

A Case Report on Herpes Simplex Encephalitis.

Anita Adhikari¹.

¹Department of Nursing, Shree Birendra Hospital.

Abstract

This is the Case report of a 53 years old male Retired Major of Nepal Army. He was diagnosed as a case of Herpes Simplex Encephalitis while he was in UN Mission in Kosovo as an observer on June 2005. He was treated in a Neurological Centre in Vienna, Austria for 13 months and was transferred to Shree Birendra Hospital on 1st of August 2006. Since then he is in the state of Tetraparesis with cognitive defects and kinetic mutism and he is receiving continuous medical and nursing care at Shree Birendra Hospital till date. Though he is in the vegetative state continuous medical and nursing care has prevented him from the further complications. Thus the nursing management of this case is successful which has promoted job satisfaction among the nurses.

Keywords: encephalitis, herpes simplex, nursing care

INTRODUCTION

Encephalitis is an acute inflammatory process of the brain tissue. Herpes Simplex Virus (HSV) is the most common cause of acute encephalitis in the United States. There are two types HSV: HSV-1 and HSV-2. HSV-1 typically affects children and adults. HSV-2 most commonly affects neonates.² It is estimated to affect at least 1 in 5,00,000 individuals per year. 57% of American adults are infected with HSV-1.⁸ Herpes simplex encephalitis is a severe viral infection of the central nervous system that is usually localized to the temporal and frontal lobes in adults. Typically, it causes a flu-like illness with headache and fever followed by seizures, cognitive impairment.³

The purpose of the study was to find out impact, long term nursing care of HSE patient. Study result can be used not only in the critical cases should nurses focus on total patient care of the general cases also and save them from potential complications.

CASE REPORT

The patient was in the state of tetraparesis with major cognitive defects and akinetic mutism; he couldn't perform his self care, and express his needs and feelings. He was prone to get secondary infection, bed sore, nutritional imbalances, fall injuries and many other complications of being a complete bed ridden patient. The subjective data could not be obtained through the patient due to his inability to interact with the nurses but participatory observation data has been collected.

Nursing Diagnosis and Interventions

Altered nutrition less than body requirements related to inability to eat and drink: Patient was fed via gastrostomy tube. He was given protein 230 ml which gives approximately 1 Kcal/ml energy every three hourly from the beginning till date. So he gained approximately 1900 Kcal energy per day. Which was appropriate for the nutritional requirement of an adult with light activities.

Correspondence:

Col. Anita Adhikari

Department of Nursing, Shree Birendra Hospital

Kathmandu, Nepal

Email: anitajee@gmail.com

Phone: +977-9841399206

The dressing of gastrostomy site was done every day to prevent infection. His cloth were often adjusted according to the temperature. Also, room temperature is adjusted with the air conditioner. Self care deficit related to the weakness of limbs and cognitive defects. The patient was given oral care, complete bed bath, two hourly position changing, back care, physiotherapy of the limbs etc.

An indwelling catheter has been kept for the urinary elimination and diaper is kept for the bowel elimination. Regular catheter care and diaper change were done. The daily physiotherapy provided to him also helped in stimulating the elimination process by promoting the circulation. To promote his sleep, his bed is made as comfortable as possible and he has been kept in an isolation room with limited visitors and noise control. Regular skin care and position changing are done to prevent the bed sore. He was oil massaged or powdered and special air mattress has been kept on his bed to prevent bed sore. Patient has been kept in an isolation room with adequate light, ventilation, cleanliness, quiet environment and temperature control. Room is clean and mopped in all shifts and according to the need. Adequate hygienic care is provided to the patient and aseptic dressings are also done to prevent infection. Nightingale's nursing theory was applied.

To avoid risk of fall injury side rails have been kept on the patient's bed. Patient was continuously attended by one person. He was handled carefully while changing position and making him out of bed to the wheel chair. To avoid disuse syndrome related to impaired mobility, physiotherapy such as, passive exercise of the limbs and squeezing exercise are done frequently. He was frequently mobilized out of his bed to the wheel chair. Music therapy was provided to him to enhance his hearing capacity. Though he does not give cognitive response to the caregivers, he is often talked and touched as a normal person. All the photos of his developmental stages and his family photos were displayed for regaining his cognitive development. As he was Hindu, all the photos of Bhagwati were kept there as he was worshipper of Bhagwati.

Medical and Nursing management

Nursing process was applied for the nursing management of the patient. Objective data were collected from the patient and nursing diagnoses were made. Patient's needs were prioritized according to Maslow's Hierarchy of needs and planning of nursing actions was done. Those planned actions were implemented and finally evaluated for achievement of patient need. The management was based on various Nursing theories like Nightingale's theory, Henderson's Need theory and Dorothea Orem's theory of nursing systems.

DISCUSSION AND REVIEW OF LITERATURE

Providing a long term nursing care to the patient is really a challenge which requires patience, skill and combined efforts. This is similar to the conclusion of a study conducted in Canada which showed that the elements essential for the effective care of a long term patient in intensive care setting included the development and maintenance of an open and honest relationship with the patient and family, regular multidisciplinary case management meetings and effective communication strategies throughout the health care team. It also concluded that clinical leaders should remain open to considering new ideas and strategies that facilitates effective care for a patient whose primary focus is different to the majority of intensive care unit patients.⁴

In this case, the grasping power of the left hand of the patient has improved through continuous limbs physiotherapy. This result was supported by a study done in Germany which showed that motor training programmes may improve arm and hand functioning at function and/or activity level in cervical spinal cord injured patients.⁷

In this case, the patient was given music/sound therapy by keeping a turned on radio in his room. This nursing intervention is supported by a study done in Taiwan which showed positive effects of music therapy on vegetative state patients.⁸

Thus the nursing management of this case is successful which has promoted job satisfaction among the nurses. Though it has been a very bad luck for a case of Retired Major to be in such a condition after suffering from this disease during his duty as an observer but it is a very good luck for him to be army personnel so that he is getting such a continuous medical and nursing care from the behalf UN Mission and Nepal Army.

CONCLUSION

The elements essential for the effective care of a long term patient in intensive care setting included the development and maintenance of an open and honest relationship with the patient and family, regular multidisciplinary case management meetings and effective communication strategies throughout the health care team.

REFERENCES

1. Shree Birendra Hospital: Record section: Record book and case sheet files.
2. Smeltz, SC, Bare, BG & Hinkle, JJ. Textbook of medical-surgical nursing. New York: Wolters Kluwer; 1954.

3. Whitley, RJ. Herpes simplex encephalitis: Adolescents and adults. 2006 [cited:2012 Jul 2]. Available from: <http://www.wikipedia.com>.
4. Speeren, AL, Jansen P & Kerckhofse, SH. Outcomes of motor training programmes on arm and hand functioning in patients with cervical spinal injury according to different levels of the ICF: A systemic review. *J Rehabil med*. 2009;4:497-505.
5. Whitley, R, Gnann, JW. Viral encephalitis: Familiar infections and emerging pathogens. *Lancet*. 2002;359 (9305):507-13.
6. Dinn, J. Transolfactory spread of virus in herpes simplex encephalitis. *BMJ*. 1992;281 (6252):1392.
7. Wetzig SM, Walsh C, Prescott C, Kruger PS, Griffiths D, Jennings F, Aitken LM. Having a permanent resident in intensive care: the rewards and challenges. 2009;22 (2):83-92.
8. Lee YC, Lei CY, Shih YS, et al. HRV response of vegetative state patient with music therapy. *Conf Proc IEEE Eng Med Biol Soc*. 2011;2011:1701-4.
9. Kaufman HE, Azcuy AM, Varnell ED, Sloop GD, Thompson HW, Hill JM. HSV-1 DNA in tears and saliva of normal adults. *Invest J Ophthalmology*. 2005 Jan;46 (1):241-7.