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Medical Diagnosis/Disease: gastroenteritis/dehydration

NCLEX IV *(8)*: Physiological Integrity/Physiological Adaptation **NCLEX IV *(7)*: Reduction of Risk**

Anatomy and Physiology Normal Structures

The Stomach: Function is to store and mix food with gastric secretions and empty. Three main parts of the stomach are the fundus body and antrum. The LES and pyloric sphincter block the entrance and exit of the stomach. The stomach has four layers: the serous (outer layer), the muscular layer (that consists of the longitudinal circular and oblique layers), and mucosa layer (forms folds called rugae that contain many small glands). The fundus holds the chief cells that secrete hydrochloric acid water and intrinsic factor. The HCL makes the gastric juice acidic which aids in protection from bacteria and intrinsic factor promotes the vitamin b12 absorption. Lipase is also secreted in the stomach to help with fat absorption

The Small Intestine: Function is digestion and absorption. The small intestine is about 23 feet and 1-1.1in in diameter. It begins at the pylorus and extends to ileocecal valve which prevents the reflux of contents from the large intestine into the small intestine. The small intestine has thick vascular and glandular mucosa. Villi contain epithelial cells and produce intestinal enzymes. These epithelial cells also have microvilli. The circular folds in the mucous and submucous layers along with the villi and microvilli increases surfaces area for digestion and absorption. The mall intestine secretes lots of enzymes; enterokinase (activates trypsinogen to trypsin), Amylase (carb digestion), peptidase and Amniopeptidases (protein digestion), Sucrase (Sucrose to glucose and fructose), maltase (maltose to two glucose molecules), lactase (lactose to glucose and galactose) and Lipase (fat digestion).

Pathophysiology of Disease

Inflammation of the stomach and small intestine. Most common cause is viruses. The norovirus is a leading cause of foodborne outbreaks of gastroenteritis . It spreads through contaminated food or water or by contact with an infected person. Normally gastroenteritis is self-limiting, but it may cause dehydration

Anticipated Diagnostics

Labs

Bacterial cultures & sensitivity

Stool tests

Additional Diagnostics

Laboratory tests to identify norovirus

NCLEX II *(3)*: Health Promotion and Maintenance **NCLEX IV *(7)*: Reduction of Risk**

Contributing Risk Factors

Consuming contaminated food or water

Coming into contact with a person who has gastroenteritis.

Signs and Symptoms

Diarrhea nausea vomiting fever chills and abdominal cramps

Possible Therapeutic Procedures

Non-surgical

IV Fluid replacements

Surgical

N/A

Prevention of Complications

(What are some potential complications associated with this disease process)

Frequent hand washing and safe food preparation

Dehydration: maintain fluid and electrolyte balance

NCLEX IV *(6)*: Pharmacological and Parenteral Therapies **NCLEX IV *(5)*: Basic Care and Comfort** **NCLEX III *(4)*: Psychosocial/Holistic Care Needs**

Anticipated Medication Management

Non-Pharmacologic Care Measures

What stressors might a patient with this diagnosis be

Antiemetics IV fluids	Rest periods	experiencing? Hospitalization, symptoms, dehydration

Client/Family Education

List 3 potential teaching topics/areas

- importance of maintaining fluid and electrolyte balance
- proper hand washing
- safe food preparation

NCLEX I *(1)*: Safe and Effective Care Environment

Multidisciplinary Team Involvement

(Which other disciplines do you expect to share in the care of this patient)

Gastroenterologist
Nurse
Case management

N201: Nursing Diagnosis Form

List the two Nursing Diagnoses along with expected outcomes, assessments, and nursing interventions for each patient. The nursing diagnosis must be complete, be in priority order, use correct terminology, and include relevant related to factors and AEB statements for actual problems.

NDx # 1 Diarrhea R/T viral infection AEB abdominal pain rated 6/10, hyperactive bowel sounds, reports of urgency, and "I keep going potty and my stools are watery"

EO: Pt will report going to the bathroom no more than three times a day by the end of my care.
EO: Pt will report passing formed stool by the end of my care.

Ongoing Assessments:
Assess Abdominal pain PQRST q4hrs
Assess Bowel sounds q4hrs
Assess Bowel movements, frequency, and loose stools PRN

NI: 1. Administer antidiarrheal medications as ordered during my time of care.

2. Encourage fluid and electrolyte replacement with oral rehydrating solutions q1hr during my time of care

3. Administer IV fluids as ordered during my care.

4. Teach proper hand hygiene at least once during my care.

5. Teach the importance of proper hand washing after each bowel movement at least once during my care.

6. Teach the importance of good perineal care after each bowel movement at least once during my care.

NDx # 2 deficient fluid volume R/T diarrhea AEB decreased skin turgor, dry mucous membranes, HR 150 and " I haven't urinated since 8 o'clock last night".

EO: Pt will maintain a urine output of at least 1mL/kg/hr during my time of care.
EO: Pt will maintain a HR between 75 and 115bpm during my time of care.

Ongoing Assessments:
Assess skin turgor and mucous membranes q4 hours
Assess urine output q1hr
Assess HR and Apical pulse q4hours
Assess urine color q1hr

NI: 1. Maintain strict I&O PRN during my time of care

2. Encourage oral hygiene at least twice during my care

3. Administer IV fluids as ordered during my care

4. Encourage Oral rehydrating solutions q2 hours during my care

5. Allow pt to look at and feel IV tubing before administering fluids during my care

6. Explain procedures to pt and family PRN during my care

Directions: Initials/ Signature __MC/MCatts SNB ___

Chart any and all nursing interventions done for your patient during your time of care (if nursing interventions performed by others, write as an "E" note). After each intervention, document your patient's response to the intervention (evaluation note).

Time	*I or E* (NI or Eval)	Notes	Specify NDx #
0700	E	4yr 2month old arrived in the clinic this morning reports diarrhea for two days admitted for dehydration poor appetite and a few sips of apple juice yesterday. Rated pain on faces scale at a 3. Mom believes he's more upset than in pain. He is up to date on immunizations. Vital sign T 38C Pulse 120 RR 30 lung sounds clear throughout no murmurs. Hyperactive bowel sounds. Currently in diaper briefs due to diarrhea but is potty trained ----------mc	1,2,4, 5
0730	I	Placed on contact precautions due to diarrhea and educated mother on purpose of precautions. ----------mc	2
0745	E	Mother reports that she is a single mom receiving no help from the client's father ----------mc	6
0745	I	Suggested speaking with a social worker to help with any financial issues that may occur due to hospitalization ----------mc	6
0745	E	" I'll think about it and let you know later." ----------mc	6
0800	I	Completed a head to toe assessment explaining to mother and client what I was doing at all times. ----------mc	1

0815	I	Explained I&O to mother and asked her to place soiled diapers by the scale for me to weigh them when I come back. ----------mc	1,2
0815	E	Reports of a diaper rash that stings with wipes. ----------mc	5
0815	I	Provided wash cloth to use instead and showed mother where the cabinet is with the wash clothes. ----------mc	5
0910	E	(late note 0800) Temperature 38 degrees C, Pulse 124, BP 100/62, SpO2 95, Rated pain a 3 on the FACES scale, blood glucose 70. ----------mc	1,4
1000	I	Started IV catheter. Educated mother on the purpose of IV fluids -----mc	1
100	E	Verbalized understanding ----------mc	1
1030	I	Administered 200ml IV Bolus of NS over 90 minutes ----------mc	1
1130	I	Administered 1000mL D5 in half NS at 50mL/hr ----------mc	1
1130	E	Mother reports that client finished 4oz of apple juice but now complaints of stomach hurting ----------mc	1, 4
1130	I	Educated that that pain maybe due to not having eaten or drank anything for a while and encouraged mother to notify of any worsening pain ---mc	1,4,3
1130	E	Had three watery bowel movements and still has a diaper rash ---------mc	1,2,5
1130	I	Weighed diapers and reassured mother that I would bring in some diaper cream ----------mc	1,2,5
1130	E	Diapers weighed 52 26 and 33oz with loose green watery stools ------mc	1,2
1200	E	T: 38.2 degrees C, HR: 122 RR: 29 BP: 102/64 Rated pain 5 FACES 70mL of clear yellow urine sodium level 136 and potassium level 2.9 mc	1,4
1200	I	Notified doctor about laboratory results ----------mc	1
1230	I	Educated to mother that client's potassium level was low. Educated on purpose of potassium chloride and electrodes. Reassured her that client could remain asleep. ----------mc	1,3
1230	I	Administered 5meq Potassium chloride in 100mL NS over 1 hour ----mc	1
1300	I	Provided mother with clotrimazole cream and educated on proper application. Educated that due to isolation precautions client couldn't go to playroom but instead brought age appropriate toys into the isolation room. ----------mc	1,3
1300	E	Verbalized understanding ----------mc	3
1400	I	Educated to the mother that potassium has finished infusing but that the Iv tubing, monitor, and pads will have to stay on just in case we have to give more. Informed that the lab personnel will be here shortly to draw some blood to recheck potassium levels. ----------mc	3
1400	E	Verbalized understanding ----------mc	3
1400	E	Mother upset with fluid from eyes ----------mc	6
1400	I	Provided mother will social services information ----------mc	6
1430	E	Reports feeling much better after talking with social services, reports using diaper rash cream as instructed ----------mc	6
1445	I	Educated about oral rehydration solutions ----------mc	1,3
1445	E	Unable to tolerate oral fluids, vomited immediately ----------mc	1

1500	E	Drank more fluids with reports of vomiting " he likes that taste but he threw that up too" ----------mc	1
1515	I	Educated mother and client about Phenergan and explained that client needs to stay in bed due to a drowsy side effect ----------mc	1,3
1515	E	Verbalized understanding ----------mc	3
1530	I	Administered Phenergan 0.28ml IM ----------mc	1,3
1530	I	Notified doctor about laboratory results positive for salmonella and potassium back WNL ----------mc	1
1530	I	Explained laboratory results to mother and how salmonella is transmitted through undercooked meat and pets ----------mc	1,3
1530	E	Reports " doesn't eat steak and cooks all meat thoroughly" but "we keep a turtle from the lake as a pet" ----------mc	3
1530	I	Encouraged Oral replacement fluids a teaspoon at a time ----------mc	1
1600	E	Reports another loose stool but able to tolerate oral fluids in slow small amounts----------mc	2,1
1600	I	Explained that nausea and vomiting shouldn't persist, and that diarrhea may last about a week ----------mc	1,3
1600	I	Encouraged mother to check in with daycare because they may require homecare ----------mc	3
1600	E	Reports having a plan for childcare after discharge ----------mc	3
1600	I	Educated that oral rehydration solution should be used as a supplement as long as diarrhea and vomiting are occurring and any other time this occurs to increase fluid consumption and food should be encouraged. Educated about home health nurse. ----------mc	1,3
1600	E	Verbalizes understanding and taught back ----------mc	3

Reflective Thinking: **1) Read over your notes**
2) Reflect on the patient problems you identified in your documentation
3) Determine appropriate nursing diagnoses for your patient based on the problems you identified
4) List your nursing diagnoses below in proper NANDA format, assigning each a number
5) Return to your notes and write the corresponding nursing diagnosis # beside each entry

1		Deficient fluid volume r/t diarrhea 2˚ salmonella AEB able to tolerate small amount of oral fluids, decreased urine output, potassium 2.9, and sodium 136
2		Diarrhea r/t bacterial infection 2˚ salmonella AEB nausea, vomiting, diarrhea, temperature of 38˚C, and reports of diarrhea for the past two days with loose green watery stools.
3		Deficient knowledge r/t diagnosis and treatment AEB asks several questions and shows an interest in learning
4		Acute pain: stomach r/t bacterial infection 2˚ salmonella AEB rated pain 3 and 5 on FACES scale
5		Risk for impaired skin integrity r/t diaper rash
6		Dysfunctional family process r/t absent father AEB "I'm a single mom and I receive no help from his father"

Reflection Paper

Directions: Write a 1-page reflection paper for each patient using Times New Roman, 12 pt. font and double-spaced. Include the following:

1. Describe an “Aha” moment you experienced during this learning experience.
2. What were the most important aspects of this simulation and what did you learn?
3. How will this simulation experience impact your nursing practice?

I really enjoyed this simulation. This simulation really put into perspective how much nurses with pediatric patients actually care for the family as well. Every time when Susan the nurse went do something, she explained it both the patient and his mother. When Susan first met Matthew, she bent down so they were eye level before is introduced herself. I think that the gesture of getting down to eye level with a child is very important and helps develop trust. Throughout the simulation Susan did a great job educating Matthew’s mother as well as coming up with ways to involve Matthew in his care. She not only educated his mom about his diagnosis and his treatment, but she educated her on getting into to contact with a social worker and how daycare may respond to Matthew’s diagnosis of salmonella. Susan addressed both Matthew’s and his mother’s concerns using language that was appropriate for both of them at all times. She explained everything she did whether it was cleaning her stethoscope or administering medications. When Matthew’s stool sample came back positive for salmonella she went and immediately informed his mother. She educated his mother on the transmission can occur due to salmonella from undercooked meats or pets. When his mother told her that they have a pet turtle from the pond because she could not afford to buy Matthew a pet Susan was nonjudgmental and understanding. Susan offered social services to his mother twice throughout the simulation. The first time his mother said she would think about it. The second time when his mother became visibly upset, she accepted it. This goes to show that it doesn’t hurt to offer services that can help even if they decline the first time around. I will take Susan’s therapeutic communication techniques with me into my clinicals. I will provide holistic care to only my patients but their families. I will involve my pediatric patients in their care by explaining procedures, building trust, and allowing them to touch and see my equipment. I will make the parents feel reassured with frequent updates, explanations that are free from medical jargon, and answer any of their question to the best of my knowledge and honestly.