NATIONAL HEMOPHILIA FOUNDATION
for all bleeding disorders

NURSING CASE STUDY SESSION

Each year, the NWG makes a call to all HTC nurses to submit case studies to be potentially presented at NHF's Annual Meeting.

Case studies submitted are evaluated by the members of the NWG based on their relevance to the stated topic, medical accuracy, applicability to hemophilia nursing practice, complexity of the case, and level of interest. Nurses whose cases are selected will have months to prepare and approximately 15-20 minutes to present -including time for questions.

The NWG encourages submissions from as many nurses as possible, regardless of their level of expertise. Presenters with limited speaking experience will have the option to be paired with a mentor who will guide them in developing and presenting their case study.

DIRECTIONS FOR SUBMISSION:

1. Be attentive to the *Call for Nursing Case Studies* email. Determine if you have an interesting case that relates to that year's topic. Carefully read the instructions and accompanying documents.

2. Provide a brief but thorough description of your case study utilizing the *case study outline* included in the email. This form will be used to select the case studies so please explain why it is unique and how it relates to the topic.

3. Adhere to deadlines as requested.

4. If your case study is selected, you will be asked to:

- Complete the *speaker's packet* asap
- Create a 15-20 minute PowerPoint presentation on the template provided (time may vary from year to year) -you *must adhere* to the allotted time
- Include reference as appropriate
- Use the example below as a guide
    - *Patient's initials:* JM
    - *Diagnosis:* mild hemophilia A
    - *Age:* 67
    - *Past Medical History:* Pt. has had a life-long history of bleeding. He has no history of auto-immune disorders. He is hypertensive and taking medications to control.
    - *Surgical History:* At the age of 18, he had a tonsillectomy and 8 days post procedure, he developed bleeding which required cauterization. At 37 years of age, he had sinus surgery and 8 days later developed epistaxis, which required packing without further

intervention. He also had dental extractions with oozing for 72 hours. Pt underwent L total hip arthroplasty 8/30/98 after being diagnosed with mild hemophilia A (~30%)

- *Social History:* Individual is married and has four grown children. He is currently working as director of operations at a local business. He has no family history of a bleeding disorder.
- *Chief Complaint or history of the event:* Pt. was seen by the coagulation clinic for a persistent serous drainage from wound near the L THA surgical site. The wound was cultured and found to be positive for peptostreptococcus magnus.
- *Physical Exam:* Pleasant man in no acute distress. Mildly obese, his skin has some actinic changes to his ear and his back, He does have an area of bright red granulation at the superior aspect of his left hip incision which is draining some serosanguinous fluid without foul odor. Other body systems were normal on exam. BP 138/84, Pulse 80.
- *Lab data:* Factor VIII 45%, factor IX 119%; factor XIII screen was unremarkable. Prothrombin time (PT) and activated partial thromboplastin time (APTT) were within normal limits. Thrombin time (TT) was also normal. Sed rate 27 (0-22 mm/hr), C-reactive protein elevated at 1.46 (0.020-0.800).
- *Radiologic Studies (if applicable):* Left THA. Lucent areas adjacent to the femoral component, likely due to granulomatous reaction. Lucent zone adjacent to the acetabular component.
- *Impression:* Infected L THA
- **Treatment:** The infected components were removed under coverage of DDAVP and continuous infusion of factor and patient was placed on the appropriate antibiotic therapy. Surgery for replacement of the hip was performed 8 weeks later with DDAVP and factor coverage. Pt was dismissed post op with follow up factor VIII infusions and monitoring maintaining factor VIII levels above 50%.
- *Outcome:* Pt traveled to his home and two months later was admitted to his local hospital with acute onset of bleeding, APTT 3 times normal and a factor VIII level of <1%. He was found to have a potent inhibitor of 106 Bethesda Units. No products were available for infusion and patient traveled to our facility again for evaluation. Pt was given an APCC to control and stabilize bleeding he was experiencing. Pt was informed and consented to be involved in a trial of Rituximab in an attempt to eliminate the inhibitor. Pt went through 4 weekly doses of Rituximab and was allowed to travel to home with APCC infusions for bleeding episodes. Pt had blood tests monitored per a protocol and his inhibitor subsequently decreased to <5 B.U. He has a follow-up visit scheduled for October 2002 for another inhibitor and VIII level

5. Submit your case study presentation by the date requested. It will be reviewed by NWG representatives and the continuing education providers. You might be asked to modify the slides as needed –do not use medication's registered brand names, instead use generic.

6. Do not use the regular registration website. NHF will send you an email a few months before the meeting with instructions on how to register as a speaker.

7. Practice, practice, practice and come ready to present your case study in the allotted time.