium and water from blood consequently reducing its volume (Lu et al., 2018). Use of angiotensin-converting enzyme inhibitors medication, such as lisinopril, captopril, etc., act on the blood vessels by preventing or rather blocking natural chemical from forming in blood vessels leading to their narrowing (Kintiraki et al., 2015). Calcium channel blockers work by relaxing the muscles of the blood vessels and also slow the heart rate to avoid hypertension cases (Kintiraki et al., 2015). Overall, it is important for the provider to make sure the medications that Gloria is taking are in a safe class if she does become pregnant

### **Research to Support Decision**

The evidence-based research shows that high blood pressure is a major cause of disability and also major leading cause of death around the world. The research shows that prevalence of hypertension has remained prevalent among adults and relatively stable in Canada and that the measure to treat, control and control still remain high (Lu et al., 2018). The control measures are lower for young adults compared to older adults.

### **Resources to Meet practice Guidelines**

Blood pressure trackers are used to determine the patients' blood pressure from time to time. As the provider, it would be beneficial to use educational resources to educate Gloria of facts about high blood pressure. Also providing a support network from other healthcare professional such as physicians through collaborative agreement would be beneficial in her care (Chen et al., 2020). Material for healthcare professionals should be used to provide guidelines on hypertension. These resources are necessary in achieving accuracy in measurement and diagnosis.

### **Literature Evidence/POV**

Contraceptives use by the patient judging from her maternal history; having no child for all her life could be among the risk factor contributing towards her high blood pressure condition. Use of contraceptives to some people results to secondary high blood pressure as side effect and that could be case for the patient given her health history (Perol et al., 2019). The pregnancy for the patient is not possible biologically through the normal fertilization process since after reaching menopause (age 54) the eggs are no longer produced in the ovaries implying that fertilization cannot take place ruling out the possibility of getting pregnant (Sauer, 2015).

However, artificial implant of donor eggs from young woman be done and the patient can get pregnant. The process further requires priming of pregnancy associated hormones such as estrogen and progesterone. Although it is possible to get pregnant through a donor egg the exercise is expensive, requires a lot of close monitoring and associated with great number of risks (Sauer, 2015).

### **Ethical dilemma issues**

Ethical issues: The patient lacks relevant knowledge about her current inability to bear a child. The patient lacks knowledge of the reproductive system and disclosing the information about her not being able to bear a child may affect her health through depression given that she has cardiovascular disease.

Psychological issue: The patient seems to be losing her cognitive abilities (developing dementia) her thinking skills are questionable given that she intends to get married at the age of

75 hoping to get a child. The informing the patient about the her developing condition may interfere with treatment, trust and health.

Physical issues: The patient works for long hours by choice just to make her feel young. The long of hours of work cannot change her health status since aging is an irreversible process that involves degeneration of cells. The patients age also is affected by the long hours of work and may lead to depression. The long hours of work are a risk factor towards development of high blood pressure. The information to the patient however can trigger mixed reaction can affect her health and adherence to the medical intervention programs towards high blood pressure.

Financial issues: The fact that the patient is 75 and still seeking to have a child is financial dilemma given that she the artificial implantation of donor egg is an expensive procedure and requires a lot of monitoring from healthcare professionals. The cost associated and the patients age questions the essence of the information to the patient.

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