

**Faculty of Nursing , Pharmacy, & allied Health Sciences**

**Course: Adult Health2 (NURS2311)**

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**The Assignment:**

**Compare between Hepatitis A, B and C in term of causes and S & S as well as nursing care.**

**Hepatitis A**

* **Causes:**

we can catch the disease by drinking water or eating food that's been contaminated by someone with the virus. we can also get hepatitis A if you:

* Eat fruits, vegetables, or other foods handled or prepared by a person who has the virus.
* Eat raw shellfish harvested from water where the virus lives.
* Swallow contaminated ice.
* Have sex with someone who has it.
* Touch your mouth after touching a contaminated object.
* **Clinical Manifestations (S. & S.):**

Many patients are anicteric (without jaundice) and symptomless. When symptoms appear, they resemble those of a mild, flulike upper respiratory tract infection, with low-grade fever. Anorexia, an early symptom, is often severe. It is thought to result from release of a toxin by the damaged liver or from failure of the damaged liver cells to detoxify an abnormal product. Later, jaundice and dark urine may become apparent. Indigestion is present in varying degrees marked by vague epigastric distress, nausea, heartburn, and flatulence. The patient may also develop a strong aversion to the taste of cigarettes or the presence of cigarette smoke and other strong odors. These symptoms tend to clear as soon as the jaundice reaches its peak, perhaps 10 days after its initial appearance. Symptoms may be mild in children in adults, they may be more severe and the course of the disease prolonged.

* **Nursing Care:**

Management usually occurs in the home unless symptoms are severe. Therefore, the nurse assists the patient and family in coping with the temporary disability and fatigue that are common in hepatitis and instructs them to seek additional health care if the symptoms persist or worsen. The patient and family also need specific guidelines about diet, rest, follow-up blood work, and the importance of avoiding alcohol, as well as sanitation and hygiene measures (particularly handwashing) to prevent spread of the disease to other family members.

**Hepatitis B**

* **Causes:**

Common ways that HBV can spread are:

* **Sexual contact:** You may get hepatitis B if you have unprotected sex with someone who is infected. The virus can pass to you if the person's blood, saliva, semen or vaginal secretions enter your body.
* **Sharing of needles:** HBV easily spreads through needles and syringes contaminated with infected blood. Sharing IV drug paraphernalia puts you at high risk of hepatitis B.
* **Accidental needle sticks:** Hepatitis B is a concern for health care workers and anyone else who comes in contact with human blood.
* **Mother to child:** Pregnant women infected with HBV can pass the virus to their babies during childbirth. However, the newborn can be vaccinated to avoid getting infected in almost all cases. Talk to your doctor about being tested for hepatitis B if you are pregnant or want to become pregnant.

* **Clinical Manifestations (S. & S.):**

Clinically, the disease closely resembles hepatitis A, but the incubation period is much longer (1 to 6 months). Signs and symptoms of hepatitis B may be insidious and variable. Fever and respiratory symptoms are rare; some patients have arthralgias and rashes. The patient may have loss of appetite, dyspepsia, abdominal pain, generalized aching, malaise, and weakness. Jaundice may or may not be evident. If jaundice occurs, light-colored stools and dark urine accompany it. The liver may be tender and enlarged to 12 to 14 cm vertically. The spleen is enlarged and palpable in a few patients; the posterior cervical lymph nodes may also be enlarged. Subclinical episodes also occur frequently.

* **Nursing Care:**

Convalescence may be prolonged, with complete symptomatic recovery sometimes requiring 3 to 4 months or longer.During this stage, gradual resumption of physical activity is encouraged after the jaundice has resolved. The nurse identifies psychosocial issues and concerns, particularly the effects of separation from family and friends if the patient is hospitalized during the acute and infective stages. Even if not hospitalized, the patient will be unable to work and must avoid sexual contact. Planning is required to minimize social isolation. Planning that includes the family helps to reduce their fears and anxieties about the spread of the disease.

**Hepatitis C**

* **Causes:**

Hepatitis C infection is caused by the hepatitis C virus (HCV). The infection spreads when blood contaminated with the virus enters the bloodstream of an uninfected person.Globally, HCV exists in several distinct forms, known as genotypes. Seven distinct HCV genotypes and more than 67 subtypes have been identified. The most common HCV genotype in the United States is type1. Although chronic hepatitis C follows a similar course regardless of the genotype of the infecting virus, treatment recommendations vary depending on viral genotype.

* **Clinical Manifestations ( S. & S.):**

Long-term infection with the hepatitis C virus is known as chronic hepatitis C. Chronic hepatitis C is usually a "silent" infection for many years, until the virus damages the liver enough to cause the signs and symptoms of liver disease.

Signs and symptoms include: Bleeding easily, Bruising easily, Fatigue, Poor appetite, Yellow discoloration of the skin and eyes (jaundice), Dark-colored urine, Itchy skin, Fluid buildup in your abdomen (ascites), Swelling in your legs, Weight loss, Confusion, drowsiness and slurred speech (hepatic encephalopathy),Spiderlike blood vessels on your skin (spider angiomas).

* **Nursing Care:**

Clients come to the clinic at a minimum of weeks 4 and 12 after starting treatment, then at a minimum of every 12 weeks until the end of treatment to monitor treatment efficacy and side-effects, and 24 weeks after the end of therapy to assess SVR. Side-effects are common and clients need significant support and encouragement throughout treatment as they affect quality of life. Interferons are naturally occurring proteins that play an essential role in the immune system by hindering the virus’s replication process and enhancing the body’s immune response. They are responsible for many of the symptoms associated with flu such as headaches and fever, and they can also reduce serotonin levels, resulting in depression. Ribavirin causes a fall in haemoglobin, leading to tiredness and shortness of breath. Haematological side-effects may require dose reduction which, in turn, may have implications for the likelihood of attaining an SVR. Besides the flu-like symptoms mentioned above, adverse effects include: depression, irritability, anxiety, heart problems, headaches and fatigue and the development of certain autoimmune conditions, most notably thyroid disease Given the wide range and potential seriousness of adverse reactions, clients need close monitoring from hepatology nurses at regular intervals. Adherence to treatment is undoubtedly one of the key factors for success in achieving an SVR.