## Care Plan for Person With Scleroderma

<table>
<thead>
<tr>
<th>Tick</th>
<th>Problem</th>
<th>Management</th>
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|      | Diminished elasticity in blood vessel walls causes increased susceptibility to cold and painful spasms in extremities. (Raynaud’s Phenomenon). | Provide extra blankets.  
Avoid draughts.  
Maintain warmth, particularly pre and post-op when patient unable to communicate. |
|      | Oesophageal reflux.  
Oesophagitis.                                                          | Elevate head of bed.  
Provide extra pillows.  
Sit upright when eating and after meals.  
Administer anti-acids after meals. |
|      | Reduced oesophageal peristalsis.                                       | Discuss food preferences and swallowing difficulties.  
Ensure adequate and appropriate dietary intake. |
|      | Bowel involvement. Diarrhoea and/or constipation.  
Faecal incontinence.                                                 | Assess for dietary requirements and medication regime.  
Refer to dietitian.                                                                 |
|      | Dry mouth, dry eyes.  
(Sjogren’s Syndrome/sicca syndrome).                                   | Ensure drinking water readily accessible.  
Mouth toilet when patient unable to drink.  
Assist with instillation of eye drops or ointment if patient unable to self-administer, particularly pre and post-op and prior to sleeping. |
|      | Fragile skin on hands, prone to ulceration and slow healing.           | Provide protection during surgery or procedures.  
Assist with ADL’s as necessary.  
Refer to occupational therapist. |
|      | Hardened skin.                                                         | Extra care required with venipuncture and blood pressure measurement.     |
|      | Painful feet.                                                          | Avoid injury, e.g. during transfer and ambulation.                         |
|      | Painful joints.                                                        | Assist with repositioning.  
Provide extra pillows.  
Massage and application of heat.  
Anti-inflammatory medications as ordered.  
Physiotherapy assessment. |
|      | Reduced capacity to cope.                                              | Create calm, supportive environment.  
Encourage stress reduction techniques.  
Refer for social work assessment. |
|      | Shortness of breath on exertion.                                       | Allow patient to set the pace during physical activity.                    |
|      | PREPARATION FOR SLEEP  
Insufficient clearance of mucus/saliva from airway can create breathing difficulties. | Administer nebuliser just before bed-time, elevate head of bed. NB - For tall patients: if backrest is tilted, the foot of the bed may need to be extended.  
Arrange pillows - ‘armchair’ position may help. A rolled-up small towel may give support to the neck. |

### For Scleroderma sufferers:

Please tick the boxes which apply to you, add anything extra in the “Notes” box at right, and hand to the nursing staff on admission to a ward.

**NOTES:**