

MYASTHENIA GRAVIS PATHOCHART

PATHOPHYSIOLOGY

An autoimmune disorder that breaks down the communication between the nerves and the muscles, specifically insufficient amounts of acetylcholine as well as excessive amounts of cholinesterase. It can be triggered by stress, hormone disturbance, infection, trauma, or temperature. The miscommunication causes the patient to feel weak, have diplopia and ptosis. This also can cause major issues for breathing and swallowing at its most severe exacerbation.



By James Heilman, MD - Own work, CC BY-SA 3.0, <https://commons.wikimedia.org/w/index.php?curid=17978809>

ASSESSMENT FINDINGS

Weakness/fatigue, double or blurred vision, drooping eyelid, assess and monitor respiratory status, perform a swallow screen, assess n/v/d, hypotension, perform a bladder scan to monitor any urinary retention, assess last bowel movement, assess for cyanosis and hypoxia.

DIAGNOSTICS

- Tensilon test
 - Patient is at risk for VFib! Have crash cart available.

NURSING PRIORITIES

- Risk for Aspiration
- Monitor Breathing Pattern
- Optimize Functional Ability
- High Fall Risk
- Prevent Injury

THERAPEUTIC MANAGEMENT

- Monitor airway and breathing
- Prevent and manage hypoxia
- Keep suction ready at all times
- Monitor vital signs closely
- Monitor bowel movements and urinary output
- Educate the patient to identify and avoid triggers

MEDICATION THERAPY

- Pyridostigmine
- Prednisone
- Immunosuppressants such as cyclosporine