

... **Client:** Elena Marino

Primary diagnosis: Iron Deficiency Anemia

HPI: Elena Marino, a 34-year-old female, presents with fatigue, pallor, and shortness of breath. Her past medical history includes chronic gastrointestinal bleeding due to peptic ulcer disease, type 2 diabetes mellitus, and polycystic ovarian syndrome (PCOS). She is currently unemployed and does not have health insurance.

1. Consider the client's HPI. What factors contribute to the complexity of the client? Explain your rationale and support it with evidence.

Elena has a couple factors that contribute to the complexity of the case. This specific client does not have health insurance and is unemployed, this combination can lead to untreated medical conditions. Which is most likely how she developed anemia. Anemia is not uncommon for individuals with type 2 diabetes in general, but when there are other factors including chronic GI bleed and PCOS, the likelihood greatly increases and is near inevitable. Type 2 diabetes is known to cause chronic inflammation, especially untreated or poorly treated and causes increased proinflammatory cytokines and in the end promotes iron deficiency (Mokgalaboni & Phoswa, 2022).

2. Consider the client's primary diagnosis, and what strategies should the FNP use to avoid diagnostic errors? Explain your rationale and support it with evidence.

The typical guidelines for diagnosis of iron deficiency anemia (IDA) are a complete blood count, serum ferritin levels, transferrin saturation levels in addition to C-reactive protein and erythrocyte sedimentation rate to rule out infectious and inflammatory disease (Lolascon et al., 2024). The complete blood count (CBC) will allow the provider to evaluate the hemoglobin and hematocrit, as well as the mean corpuscular volume (MCV) and mean corpuscular hemoglobin (MCH). For a positive diagnosis of IDA, the CBC will show a hemoglobin level of less than 12 g/L, and serum ferritin of less than 15 ug/L (Lolascon et al., 2024). Since the patient has a history of chronic GI bleed secondary to peptic ulcer disease, it would be beneficial to perform a urea breath test to detect *H. pylori* (if not done previously) and a esophagogastroduodenoscopy to determine if any ulcers are currently bleeding. However, due to the client's unemployment and lack of health insurance, these tests may be out of the affordability range.

3. Consider the clinical decision-making process as referenced in this week's lesson. What factors specific to your assigned client and situation influence the FNP's decision-making process in managing the client's primary and secondary health concerns? Explain your rationale and support it with evidence.

One huge factor that influences that decision making process is that the client does not have health insurance. This means that everything that I decide to do, including tests,