

Week #5

- a. Describe your assigned client's situation. Why are they presenting to the clinic? What medications are they currently taking?

Anke Schröder, a 27-year-old female client she has no known allergies, she presents to the clinic complaining of unintentional weight loss (10 lbs), intermittent palpitations, diarrhea, sweating, and insomnia for the past month. On exam findings include a fine tremor in the client's hands and fingers, no swelling in the neck, and a heart rate of 109, which is regular. The client states that she has not had a menstrual period for two months but denies that she could be pregnant since she has a copper IUD. Labs indicate a negative pregnancy test, decreased TSH, and increased T3 and T4 thyroid hormone levels, with the rest of the labs (including a CBC and LFTs) being normal. She currently takes multivitamin daily and has a copper IUD.

- b. Assess the applicable clinical practice guideline (CPG) for your assigned client linked on the same page in the lesson where the client case is located. What treatment is recommended by the CPG for your client's situation?

According to CPG treatment for hyperthyroidism it is recommended that Antithyroid drugs such as methimazole and propylthiouracil (PTU) are primary treatments selected based on their efficacy, pregnancy status, and concern for potential side effects like agranulocytosis and hepatotoxicity. Methimazole is preferred for most clients with hyperthyroidism due to its safety. It is given once daily and has a lower risk of side effects compared to PTU. PTU is preferred over methimazole during the first trimester of pregnancy and in clients with a methimazole allergy or requiring management of thyroid storm due to its inhibitory effect. (Rosenthal & Burchum, 2021). Monitoring medication therapy, including regular liver function tests and white blood cell counts. The management strategy is tailored to achieve optimal control of thyroid hormone levels.

- c. Discuss your personal professional assessment of the client's situation provided in the scenario. What pharmacological treatment is necessary and why?

My patient Anke Schröder, a 27-year-old female she has no known allergies. She takes multivitamin and has a copper IUD. She denies smoking and drinks alcohol once a month. She is visiting me today because she is concerned about unintentional weight loss (10 lbs), intermittent palpitations, diarrhea, sweating, and insomnia for the past month. On exam findings include a fine tremor in the client's hands and fingers, no swelling in the neck, and a heart rate of 109, which is regular. The client states that she has not had a menstrual period for two months but denies that she could be pregnant because of IUD. Labs indicate a negative pregnancy test, decreased TSH, and increased T3 and T4 thyroid hormone levels. After assessing signs and