



Chapter 30: Assessment and Management of Patients With Vascular Disorders and Problems of Peripheral Circulation

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The nurse is taking a health history of a new patient. The patient reports experiencing pain in his left lower leg and foot when walking. This pain is relieved with rest. The nurse notes that the left lower leg is slightly edematous and is hairless. When planning this patient's subsequent care, the nurse should most likely address what health problem?

- A) Coronary artery disease (CAD)
- B) Intermittent claudication
- C) Arterial embolus
- D) Raynauds disease

While assessing a patient the nurse notes that the patient's ankle-brachial index (ABI) of the right leg is 0.40. How should the nurse best respond to this assessment finding?

- A) Assess the patient's use of over-the-counter dietary supplements.
- B) Implement interventions relevant to arterial narrowing.
- C) Encourage the patient to increase intake of foods high in vitamin K.
- D) Adjust the patient's activity level to accommodate decreased coronary output.

The nurse is providing care for a patient who has just been diagnosed with peripheral arterial occlusive disease (PAD). What assessment finding is most consistent with this diagnosis?

- A) Numbness and tingling in the distal extremities
- B) Unequal peripheral pulses between extremities
- C) Visible clubbing of the fingers and toes
- D) Reddened extremities with muscle atrophy

The nurse is admitting a 32-year-old woman to the presurgical unit. The nurse learns during the admission assessment that the patient takes oral contraceptives. Consequently, the nurses postoperative plan of care should include what intervention?

- A) Early ambulation and leg exercises
- B) Cessation of the oral contraceptives until 3 weeks postoperative
- C) Doppler ultrasound of peripheral circulation twice daily
- D) Dependent positioning of the patient's extremities when at rest

A nurse is creating an education plan for a patient with venous insufficiency. What measure should the nurse include in the plan?

- A) Avoiding tight-fitting socks.
- B) Limit activity whenever possible.
- C) Sleep with legs in a dependent position.
- D) Avoid the use of pressure stockings.

The nurse is caring for a patient with a large venous leg ulcer. What intervention should the nurse implement to promote healing and prevent infection?

- A) Provide a high-calorie, high-protein diet.
- B) Apply a clean occlusive dressing once daily and whenever soiled.
- C) Irrigate the wound with hydrogen peroxide once daily.

B

Feedback:

A muscular, cramp-type pain in the extremities consistently reproduced with the same degree of exercise or activity and relieved by rest is experienced by patients with peripheral arterial insufficiency. Referred to as intermittent claudication, this pain is caused by the inability of the arterial system to provide adequate blood flow to the tissues in the face of increased demands for nutrients and oxygen during exercise. The nurse would not suspect the patient has CAD, arterial embolus, or Raynauds disease; none of these health problems produce this cluster of signs and symptoms.

B

Feedback:

ABI is used to assess the degree of stenosis of peripheral arteries. An ABI of less than 1.0 indicates possible claudication of the peripheral arteries. It does not indicate inadequate coronary output. There is no direct indication for changes in vitamin K intake and OTC medications are not likely causative.

B

Feedback:

PAD assessment may manifest as unequal pulses between extremities, with the affected leg cooler and paler than the unaffected leg. Intermittent claudication is far more common than sensations of numbness and tingling. Clubbing and muscle atrophy are not associated with PAD.

A

Feedback:

Oral contraceptive use increases blood coagulability; with bed rest, the patient may be at increased risk of developing deep vein thrombosis. Leg exercises and early ambulation are among the interventions that address this risk. Assessment of peripheral circulation is important, but Doppler ultrasound may not be necessary to obtain these data. Dependent positioning increases the risk of venous thromboembolism (VTE). Contraceptives are not normally discontinued to address the risk of VTE in the short term.

A

Feedback:

Measures taken to prevent complications include avoiding tight-fitting socks and panty girdles; maintaining activities, such as walking, sleeping with legs elevated, and using pressure stockings. Not included in the teaching plan for venous insufficiency would be reducing activity, sleeping with legs dependent, and avoiding pressure stockings. Each of these actions exacerbates venous insufficiency.

A

Feedback:

Wound healing is highly dependent on adequate nutrition. The diet should be sufficiently high in calories and protein. Antibiotic ointments are not normally used on the skin surrounding a leg ulcer and occlusive dressings can exacerbate impaired blood flow. Hydro-

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ML Morrison



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