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Challenges of Nursing Care Plan for Guillain-Barre Syndrome: A Review of Literature

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Abstract: Guillain-Barré Syndrome (GBS) affects physical and psychosocial deficits and affects about 2 people in 100,000 each year. The syndrome causes peripheral nerve demyelination, which leads to gradual motor weakening and paralysis. This section should provide the nursing care plan with an overview of Guillain-Barré syndrome. The pathogenesis of the syndrome, manifestation presentation, phase nurse assessments and administration, and present therapy choices are all covered. The goal of this article is to provide a review of the nursing care plan for GBS patients.

Keywords: Challenges, Nursing Care, GBS

1. Introduction

The most prevalent cause of acute paralytic neuropathy is Guillain-Barre Syndrome (GBS) [1]. Acute inflammatory demyelinating polyneuropathy, acute motor axonal neuropathy, and acute motor and sensory axonal neuropathy are the three types of GBS [2]. Is an uncommon and potentially fatal polyradiculoneuropathy [3]. Due to declining rates of communicable diseases and rising rates of non-communicable diseases, the Middle East area is experiencing a double burden of sickness [4].

They are stressed, and the most stressful things in their lives are the worry of staying paralyzed, the unpredictability of the sickness process, and the anxiety of intubation [5]. These physical restrictions damage the psychosocial health condition of GBS patients [6].

If compared to healthy controls, these patients have worse physical function and overall health [7]. Walking impairment can also be found in GBS patients. Reduced walking ability causes handicap at 1-2 years of age, which can last for a period of ten years. After one year, 60% of patients experience paresthesia. As a result, around one-third of the patients require extended mechanical ventilation [8].

This paralytic neuropathy produces paresthesia as well as mobility problems in the arms and legs [9]. At one and three years after the commencement of the illness, approximately one-third of GBS patients have a poor functional prognosis [10].

Understanding into illness incidence is essential for identifying trends related to patient variables such as aging and geographical region, as well as determining any alterations in prevalence following exposure to novel environmental factors. Previous studies on the occurrence of GBS revealed rates ranging from 0.16 to 4.0/100,000/year in

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people of all ages [11]. Adults, particularly those above the age of seventy-five have been found to have the greatest rates. Males have a greater prevalence rate than females, which is unusual for autoimmune illnesses [12].

Nursing care plan for GBS patients includes a number of nursing diagnoses and procedures. Nursing care plan is to maintain all normal body processes, avoid problems, and reduce therapeutic side effects. While GBS is reversible, the patient requires intensive long-term care because healing can be an extended procedure [13].

Intensive care Nurses should check clients on a regular basis to watch for worsening. Because the condition is progressing, the neurological evaluation (cranial nerve involvement, reflexes, motor weakness, and sensory abnormalities) should be prioritized. The presence of cranial nerve impairments indicates whether the patient is at danger of inhalation. The illness sensations of numbness, tingling, and discomfort should be evaluated [14].

The nurses, with their holistic perspective and competence as professionals, play a critical role in assisting patients to live safely and in optimal health. Nurses meet patients' physical, psychological, emotional, spiritual, and socioeconomic demands; they also play an important role in educating patients to lessen the risk of problems [15]. Although many research initiatives insisted on using a qualitative method to examine the experiences of learners, the didactic setting is also thought of as a term that can be measured [16].

2. Discussion

One of the review's themes was the acceptance of GBS. The participants worked hard to learn more about the origins of the sickness in order to manage it. According to a review, patients want to learn more about their disease [17].

General nurse care is a key component of GBS management. To reduce mortality as well as morbidity in fast developing GBS, a multidisciplinary approach to preventing and managing possible complications is essential. It is critical to regularly check for respiratory failure, bulbar dysfunction, physical ability to cope with secretions to minimize lung aspiration, and hemodynamics, especially during the developing phase of GBS [18].

In a study [19] with the goal of describing experiences related to disability and disease management in GBS patients, one of the topics that emerged was "lived body limitations." It was discovered that these patients had weakness and sensory sensations in their bodies, as well as discomfort and diminished energy, which hampered their daily activities for an extended period of time. The treatment of pain in GBS is critical throughout the disease's progression. During the GBS, gabapentin and carbamazepine administration resulted in a significant decrease in severity of pain [20].

In our study [21], the people who took part described it as an illness characterized by extreme weakness, loss of sensory sensation, paralysis, discomfort, loss of power and limitations in bodily functions such as walking and standing for extended periods of time. The more prevalent symptoms described by GBS patients were fatigue, discomfort, and muscular weakness. Early enteral feeding should be used to introduce sufficient high-energy nourishment with a high caloric protein diet. Nutrition is vital in preventing muscle atrophy and tapering clients off ventilatory assistance. Prolonged oral nutrition is more tolerated than bolus meal [22].

It was discovered that more than half of GBS patients had difficulty walking. They exhibited sensory disruption, loss of upper and lower extremity power, paralysis, impairment, weariness, and musculoskeletal discomfort [10]. Exposure keratitis is avoided in cases of facial weakness by augmenting with fake tears and using sticky tape to seal the eyelids at night. Appropriate cushioning of pressure sites prevents position-related nerve palsies. Limb physiotherapy initiated early in the illness's phase aids in the prevention of joint stiffness and immobility. Patients and families need ongoing encouragement and

mental health support to recover [22]. Additionally, the communication's lowest level of pleasure could be caused by linguistic and cultural limitations (Hussein and Rebaz, 2016)

In the present research [17], ways of dealing such as denial, contrasting the condition to other illnesses, not disclosing the disease, attempting to return to a normal and active life, attempting to achieve more mental and emotional equilibrium, managing with the circumstances, and appreciating healthcare workers were used for controlling the illness.

They also reported having a lesser quality of life than the general public. As a result, GBS patients attempt to manage their sickness by recognizing their illness and symptoms [9].

Managing one's in GBS, according to one study, included having an connection with God. They believed in God, prayed, accepted the outcome of their lives, saw disease as God's judgment, sought for forgiveness, praised God, and asked God to handle their sickness. This was an original theme in GBS managing oneself. A single of the participants in a GBS test stated, "I have trust in God." "I believe religion helps" [23]. In fact, several patients adopted intellectual and spiritual therapeutic measures [24].

The patients demonstrated community involvement in their disease care. To carry out routine tasks, friends, relatives, and family members gave social support. In a nutshell, the patients got and experienced tangible, essential, and psychological assistance from another. Similarly, patients with GBS in Sweden appreciated the social support of their friends and family [19]. But among the main challenges that need to be addressed are underdiagnosis of hypertension, stress, postponed admissions, inadequate risk factor management, and medication noncompliance [25].

The key concepts of GBS nursing care plan " established from this review. Providing illness data about their disease is critical for them to effectively treat it. Furthermore, strengthening spirituality and optimism is advised for patients struggling with disease.

3. Conclusion

The researchers found that GBS nursing care plans are inadequate and that there is a need for more information regarding GBS nursing care, as well as employing recovery methods, being feeling optimistic, having a relationship with God, and receiving and believed support from society. Thus, nursing care professionals and family members of individuals with GBS are advised to learn and acquire standard knowledge about the condition in order to assist patients in using constructive ways to cope, creating a hopeful life, providing social support, and establishing a better standard of living.

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