**Case Study for Alexi Burr**

**Immunizations**

* Influenza

**Screening**

* Well-Women’s exam (pap & HPV test)
* Colonoscopy. May be indicated because of her history of ulcerative colitis.
* ETOH
* TOB use
* Depression (focus on suicidal ideation because of history of anorexia nervosa)
* Diet
* Obesity
* Intimate Partner Violence
* HTN
* HIV

**Health Promotion/Disease Prevention Concerns**

* Injury Prevention
  + All are relevant because she has children in the house:
    - Traffic safety: Educate the importance of child safety restraints and that car seats for children should be rear-facing and in the back seat. Infants and toddlers should never be left unattended in a vehicle, even if the vehicle is running. Parents should wear their seat belts as well.
    - Burn prevention: Smoke alarms are a great way to reduce the risk of burns and should be installed, maintained and batteries changed regularly. The home’s water heater should be set to a maximum of 120 degrees F to avoid burns. Parents should be advised not to allow children to carry hot liquids (milk, water, formula) and the baby at the same time. Avoid using the microwave because it can heat food/liquids unevenly and burn the child. Electrical outlets should be covered with devices that do not pose a choking hazard. Children should be kept away from radiators, ovens, stoves, furnaces, irons, and grills.
    - Falls prevention: window and stairway guards are recommended to prevent fall injuries. Do not use infant walkers and infants should not be left alone on any furniture. Children need to be protected from stairs, open windows, and furniture that could topple over.
    - Choking prevention: small parts and objects pose a choking hazard to children. This includes round/cylindrical and compressible objects. Food needs to be closely monitored for chance of airway obstruction. Be mindful of balloons, long strings, cords, and blind strings. Recommend cutting the loop blinds/drapes. Be sure to avoid entrapment in unsafe crib environments and access to waterbeds or plastic bags.
    - Drowning prevention/water safety: Young infants most often drown in bathtubs and buckets while being unsupervised. Advise parents to never leave infants/young children around water unattended. Advise parents to immediately drain and store buckets properly after use and advise childcare givers that bath seats or floating rings are not suitable substitutes for adult supervision. Backyard swimming pools/spas need to be completed fenced on 4 sides. The gate to the fence should be self-closing and self-latching and should open away from the pool. Children younger than 5 years should swim only with close adult “touch” supervision.
    - Safe sleep environment: Infants should be placed in the supine position for sleeping and in a crib that conforms with safety standards. Infants should not be put to sleep on soft surfaces such as sofas, couches or waterbeds. Soft materials should be avoided in the infant’s sleep environment. If bumper pads are used they should be removed once the infant is able to stand. Never leave the crib side down when the infant is inside.
    - Poisoning prevention: Medicines and household cleaning products should be kept out of sight and reach of children and locked whenever possible. These items should be kept in their original container or blister packs. Discard Ipecac if it is still present in the home. Keep the poison control number visible and handy (1-800-222-1222).
    - Cardiopulmonary resuscitation: As a parent or guardian there should be some formal training in infant and adolescent (and adult) CPR training. It is also important to activate the emergency action plan (911) during cases where CPR is being performed.
    - Firearm safety: Parents should be advised to keep firearms out of places where children live and play. If there is a firearm in the home, it should be stored separate from the ammunition and kept in locked cabinets (safes).
* **Diet** 
  + Anorexia Nervosa
    - It is recommended that she continues her current eating habits in general. Alexi should strive for a more routine form of diet that fits her needs and the needs of her family.
    - The case scenario states that she, for the most part, chooses health choices, but struggles with certain meals of the day and throughout the week. A focus should be made on proper meal planning and portion control.
    - Anorexia Nervosa is most often in adolescents but eating disorders can continue throughout adulthood. It is important to maintain a well-balanced meal.
    - Alexi’s BMI is adequate for her height and age and should add some quick snacks to help balance out her daily diet. These snacks could include cut carrots, celery sticks and peanut butter, nuts (almonds, cashews, peanuts) and fruits such as apple, bananas and grapes.
  + Ulcerative Colitis
    - She needs to follow a diet that is appropriate with diagnosis of ulcerative colitis. She should avoid the following:
      * ETOH
      * Caffeine
      * Dairy products
      * Dried fruits
      * Popcorn
      * Sorbitol
      * Small seeds
      * Spicy food items.
    - Eat food, not too much, mostly plants. Guidelines for ulcerative colitis contradict this point somewhat and recommend high caloric foods that are low in fats and fiber, which is contradicted below in a diet to help with hemorrhoids. Alexi should adapt her diet to what she is most comfortable with.
  + Patient should maintain a diet that works for her including a healthy intake of fruit and veggies.
  + Encourage to maintain a high fiber diet to reduce the issue of hemorrhoids.
* **Exercise**
  + Current guidelines recommend exercising 150 minutes per week of moderate intensity or 75 minutes of vigorous intensity according to the Centers for Disease Control and Prevention. Muscle strength training is also recommended twice weekly as well. For Alexi striving for this goal may seem difficult, but small steps can be taken to make these changes. She could park farther from her school so she has to walk farther. She could take some time during the day to do yoga classes or calisthenics. These are minimal changes to her current physical fitness routine and should not add too much time to her already busy schedule. For a more progressive approach, she should have access to the campus physical fitness center and could use those facilities to aggressively change her workout routine once she develops the basic changes first.
* **Harm Reduction**
  + Alexi has a previous history of anorexia nervosa which will unlikely add issues as an adult. However, it is worth mentioning that she needs to maintain a healthy weight and attempt to keep a well-balanced diet. For her height and weight, she is on the lower end of a normal BMI and needs to keep an eye on any sudden weight loss. She needs to focus on her own health to better provide adequate care for her family. If she cannot take care of herself, how is she going to take care of her children?

**Brief Intervention** –

* I would recommend intervention for alcohol consumption. Alexi stated that she occasionally drinks alcohol in excess to the point where she cannot drive. I would use the CAGE and AUDIT interviewing questions to better assess her alcohol misuse/dependence.
  + CAGE
  + Do you feel like you should cut down on your drinking?
  + Do you feel annoyed when anyone talks about your drinking?
  + Do you feel guilty about your drinking?
  + Do you need a drink in the morning (eye opener) to start your day?
  + AUDIT
  + How often do you have a drink containing alcohol?
  + How many drinks containing alcohol do you have in a typical day when you are drinking?
  + How often do you have six or more drinks in one occasion?
    - Based on the answers to the last three questions I would follow the AUDIT interview questions that specifically ask more questions about ETOH use.
* Another recommendation would be the use of prophylaxis during sexual intercourse. Unless Alexi and her husband are actively trying to have another child, it is important to use protection or think of another method for avoiding pregnancy (vasectomy, tubal ligation).
  + Are you sexually active?
  + Are you have sex with men, women or both?
  + How many sex partners do you have?
  + What type of sexual intercourse are you having (oral, vagina, anal)?
  + Are you using protection when you have sex? If so, what type?
  + Are you interested in becoming pregnant?
* Diet is another intervention that would be discussed. Due to her past medication history of anorexia and ulcerative colitis.
  + How is your diet?
  + Give me examples of what you eat for breakfast, lunch, dinner?
  + What do you consider a healthy diet?
  + Are you interested in seeing a registered dietitian?

**Items that should be addressed first:**

* Her diet and exercise complaints should be addressed first. She stated that she is too busy to exercise and make adequate meals for herself. This is an important step in preventing further diseases such as diabetes. In addition, she already has past medical history related to her gastrointestinal system. It is important to monitor any changes in weight/loss gain, loss of appetite, or significant changes in bowel movements or abdominal pain.

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