

LABS + DIAGNOSTICS

↓ T₃, T₄, ↑ TSH, ↑ blood cholesterol
 Antithyroid antibodies may be present.

Diagnosics: Thyroid scan
 ECG

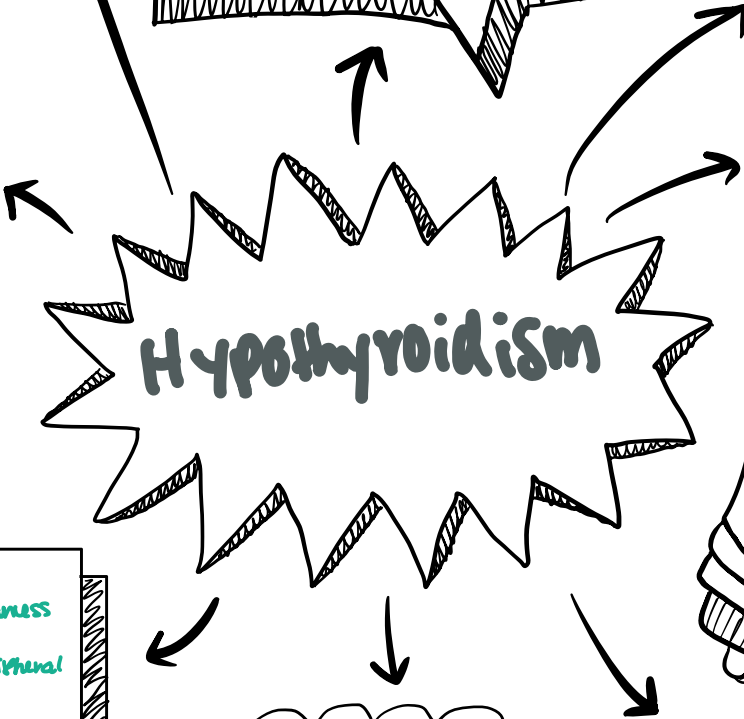
PATHO: Primary: dysfunction of the thyroid gland, most common type.
 Autoimmune thyroiditis.
 Secondary: caused by failure of the anterior pituitary gland.
 Tertiary: caused by failure of the hypothalamus to produce thyroid-releasing hormone.
 Secondary + tertiary sometimes called central hypothyroidism.

RISK FACTORS

Females 30-60 y/o
 Medications (lithium, amiodarone)
 Inadequate iodine intake
 Radiation therapy to the head and neck

SIGNS + SYSTEMS

Fatigue/lethargy ↑ lhrs
 intolerance to cold
 irritability
 constipation
 weight gain
 Pallor
 thick brittle fingernails
 Depression/Apathy/Joint?
 muscle pain
 Bradycardia, hypotension,
 dysrhythmias, slow thought
 processes. Hypoventilation
 hair loss, dry, flaky skin,
 swelling of face, tongue,
 hands, feet. ↓ libido
 impotence, hoarse, raspy
 speech, Abnormal menses



COMPLICATIONS

myxedema coma
 ↳ resp. failure
 hypotension
 hypothermia
 Bradycardia, dysrhythmia
 Hypohyalemia
 Hypokalemia
 Coma

caused by untreated or poorly managed hypothyroidism

NURSING INTERVENTIONS

over 80 y/o, not prescribed treatment unless experiencing manifestations.
 monitor for cardiovascular changes, peripheral edema
 Safety precautions for AMS
 Ambulation: compression stockings
 Monitor resp status, consult dietitian
 Administer stool softener?
 skin care, extra blankets + clothes for cold intolerance
 Encourage verbalization of fears
 w/ caution
 ↳ CNS depressants or sedatives

Education:
 report chest pain or discomfort immediately
 Take as prescribed - don't alter unless provider is consulted.

MEDICATIONS

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TREATMENTS

levothyroxine (thyroid hormone replacement therapy)
 ↳ regular monitoring of blood TSH
 Take on empty stomach
 monitor for hyperthyroidism
 Treatment is lifelong
 ↑ effects of warfarin: ↑ need for more Digoxin + insulin