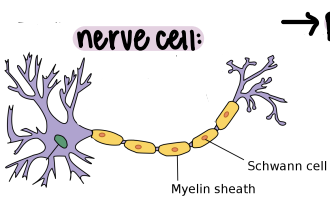


## disease of PNS & muscle

### Guillain-Barre: PNS



- path: antibodies attack the Schwann cells that make up the insulating myelin sheath; the affected nerves become inflamed & edematous
- causes: unknown, usually follows a course of illness by 2-4 weeks
  - viral infection (GI or respiratory): influenza (pneumonia)
  - autoimmune reaction (lupus erythematosus)

#### assessment:

- weakness, numbness, tingling in arms or legs → weakness of lower extremities! - move up body! - summ
- bilateral ascending weakness → paralysis (common sign) → can happen very quickly
- difficulty chewing, talking, swallowing

#### diagnostic:

- lumbar puncture: CSF shows proteins and ↑ pressure
- electrophysiologic testing
- much diagnostic testing is aimed at finding other causes to rule out cause

#### med management:

- plasmapheresis → filter blood, gets rid of bad antibodies may shorten course of disease if performed in first two weeks
- IV immune globulin (Gamimune N) gives additional antibodies to pt to help them fight the disease or shorten course

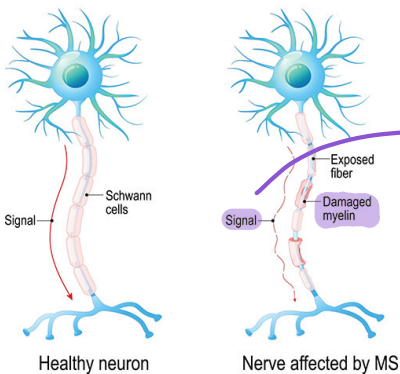
#### nursing management:

- assess signs of respiratory distress
  - spirometer
  - have respiratory equipment available at bedside in case of resp compromise - endotrach kit, ambu bag; monitor for progression of paralysis
- ROM to prevent muscle atrophy
- skin care, change position Q2H

→ O<sub>2</sub> in case of distress  
→ oral suctioning: ↑ HR, adventitious breath sounds

### MULTIPLE SCLEROSIS: CNS

demyelinating disease: causes permanent degeneration & destruction of myelin sheath (autoimmune disorder - body attacks own myelin)  
→ associated w/ gene r/t immune system  
→ chronic progressive disease of peripheral nerves



↳ interrupts nerve signals & transmission when destroyed

#### assessment: gradual worsening, periods of remission & recurrence

- blurred vision, diplopia, nystagmus muscle spasm & stiff
  - weakness, clumsiness (motor incoordination), tremor
  - numbness & tingling of an arm or leg
  - slurred, hesitant speech (scanning speech)
  - bowel/bladder incontinence
  - loss of memory, difficulty concentrating, impaired judgement
- Sxs vary in whats affected & how often flare-ups happen
- various forms of disease progression (few sx, mild)

#### triggers for MS: mellow out & stay cool!

- heat, sun exposure!
- illness, stress, surgery
- smoking

#### diagnostics:

- lumbar puncture (CSF)
- electrophoresis for CSF
- CT, MRI - scars on sheath (plaques)

#### treatment: no cure for MS; no single med will cure sx

- goal: keep pt functioning as long as possible - balance exercise & rest (fatigue)
- meds to stop attack of myelin: interferon B
- meds to ↓ inflammation: corticosteroids
- meds to tx muscle spasticity & rigidity: baclofen, dantrium, botox