

Overview of Anatomy and Physiology

Characteristics of blood

Consistency

45% blood cells

55% blood plasma

pH

7.35 to 7.45

Volume

10 to 12 pints

Overview of Anatomy and Physiology

Red blood cells (RBCs)

Erythrocytes

Transport oxygen and carbon dioxide

White blood cells (WBCs)

Leukocytes

Body defenses: destruction of bacteria and viruses

Thrombocytes (platelets)

Initiate blood clotting

Figure 47-1

Overview of Anatomy and Physiology

Hemostasis: A body process that arrests the flow of blood and prevents hemorrhage

Injury

Hemorrhage

Grouping platelets

Thromboplastin released

Converts prothrombin to thrombin

Links with fibrinogen

Formation of fibrin

Traps RBCs and platelets

Forms clot

Figure 47-2

Overview of Anatomy and Physiology

Blood types (groups)

Determined by the presence or absence of specific antigens on the outer surface of the RBC

Type A

Type B

Type AB

Universal recipient

Type O

Universal donor

Overview of Anatomy and Physiology

Rh factor

Rh antibodies may be located on the surface of the RBC

Rh positive: Antibodies are present

Rh negative: Antibodies are not present

Overview of Anatomy and Physiology

Lymphatic system

Functions

Maintenance of fluid balance

Production of lymphocytes

Absorption and transportation of lipids from the intestine to the bloodstream

Overview of Anatomy and Physiology

Lymphatic system

Lymph and lymph vessels

Lymph is a specialized fluid formed in the tissue spaces transported by way of the lymphatic vessels and reenters the circulatory system

Lymphatic tissue

Lymph nodes

Act as filters, keeping particulate matter such as bacteria from entering bloodstream

Overview of Anatomy and Physiology

Lymphatic system (*continued*)

Lymphatic tissue (*continued*)

Tonsils

Produce lymphocytes and antibodies: trap bacteria

Spleen

Reservoir for blood; forms lymphocytes, monocytes, and plasma; destroys worn-out RBCs; removes bacteria by phagocytosis

Thymus

Immune system before and a few months after birth; atrophies at puberty

Figure 47-4

Disorders of the Hematological and Lymphatic Systems

Diagnostic tests

Complete blood count (CBC)

Red cell indices

Peripheral smear

Schilling test

Megaloblastic anemia profile

Lymphangiography

Bone marrow aspiration or biopsy

Disorders of the Hematological and Lymphatic Systems

Anemia

Definition

Disorder characterized by RBC and hemoglobin and hematocrit levels below normal range

Causes delivery of insufficient amounts of oxygen to tissues and cells

Disorders of the Hematological and Lymphatic Systems

Anemia (*continued*)

Etiology/pathophysiology

Types of anemia

Blood loss

Impaired production of RBCs

Increased destruction of RBCs

Nutritional deficiencies

Disorders of the Hematological and Lymphatic Systems

Anemia (*continued*)

Clinical manifestations/assessment

- Anorexia**
- Dyspepsia**
- Cardiac dilation**
- Disorientation**
- Shortness of breath**
- Dyspnea**
- Fatigue**
- Headache**

Disorders of the Hematological and Lymphatic Systems

Anemia (*continued*)

Clinical manifestations/assessment (*continued*)

- Insomnia**
- Pallor**
- Palpitation**
- Systolic murmur**
- Tachycardia**
- Vertigo**

Disorders of the Hematological and Lymphatic Systems

Anemia (*continued*)

Medical management

- Depends on the cause**
- Correction of the disease process may correct or lessen the anemic condition**
- Treatment is often specific to the particular anemia**

Disorders of the Hematological and Lymphatic Systems

Hypovolemic anemia

Etiology/pathophysiology

- Abnormally low circulating blood volume due to blood loss**
- 500-mL loss can be tolerated**
- 1,000-mL loss can cause severe complications**
- Severity and signs and symptoms depend on how rapid the blood is lost**

Disorders of the Hematological and Lymphatic Systems

Hypovolemic anemia (*continued*)

Clinical manifestations/assessment

- Weakness**
- Stupor; irritability**
- Pale, cool, moist skin**
- Hypotension**
- Tachycardia (rapid, weak, thready pulse)**
- Hypothermia**
- Hemoglobin less than 10 g/100 mL**
- Hematocrit less than 40%**

Disorders of the Hematological and Lymphatic Systems

Hypovolemic anemia (*continued*)

Medical management/nursing interventions

Control bleeding

Treat shock

O₂, elevate lower extremities, keep warm

Replace fluid

Blood transfusion, plasma, dextran, lactated Ringer's

Monitor vital signs

**Disorders of the Hematological
and Lymphatic Systems**

Pernicious anemia

Etiology/pathophysiology

Absence of the intrinsic factor

Intrinsic factor is essential for the absorption of vitamin B₁₂

Deficiency of vitamin B₁₂ affects growth and maturity of all body cells

Vitamin B₁₂ is also related to nerve myelination

**May cause progressive demyelination and degeneration of nerves
and white matter**

**Disorders of the Hematological
and Lymphatic Systems**

Pernicious anemia (*continued*)

Clinical manifestations/assessment

Extreme weakness

Dyspnea

Fever

Hypoxia

Weight loss

Jaundice (destruction of RBCs)

Pallor

GI complaints

**Disorders of the Hematological
and Lymphatic Systems**

Pernicious anemia (*continued*)

Clinical manifestations/assessment (*continued*)

Dysphagia

Sore, burning tongue

Smooth and erythematous

Neurological symptoms

Tingling of the hands and feet

Disorientation

Personality changes; behavior problems

Partial or total paralysis

**Disorders of the Hematological
and Lymphatic Systems**

Pernicious anemia (*continued*)

Medical management/nursing interventions

Vitamin B₁₂ (cyanocobalamin) 1,000 units

Daily for 1 week

Weekly for 1 month

Monthly for life

Folic acid supplement

Iron replacement

RBC transfusion

Diet: high in protein, vitamins, and minerals

**Disorders of the Hematological
and Lymphatic Systems**

Aplastic anemia

Etiology/pathophysiology

Decrease of bone marrow function

Primary

Congenital

Secondary

Viral invasion

Medications

Chemicals

Radiation; chemotherapy

**Disorders of the Hematological
and Lymphatic Systems**

Aplastic anemia (*continued*)

Clinical manifestations/assessment

Pancytopenic

Repeated infections with high fevers

Fatigue, weakness, malaise

Dyspnea

Palpitations

Bleeding tendencies

**Disorders of the Hematological
and Lymphatic Systems**

Aplastic anemia (*continued*)

Medical management/nursing interventions

Identify and remove cause

Platelet transfusion for severe thrombocytopenia

Splenectomy for hypersplenism

Steroids and androgens

Antithymocyte globulin

Bone marrow transplant

**Disorders of the Hematological
and Lymphatic Systems**

Iron deficiency anemia

Etiology/pathophysiology

RBCs contain decreased levels of hemoglobin

Excessive iron loss

Caused by chronic bleeding—intestinal, uterine, gastric

**Disorders of the Hematological
and Lymphatic Systems**

Iron deficiency anemia (*continued*)

Clinical manifestations/assessment

Pallor

Fatigue; weakness

Shortness of breath

Angina; signs and symptoms of heart failure

Glossitis; burning tongue

Pagophagia

Headache
Paresthesia

**Disorders of the Hematological
and Lymphatic Systems**

Iron deficiency anemia (*continued*)

Medical management/nursing interventions

Pharmacological management

Ferrous sulfate 900 mg daily

Oral or injection (Z-track)

Ascorbic acid

Diet high in iron

**Disorders of the Hematological
and Lymphatic Systems**

Sickle cell anemia

Etiology/pathophysiology

An abnormal, crescent-shaped RBC

Severe, chronic, incurable condition

Disease

Homozygous

Trait

Heterozygous

**Disorders of the Hematological
and Lymphatic Systems**

Sickle cell anemia (*continued*)

Clinical manifestations/assessment

Precipitating factors

Dehydration

Change in oxygen tension in the body

Loss of appetite

Irritability

Weakness

Abdominal enlargement

Joint and back pain

Edema of extremities

**Disorders of the Hematological
and Lymphatic Systems**

Sickle cell anemia (*continued*)

Medical management/nursing interventions

No specific treatment—alleviate symptoms

Oxygen

Rest

Fluids

Analgesics

Bone marrow transplant

**Disorders of the Hematological
and Lymphatic Systems**

Polycythemia (erythrocytosis)

Polycythemia vera

Characterized by hyperplasia of the bone marrow

Manifestations

Increases in circulating erythrocytes, granulocytes, and platelets

- Elevated WBC count
- Diagnostic tests
 - CBC
 - Alkaline phosphatase levels
 - Uric acid levels
 - Histamine levels

Disorders of the Hematological and Lymphatic Systems

Polycythemia (erythrocytosis)

Polycythemia vera

- Medical management/nursing interventions
 - Pharmacological management
 - Myelosuppressive agents
 - Radioactive phosphorus
 - Reduction of blood viscosity
 - Intake and output
 - Assessment of nutritional status

Disorders of the Hematological and Lymphatic Systems

Agranulocytosis

Etiology/pathophysiology

- Severe reduction in the number of granulocytes
- WBC less than 200/mm³
- Medications
 - Chemotherapy
 - Radiation
- Neoplastic disease
- Viral and bacterial infections

Disorders of the Hematological and Lymphatic Systems

Agranulocytosis (*continued*)

Clinical manifestations/assessment

- Symptoms of infection
 - Ulcerations of mucous membranes
 - Bronchial pneumonia
 - Urinary tract infection

Medical management/nursing interventions

- Remove cause of bone marrow depression
- Prevent or treat infections
 - Meticulous handwashing
 - Strict asepsis

Disorders of the Hematological and Lymphatic Systems

Leukemia

Etiology/pathophysiology

- Malignant disorder of the hematopoietic system
- Excess leukocytes accumulate in the bone marrow and lymph nodes
- Cause unknown
- Classification

Acute or chronic
Proliferating cells (lymphocytic, monocytic, etc.)

**Disorders of the Hematological
and Lymphatic Systems**

Leukemia (*continued*)

Clinical manifestations/assessment

Anemia
Thrombocytopenia; leukopenia
Enlarged lymph nodes
Splenomegaly

Medical management/nursing interventions

Pharmacological management

Leukeran
Hydroxyurea
Corticosteroids
Cytosan

Chemotherapy; radiation
Bone marrow transplant

**Disorders of the Hematological
and Lymphatic Systems**

Thrombocytopenia

Etiology/pathophysiology

Condition in which the number of platelets is reduced below 100,000/mm³;
may be due to decreased production or decreased survival

Clinical manifestations/assessment

Petechiae
Ecchymoses
Platelets below 100,000/mm³
Bleeding from mucous membranes

**Disorders of the Hematological
and Lymphatic Systems**

Thrombocytopenia (*continued*)

Medical management/nursing interventions

Pharmacological management

Corticosteroid therapy
Gamma globulin
Immunosuppressive therapy

Splenectomy
Platelet transfusions
Avoid trauma

**Disorders of the Hematological
and Lymphatic Systems**

Hemophilia

Etiology/pathophysiology

Hereditary coagulation disorder, characterized by a disturbance of clotting
factor
Hemophilia A; hemophilia B
X-linked hereditary trait

Clinical manifestations/assessment

Internal and external bleeding

Hemarthrosis

Excessive blood loss from small cuts and dental procedures

**Disorders of the Hematological
and Lymphatic Systems**

Hemophilia (*continued*)

Medical management/nursing interventions

Minimize bleeding—avoid trauma

Relieve pain—no aspirin

Transfusions

Factor VIII or IX concentrate

Cryoprecipitate (rich in factor VIII)

Manufactured factor VIII or IX

**Disorders of the Hematological
and Lymphatic Systems**

von Willebrand's disease

Etiology/pathophysiology

**Inherited bleeding disorder characterized by abnormally slow coagulation
of blood; mild deficiency of factor VIII**

Similar to hemophilia; not limited to males

Clinical manifestations/assessment

Spontaneous episodes of

GI bleeding

Epistaxis

Gingival bleeding

**Disorders of the Hematological
and Lymphatic Systems**

von Willebrand's disease (*continued*)

Medical management/nursing interventions

Pharmacological management

Desmopressin (DDAVP)

Cryoprecipitate

Fibrinogen

Fresh plasma

Minimize bleeding—avoid trauma

Relieve pain—no aspirin

**Disorders of the Hematological
and Lymphatic Systems**

Disseminated intravascular coagulation

Etiology/pathophysiology

**Overstimulation of clotting and anticlotting processes in response to
disease or injury**

Clinical manifestations/assessment

Bleeding; hemoptysis

Dyspnea

Diaphoresis

Cold, mottled digits

Purpura on the chest and abdomen

Petechiae

**Disorders of the Hematological
and Lymphatic Systems**

Disseminated intravascular coagulation (*continued*)

Medical management/nursing interventions

Pharmacological management

Heparin—considered somewhat controversial

Treat underlying cause

Cryoprecipitate

Protect from bleeding and trauma

**Disorders of the Hematological
and Lymphatic Systems**

Multiple myeloma

Etiology/pathophysiology

Malignant neoplastic immunodeficiency disease of the bone marrow

Clinical manifestations/assessment

Bone pain; pathological fractures

Infection

Anemia; bleeding

Hypercalcemia

Renal failure

**Disorders of the Hematological
and Lymphatic Systems**

Multiple myeloma (*continued*)

Medical management/nursing interventions

Symptomatic; not curable

Pharmacological management

Corticosteroids

Analgesics

Radiation

Chemotherapy

IV fluids

**Disorders of the Hematological
and Lymphatic Systems**

Lymphangitis

Etiology/pathophysiology

Inflammation of one or more lymphatic vessels

**Usually occurs from acute streptococcal or staphylococcal infection in an
extremity**

Clinical manifestations/assessment

Fine red streaks from the affected area

Edema

Chills; fever

Local pain

Headache; myalgia

**Disorders of the Hematological
and Lymphatic Systems**

Lymphangitis (*continued*)

Medical management/nursing interventions

Penicillin

Moist heat

Elevate extremity

**Disorders of the Hematological
and Lymphatic Systems**

Lymphedema

- Etiology/pathophysiology
 - Primary or secondary disorder
 - Accumulation of lymph in the soft tissue
- Clinical manifestations/assessment
 - Massive edema and tightness of affected extremity
 - Pain
- Disorders of the Hematological and Lymphatic Systems
- Lymphedema (*continued*)
 - Medical management/nursing interventions
 - Pharmacological management
 - Diuretics
 - Antibiotics
 - Compression pump
 - Elastic stocking or sleeve
 - Restricted sodium diet
 - Avoid constrictive clothing
 - Meticulous skin care
- Disorders of the Hematological and Lymphatic Systems
- Hodgkin's disease
 - Etiology/pathophysiology
 - Inflammatory or infectious process that develops into a neoplasm
 - Affects males twice as frequently as females
 - Reed-Sternberg cells
- Disorders of the Hematological and Lymphatic Systems
- Hodgkin's disease (*continued*)
 - Clinical manifestations/assessment
 - Enlargement of cervical lymph nodes
 - Anorexia
 - Weight loss
 - Pruritus
 - Low-grade fever
 - Night sweats
 - Anemia
 - Leukocytosis
- Disorders of the Hematological and Lymphatic Systems
- Hodgkin's disease (*continued*)
 - Medical management/nursing interventions
 - Stage I or II (localized)
 - Radiation
 - Stage III or IV (generalized)
 - Chemotherapy
 - Combination

Figure 47-5
Disorders of the Hematological and Lymphatic Systems
Non-Hodgkin's lymphoma
 Etiology and pathology

A group of malignant neoplasms
Characterized as a neoplasm of the immune system
Cause is unknown
Tumors usually start in lymph nodes and spread to lymphoid tissue in the spleen, liver, GI tract, and bone marrow

**Disorders of the Hematological
and Lymphatic Systems**

Non-Hodgkin's lymphoma (*continued*)

Clinical manifestations/assessment

Painless, enlarged cervical lymph nodes
Fever; susceptibility to infection
Weight loss; anorexia
Anemia
Pruritus
Fatigue
Malaise

**Disorders of the Hematological
and Lymphatic Systems**

Non-Hodgkin's lymphoma (*continued*)

Diagnostic tests

Bone scan
CBC
ESR
Coombs' test
Chest roentgenogram
CT scan
Gallium scan
Biopsies

**Disorders of the Hematological
and Lymphatic Systems**

Non-Hodgkin's lymphoma (*continued*)

Medical management/nursing interventions

Accurate staging of the disease is crucial to determine treatment regimen
Radiation
Chemotherapy
Bone marrow transplant
Tumor necrosis factor (TNF)

Nursing Process