



NR578 Standardized Procedure Worksheet

Name: XXXXXXXXXX

Carefully read the assignment guidelines and rubric and complete each section of the worksheet below.

1. Definition

a. Disease or condition: Erectile dysfunction (ED) is the difficulty in achieving or maintaining an erection sufficient for satisfactory sexual activity (Williams et al., 2020).

b. Pathophysiology

The pathophysiology of erectile dysfunction (ED) is made up of many factors and linked to many physical, psychological, hormonal, and lifestyle factors. With the help of lifestyle changes, medicine, surgery men have been able to find help and guidance for the problem of erectile dysfunction (ED). (Mirone et al., 2022). The overall cause of erectile

followed by neurological factors. Physical causes encompass both vascular and neurological issues (Mirone et al., 2022). Vasculogenic factors are the most prevalent etiology characterized by insufficient blood flow to the penis and the inability of the penis to retain the blood (Mirone et al., 2022). Atherosclerosis, hypertension, diabetes, vascular conditions, and depression can cause impaired blood flow to the penis, resulting in challenges with achieving or maintaining an erection (Sangiorgi et al., 2021).

Neurological factors are the second most common cause of erectile dysfunction (ED). Neurological conditions such as multiple sclerosis, spinal cord injuries, Parkinson's disease, lumbar disc disease, and traumatic brain injury can result in erectile dysfunction (ED). (Kinaterder et al., 2022). Hormones, especially testosterone, are an essential factor when it comes to sustaining erectile function and libido. For accurate testing, it is best to draw testosterone labs in the morning since this is the best time for peak levels.

Psychogenic factors can both cause erectile dysfunction (ED) and worsen existing cases. (Xiao et al., 2023). Mental health issues such as depression, anxiety, stress, relationship difficulties, and performance anxiety can disrupt the normal sexual response (Hunt et al., 2022), which adds to more stress and anxiety which, leads to more depression, which makes the erectile dysfunction harder to combat, so it is like a never- ending cycle.

Medications that affect erectile dysfunction include antidepressants, antihypertensives, CNS depressants, antiandrogenic, recreational drugs, cancer or chemotherapy. The medicines listed are just a few that, because of their side effect, can either cause erectile dysfunction or make erectile dysfunction worse (Snoga et al., 2022).

c. Incidence and prevalence

The National Survey of Sexual Wellbeing studied Erectile dysfunction (ED) in the United States was studied in the 2021. The study found prevalence rates were based on IIEF-5 scores was 24.2%. The prevalence increased with age: 52.2% for men aged 75 and older and 48.0% for men aged 65-74. Interestingly, only 7.7% of the sample reported having been diagnosed by a provider, indicating a gap in access to treatment (Mark et al., 2024). Three twenty-two million men have erectile dysfunction, which needs to be a medical condition that is focused on until there is a cure found. (kitaw et al., 2024).

2. Assessment

a. Physical Symptoms

- Decreased sexual desire
- Inability to maintain a firm erection for long enough to engage in sex
- Inability to maintain an erection at any time
- Inability to develop a penile erection
- Inability to get an erection when desiring sex (Sangiorgi et al., 2021).

The focus should not only be on the physical symptoms but on the emotional symptoms such as anxiety, stress, and depression (Xiao et al., 2023), which is necessary to address.

b. Physical Exam

- medical history review
 - evaluate cardiovascular risk factors, such as hypertension, diabetes, obesity, dyslipidemia, and family history of cardiac disease.

- general health assessment
 - focus on abnormal secondary sexual characteristics, such as gynecomastia and body hair distribution
- peripheral vascular examination
 - palpate pulses of bilateral lower extremity
 - auscultate in abdomen and femoral regions for bruits
- neurologic examination
 - gait, postural stability, orthostatic blood pressure, sensation, and reflexes in distal extremity and saddle regions
- genital examination
 - screen for hypogonadism, such as small testicular size
 - palpate penis for Peyronie's plaques
- rectal examination
 - assess sphincter tone
 - evaluate prostate
- abdominal examination
 - assess for masses or signs of liver or kidney disease.
- cardiopulmonary examination
 - assess health status baseline for future treatment

option (Sangiorgi et al., 2021).

c. Intended state of practice and circumstances that require physician consultation, if indicated

In Kentucky, the Advance Practice Registered Nurse who is in their first year of practice must enter into a collaborative agreement for prescriptive authority for both non-controlled and controlled substances (Kentucky Board of Nursing, 2024)

APRN Hormone Replacement Therapy with Testosterone Containing Pellets

APRNs may be authorized to perform additional acts due to training and experience, such as prescribing treatment, devices, and order diagnostic tests pursuant to KRS 314.011(8). Hormone pellets are compounded implantable pellets for slow release of hormones that lasts four to six months, as such APRN's are unable to prescribe hormone pellets containing testosterone as it is a schedule III-controlled substance and, prescribing of schedule III substances is limited to a 30-day supply without refill. See KRS 314.011(8)(b). Upon review and discussion at the June 19, 2023, meeting, it was the decision of the Board that:

The performance of the subcutaneous administration/insertion of hormone replacement therapy with pellet implants is within the scope of advanced practice registered nursing practice for the APRN who is educationally prepared and clinically competent.

Any testosterone supply provided in quantities or duration that are greater than 30 days requires an APRN to obtain a physician's order pursuant to KRS 314.011 (8)(b) for the administration of the hormone replacement therapy pellet implants and the performance of the procedure (Kentucky Board of Nursing, 2024).

3. Diagnostic tests

a. Testing- is aimed at finding a cause

- Lab tests
 - anemia
 - prostate specific antigen
 - serum cholesterol
 - renal function
 - hormone blood levels (testosterone, prolactin, LH, FSH)
 - A1C
 - serum blood glucose

- fasting lipid panel
- thyroid-stimulating hormone

- Penile Doppler Ultrasonography
 - measure penile blood flow and speed
 - detect arterial insufficiency and venous incompetence
 - differentiate between vascular and nonvascular causes of ED
 - assess the size and location of the pathological plaques and small nonpalpable lesions.

- Penile injection test
 - inject a vascular stimulant into the penis to create an erection
 - Nocturnal penile tumescence (NPT)
 - assess sleep erection and proceed overnight.
 - Pelvic X-rays, arteriography, MRI, or CT scanning
 - rarely ordered to check for ED unless there are contraindications such as a history of trauma or cancer.

(American Urological Association, 2018) (Bodie et al., 2003)

b. Expected results