Case Study: Human Immunodeficiency Virus (HIV) and Tuberculosis (TB)

Suggested Uses: Medical-Surgical

Thirty-two-year-old Jeff Bloom is admitted to the acute care facility with a recent history of fatigue, productive cough, and weight loss. He was diagnosed as HIV positive 2 years ago. A TB skin test was administered in his HCP’s office prior to admission. Admission prescriptions include "isolation precautions for possible tuberculosis," so the nurse provides teaching about the need for masks for staff and visitors.

The nurse supervises the UAP who does not don appropriate PPE when delivering Jeff’s meal tray and, with the help of the UAP, initiates sputum specimen collection. The nursing supervisor intervenes when a staff nurse refuses to provide care for Jeff. Jeff’s TB skin test has 5 mm of induration and his sputum is positive for AFB. The nurse provides teaching about Jeff’s risk factors and skin test reactions in immuno-compromised clients. When medications are prescribed, the nurse teaches him about his HIV drug regimen and about Rifitar, a combination TB medication. Jeff is now classified in the HIV Symptomatic stage, and the nurse and UAP review needed isolation measures.

When Jeff develops oral candidiasis, the nurse administers Mycostain swish and swallow and implements measures to promote improved nutrition. Jeff later develops severe diarrhea that leads to a fluid volume deficit. The nurse implements priority actions, recognizing tasks that can be delegated to the UAP. After Jeff’s condition stabilizes, the nurse begins discharge planning, which includes referral to a dietician and teaching about condom use.