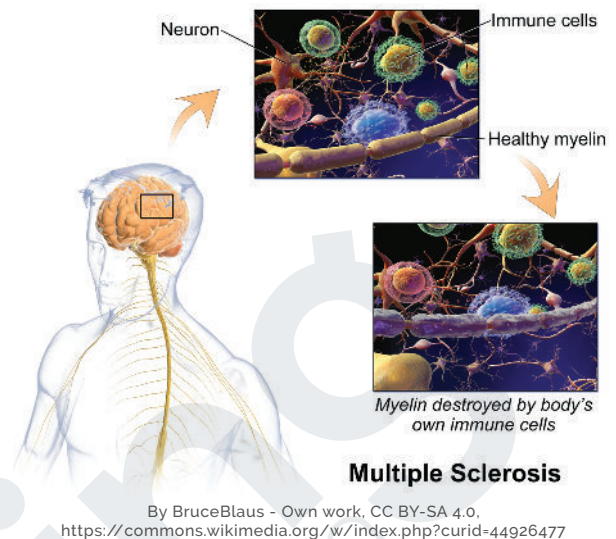


MULTIPLE SCLEROSIS PATHOCHART

PATHOPHYSIOLOGY

An autoimmune disorder that is a chronic, progressive demyelination of the neurons in the central nervous system. Plaque develops on the white matter and this damages the myelin sheath and blocks impulse nerve transmission. This leads to spastic and slow nerve impulses. This impairs movement and sensation and can cause issues with bowels, bladder, and vision. MS consists of remission and exacerbations and is diagnosed primarily between the ages of 20-40 years old.



ASSESSMENT FINDINGS

Muscle weakness, fatigue, tremors, spasticity of muscles, bladder dysfunction, decreased peripheral sensation (pain, temperature, touch), visual disturbances, emotional instability, activity intolerance.

DIAGNOSTICS

- Medical History & Clinical Picture
- MRI
- CSF analysis

NURSING PRIORITIES

- Optimize Energy Levels
- Provide Frequent Rest Periods
- Optimize Mobility & Functional Ability
- Promote Comfort
- Address Elimination Needs

THERAPEUTIC MANAGEMENT

- No cure – supportive therapy
- Energy conservation
- Maintain adequate fluid intake 2000 mL/day
- Provide bowel and bladder training
- Encourage activity independence
- Ensure in home safety (rugs, cords, etc.)
- Regulate temperatures on water heaters, baths and heating pads
- Monitor for cognitive changes
- Plan for disease progression
- Educate and encourage on medication importance and adherence

MEDICATION THERAPY

- Immunosuppressant therapy
- Antispasmodics
- Beta blockers
- Interferon
- Corticosteroids
- Anticholinergics
- Stool softeners