



**Autoimmune Resource & Research
Centre
ARRC**



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Nursing Care of Patients with Scleroderma

Often when a person with scleroderma is hospitalised for surgery or treatment of another condition, they find that the nursing staff may have limited knowledge of scleroderma. In response to this situation, the following care plan was developed for a person with scleroderma to take to hospital and give to the nursing staff on admission.

A number of people who have used this care plan have reported the positive response they received from the nursing staff who found it so much easier to provide quality care with the information provided on this sheet.

Nursing Care Form

NOTE: The manifestations of the disease vary from patient to patient. The disease process is not always visible and patients could suffer if the validity of their problems were questioned.

PROBLEM	Tick	MANAGEMENT
Diminished elasticity in blood vessel walls causes increased susceptibility to cold and painful spasms in extremities. (Raynaud's Phenomenon)		Provide extra blankets. Avoid draughts. Maintain warmth particularly pre and post-op when patient unable to communicate.
Oesophageal reflux. Oesophagitis.		Elevate head of bed. Provide extra pillows. Sit upright when eating and after meals. Administer anti-acids after meals.
Reduced oesophageal peristalsis. Oesophageal stricture.		Discuss food preferences and swallowing difficulties. Ensure adequate and appropriate dietary intake.
Bowel involvement. Diarrhoea and/or constipation. Faecal incontinence.		Assess for dietary requirements and medication regime. Refer to dietician.
Dry mouth, dry eyes. (Sjögren's Syndrome)		Drinking water readily accessible. Mouth toilet when patient unable to drink. Assist with instillation of eye drops or ointment if patient unable to self-administer, particularly pre and post-op and prior to sleeping.
Fragile skin on hands, prone to ulceration and slow healing.		Provide protection during operations or procedures. Assist with ADL's as necessary. Refer to occupational therapist.
Hardened skin.		Extra care with venipuncture and blood pressure measurements.
Painful feet.		Avoid injury, e.g. during transfer and ambulation.
Painful joints.		Assist with repositioning. Provide extra pillows. Massage and heat application. Anti-inflammatory medications as ordered. Physiotherapy assessment.
Reduced capacity to cope with stress.		Create calm, supportive environment. Stress reduction techniques. Refer for social work assessment.
Shortness of breath on exertion.		Allow patient to set the pace during physical activity.

NOTES:

For scleroderma sufferers: Please tick the boxes which apply to you, add anything extra in the space provided and hand to the nursing staff on admission to a ward.

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* *Penny Stanford* is a registered nurse with many years nursing experience. She herself has Scleroderma and from her personal experience as a patient during three hospitalisations and her experience as a Nursing Unit Manager, she has compiled this guide for Scleroderma sufferers to take to hospital with them as an information sheet for nursing staff.

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