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Article Title (All caps, 14-point font, boldface, centered, max 16 words)

(One blank single space line)

(The title should be highly descriptive and ideally include the words "Case Report" or "Case Study")

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Abstract *(10* pt, bold, italics*)*

(One blank single space line, 10 pt)

The abstract is an unstructured paragraph written in Times New Roman font, size 10pt, italics, right-left justified, and single-spaced. It should be no more than 150 words. The abstract should state the clinical problem, the purpose of the study, a brief case presentation (replacing observational methodologies), the main clinical findings, and the principal conclusions. Recommendations and clinical implications of the study must be clear. It should not contain any references, displayed equations, or undefined acronyms.

(One blank single space line, 12-point font, boldface)

Keywords*: keyword 1, keyword 2, keyword 3* (Up to 6 words/phrases in English, alphabetically ordered, 10-point font, italics, separated by commas).

Introduction

[Insert text here. Summarize the reasons why this case is unique and requires the attention of the readers. Introduce any relevant nursing theories or models of care utilized in the study. Keep the background information effective, efficient, and directly relevant to the case.]

Case Illustration (Case Presentation)

This section contains comprehensive information about the case, flowing logically from assessment and diagnosis to care planning, evaluation, and follow-up. The narrative must be concise, effective, and informative.

a. **Assessment:** Provide information about the patient, clinical findings, and a chronological overview of the illness or event.
b. **Patient Information:** Detail specific patient information relevant to the case that requires attention (ensure patient anonymity is strictly maintained). Include the chief complaint (subjective and objective data), medical history (past or current illnesses), family history, and relevant past interventions and their outcomes. This can be reported in paragraphs or relevant subchapters.
c. **Clinical Findings:** Describe significant physical examination results and important clinical findings, including cross-examinations from other healthcare providers. Include the results of

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diagnostic tests used. The most critical findings can be presented visually or in tables to optimize clarity.

d. **Timeline:** Arrange the historical and current information of the patient's care as a clear timeline.

Nursing Care Plan and Implementation

a. **Diagnostic Assessment:** Discuss the analysis of diagnostic tests (e.g., physical exams, lab tests, imaging), diagnostic challenges (such as access to testing, financial, or cultural barriers), the final diagnosis (including differential diagnoses considered), and prognosis if applicable.
b. **Nursing Diagnosis:** Formulate clear and appropriate nursing diagnoses based on standardized diagnostic labels. Include the nursing problem, etiology, and supporting signs and symptoms. This can be structured in paragraphs, numbered lists, or tables.
c. **Implementation of Care:** Describe the therapeutic interventions applied (e.g., pharmacological, surgical, preventive, self-care). Detail the administration of these interventions (dosage, strength, duration) and note any changes made to the therapeutic plan along with the underlying rationale.

Evaluation and Follow-up

Detail the clinician-assessed and patient-assessed outcomes (if available). Include important follow-up diagnostics or test results, the patient's adherence to the interventions, tolerability, and any adverse effects or unexpected events encountered.

Discussion

Provide a scientific discussion regarding the strengths and limitations associated with this case report. Discuss the relevant medical and nursing literature using proper references. Explain the scientific rationale underlying the clinical decisions, from the initial assessment through to the evaluation of outcomes. Apply critical thinking and Evidence-Based Practice (EBP) principles throughout the discussion. Conclude this section with a single paragraph detailing the main takeaways or lessons learned from the case, without introducing new references.

Patient Perspective & Ethical Considerations

a. **Patient Perspective:** Whenever possible, the patient should share their perspective on the care they received in one or two paragraphs.
b. **Ethical Considerations:** Outline the ethical considerations discussed with the patient during care. Explain this concisely in one or two paragraphs, explicitly stating that Informed Consent was obtained for both the treatment and the publication of this case report.

Conclusion

Summarize the core clinical impact of the case study and primary recommendations for future nursing practice.

CRediT Author Statement

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[Insert author contributions here using the CRediT taxonomy. Example: **[Author 1 Name]:** Conceptualization, Methodology, Writing - Original Draft. **[Author 2 Name]:** Data Curation, Investigation, Writing - Review & Editing. **[Author 3 Name]:** Supervision, Project administration.]

Declaration of Competing Interest

[Choose one of the statements below and delete the other] *Option 1 (If there are no conflicts):* The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. *Option 2 (If there are conflicts):* The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: [Describe the specific conflict here].

Acknowledgments (Optional)

Acknowledge individuals or institutions that contributed to the patient's care or the preparation of the manuscript but do not meet the criteria for authorship.

References

Please type your references using the APA seventh edition (or newest) format, utilizing REFERENCE MANAGER SOFTWARE.