

(MYASTHENIA GRAVIS) NURSING CARE PLAN

Medical Diagnosis: Myasthenia Gravis

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> • Double vision • Weakness/fatigue • Dysphagia • Dyspnea <p>Cholinergic Crisis</p> <ul style="list-style-type: none"> • Muscle cramps • Nausea <p>Myasthenic Crisis</p> <ul style="list-style-type: none"> • Sudden, severe weakness 	<p>Administer cholinesterase inhibitors (Physostigmine) and ensure proper dosing/timing.</p> <hr/> <p>Monitor respiratory status</p> <hr/> <p>Maintain suction and emergency equipment.</p>	<p>The goal is to have a net increase of acetylcholine activity at the nerve synapses. This should help improve the conduction of impulses within the muscles.</p> <hr/> <p>Patients are at high risk for respiratory distress due to muscle weakness and dysphagia (aspiration)</p> <hr/> <p>Risk of respiratory depression. Suction at bedside; May go into V-Fib; Need mechanical ventilation</p>
<p>Objective Data:</p> <ul style="list-style-type: none"> • Ptosis (drooping eyelid) • Tachypnea • Abnormal ABG • Diminished breath or crackles due to atelectasis <p>Cholinergic Crisis</p> <ul style="list-style-type: none"> • Vomiting, diarrhea • Bradycardia • Bronchial spasm • Hypotension <p>Myasthenic Crisis</p> <ul style="list-style-type: none"> • Increased HR, RR, BP • Hypoxia and cyanosis • Bowel and Bladder incontinence 	<p>Educate the patient on s/s of cholinergic and myasthenic crisis to report to the provider.</p> <hr/> <p>Educate patient to identify and avoid triggers</p> <hr/> <p>Monitor feeding and ensure proper nutrition. Schedule meds 30-45 minutes before meals</p>	<p>Both cases can cause severe muscle weakness and respiratory depression. Early intervention to protect the patient's airway is imperative.</p> <hr/> <p>This may include temperature extremes, stress, drugs, alcohol, infection, or caffeine. They should avoid any known triggers as much as possible.</p> <hr/> <p>Weakness and dysphagia make preparing and eating meals more and more difficult as the disease progresses. Scheduling meds 30-45 minutes before meals helps to minimize their symptoms as much as possible during meal times</p>