Student Name: Katie Stahre
Medical Diagnosis/Disease: Crohn's Disease

NCLEX IV *(8)*: **Physiological Integrity/Physiological Adaptation**

NCLEX IV *(7)*: **Reduction of Risk**

Anatomy and Physiology

Normal Structures

GI tract→ mouth, esophagus, stomach, small intestine, large intestine, and anus. Digestive system also includes liver, pancreas, and gallbladder.
Mouth: Two primary functions include eating and speaking. Contains lips, vestibule, mouth cavity, gums, teeth, hard and soft palate, tongue and salivary glands.
Esophagus: muscular tube about 10 inches, extending from hypopharynx to the stomach. Carries food and liquid from your mouth to the stomach.
Stomach: muscular organ that digest food. Produces acids and enzymes that break down food and passes to your small intestine.
Small intestine: made up of three sections. Duodenum (connects to stomach), jejunum, and ileum (connects to large intestine.) Absorbs nutrients and water from food so they can be used in the body.
Large intestine: begins at ileocecal junction where ileum enters large intestine and ends at anus. Consist of colon, rectum, and anal canal. Turns food waste into stool and passes it from the body when you have a BM.
Anus: Where waste material leaves the body.
Liver: process nutrients absorbed from small intestine.
Pancreas: makes pancreatic juices called enzymes that break down sugars, fats, and starches. Also makes hormones.
Gallbladder: stores bile, liquid produced by liver that helps digest fat.

In all the digestive system's main function is to digest, absorb food, and then excrete waste products.

Pathophysiology of Disease

Crohn's disease is an inflammatory bowel disease. It causes inflammation in the digestive tract that leads to abdominal pain, severe diarrhea, fatigue, weight loss, and malnutrition. Due to an autoimmune reaction where your immune system attacks healthy cells in your body.
Bacteria in your digestive tract trigger the immune system causing inflammation. The inflammation begins with crypt inflammation and abscesses which then progress to tiny ulcers causing mucosal edema and cobblestoned appearance of the bowel.

Anticipated Diagnostics

Labs

CBC, C-reactive Protein, ESR, LFT, Stool culture

Additional Diagnostics

CT, Endoscopy (colonoscopy or upper endoscopy), biopsy, chromoendoscopy, MRI, X-ray

NCLEX II *(3)*: **Health Promotion and Maintenance**

Contributing Risk Factors	Signs and Symptoms
Age (15-35) Ethnicity (Caucasians) Family history Smoking NSAIDs Diet Infection	Diarrhea, fatigue, fever, abdominal pain/cramping, blood in stool, mouth sores, reduced appetite/weight loss, pain/drainage around anus

NCLEX IV *(7)*: **Reduction of Risk**

Possible Therapeutic Procedures	Prevention of Complications
Non-surgical Diet/lifestyle changes Medication (immunosuppressants and corticosteroids) Surgical Strictureplasty Fistula removal Colectomy	(What are some potential complications associated with this disease process) Bowel obstruction Ulcers Fistulas Fissures Malnutrition Blood clots

NCLEX IV *(6)*: **Pharmacological and Parenteral Therapies**

Anticipated Medication Management
Corticosteroids Immunomodulators /immunosuppressants Azathioprine and mercaptopurine Stelara

NCLEX IV *(5)*: **Basic Care and Comfort**

Non-Pharmacologic Care Measures
Plan bathroom breaks/times Monitor diet/fluids that trigger diarrhea Deep breathing/meditation Exercise/sleep Pain medication (analgesics)

NCLEX III *(4)*: **Psychosocial/Holistic Care Needs**

What stressors might a patient with this diagnosis be experiencing?
Frequent urge to use restroom Privacy Financial stress Anxiety Pain Diet/ nutrition intake might trigger

Client/Family Education

List 3 potential teaching topics/areas
• Educate on diet options that will not start a flare up in Crohn's disease (grains, oatmeal etc.) • Educate on making sure that they are on bathroom schedule and are aware of where restrooms are always. • Educate on not taking any NSAIDS with Crohn's disease.

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)
PT, OT, PCP, Nutritionist, OR/surgery, pharmacy

Potential Patient Problems (Nursing Diagnoses) based on Research

List two potential patient problems you will be addressing as part of your nurse's notes, along with clinical reasoning, goals/expected outcomes, assessments, and priority nursing interventions. The patient problems must be in priority order.

Problem # 1: Diarrhea
Clinical Reasoning: Patient has Crohn's disease-causing severe diarrhea due to inflammation of the bowel.

Goal/EO: The patient will have reduction in the frequency of stools, and they will return to normal consistency by the end of my care.

Ongoing Assessments: Asses for abdominal pain, tenderness, cramping q 4hrs. Assess urgency/frequency of loose/liquid stools q 4hrs. Auscultate bowel sounds q 4hrs, Assess any trigger foods/intolerance q 4 hrs. BP, HR, RR, pulse Ox q 4 hrs. Assess pain on a 0-10 pain scale q 4 hrs. I+O q 4 hrs.

NI: 1. Provide natural bulking agent foods prn during my time of care.

2. Educate on the importance of avoiding stimulants like caffeine, carbonated drinks, and artificial sweeteners prn during my time of care.

3. Encourage keeping a bowel diary including time, consistency, and urgency prn during my time of care.

4. Encourage fluid intake of at least 200 ml/hr during my time of care.

5. Provide peri care after each bowel movement prn during my time of care.

6. Encourage ambulation daily prn during my time of care.

Problem # 2 Imbalanced Nutrition: Less then body requirements
Clinical Reasoning: Patient has Crohn's disease-causing diarrhea which can lead to dehydration, lack of nutrients, and electrolytes the body needs in order to have a balanced nutrition.

Goal/EO: The patient will demonstrate an understanding of foods that will achieve a cessation of weight loss and weigh within 10% of their ideal body weight range by the end of my time of care.

Ongoing Assessments: Assess weight/height daily, assess attitudes toward eating q 4 hrs. Auscultate bowel sounds q 4hrs, palpate the abdomen for any tenderness and assess for any distention q 4hrs, assess pain on a scale from 0-10 q 4 hrs. Assess I+O q 4hrs.

NI: 1. Provide proper positioning by elevating the HOB to at least 45 degrees prn during my time of care.

2. Provide oral hygiene prn during my time of care.

3. Provide mealtimes when patients appetite is at its peak prn during my time of care

4. Encourage exercise/ambulation prn during my time of care.

5. Provide six small nutrient dense meals instead of three large meals prn during my time of care.

6. Educate on avoiding caffeinated or carbonated beverages prn during my time of care.

Use this page to complete your *two* assigned CADSCANS:

Infliximab:

C- Tumor necrosis factor blocking agent, Antirheumatic, disease modifying, GI, immunosuppressant agent.

A-In combination with methotrexate, works to reduce signs and symptoms, inhibits progression of structural damage, improves active RA, reduces signs and symptoms with those who have Crohn's disease and maintain remission. Works by binding to TNF to inhibit functional activity. (Induction of proinflammatory cytokines, and enhanced leukocyte migration.

D- Adults/elderly/children 6+ 5 mg/kg followed by additional doses at 2 and 6 wks. After first infusion, then 8 weeks thereafter. Those who do not respond 10mg/kg

S-Headache, nausea, fatigue, fever, vomiting, dizziness, Adverse→ sepsis, lupus like syndrome, HF

C- Hypersensitivity, moderate to severe HF, history of COPD, seizures, hematologic abnormalities

A-Absorbed in blood, metabolized in liver, excreted in urine(kidneys)

N-Assess baseline hydration, history of CNS disorders, screen for active infection. Treatment could depress immune system, do not receive live vaccine

Morphine:

C- Opioid agonist, Analgesic

A-Relief of moderate to severe (acute or chronic) pain. Analgesia during labor, pain due to MI, dyspnea from pulmonary edema. Binds with opioid receptors within CNS inhibiting ascending pain pathways.

D- Adults/Elderly 0.8-10 mg/hr. Range = 20-50g mg/hr.

S- nausea, vomiting, for those without severe pain, sedation, decreased b/p, facial flushing, drowsiness, Adverse→ Overdose, flaccidity, cyanosis, seizures.

C- Hypersensitivity, asthma, GI obstruction, depression, hypoxia elderly

A-Absorbed in Blood, metabolized in liver, Excreted in Urine (Kidneys)

N- Assess pain, obtain vital signs before medication, assess for potential abuse, change positions slowly, avoid task that require alertness, avoid alcohol, dependance/tolerance could occur

ATI Virtual Clinical Questions and Reflection:

1) Identify two members of the healthcare team collaborating in the care of this patient:
    a. **Esther (RN)**
    b. **Dr. McGuire (PCP)**
2) Did your patient have any abnormal blood work (lab)? If so, *select a priority finding* and discuss why that value is concerning.
    a. **RBC 2.7(low) normal for females = 4.2-5.4 Hgb 7(low) normal= 12-16 Hct 21%(low) normal=37-47% McHc 48(high) normal= 32-36m Blood in stool=positive**

    The priority findings that are abnormal are her low RBCs and blood in her stool due to the fact the patient has Crohn's disease and blood in her stool can indicate inflammation of her bowel and further complication of the disease. Her abnormal RBCs are correlated with Crohn's disease and is why her hemoglobin is low causing lack of oxygen transporting properly throughout her body making her anemic and very weak.
3) Did your patient have any abnormal clinical diagnostic tests? If so, what were they and what was the abnormal finding? What can that indicate?
    a. **N/A**
4) What were some of the teaching topics covered in the scenario? Why were they important to the care of this patient?
    a. **Stress management skills→ This is important for the patients care in order to eliminate habits that can trigger GI disturbances like alcohol or lack of exercise.**
    b. **Avoiding foods high in fiber that can aggravate Crohn's disease.**
    c. **Educated on the importance of avoiding caffeine and increasing exercise which can reduce stress and prevent any complications of a GI bleed or upset of Crohn's disease.**
5) What were some steps the nursing team demonstrated that promoted patient safety?
    a. **Verified the blood transfusion with RN/PCP to make sure it was the right blood.**
    b. **Stopped the blood transfusion once the patient showed symptoms of rejection→ temperature.**
    c. **Provided Education in order to promote health/safety for the patient in the future to prevent complications.**
6) Do you feel the nurse and medical team utilized therapeutic communication techniques when interacting with individuals, families, and health team members of all cultural backgrounds?
    a. If **yes**, describe: Yes, I do feel as if the medical team utilized therapeutic communication when interacting especially when nurse Esther asked the patient to elaborate on what causes her stress throughout the day in order to help her make changes in her life to help prevent further complications.
    b. If **no**, describe:
    _____
    _____

Reflection

1) Go back to your Preconference Template:

a. Indicate (circle, star, highlight, etc.) the components of your preconference template that you saw applied to the care of this virtual patient.

2) Review your Nursing Process Form: Did you select a correct priority nursing problem?

   a. If **yes,** write it here: _____

   b. If **no,** write what you now understand the priority nursing problem to be: **I would choose Acute pain : upper abdomen as my number one nursing problem.**

3) Review your Nursing Process Form: Did you see many of your anticipated nursing assessments and interventions used?

   a. Indicate (circle, star, highlight) the ones you saw utilized during the scenario.

   b. Were there interventions you included that *were not* used in the scenario that could help this patient?

      i. If **yes,** describe I believe creating a food diary would be a good option for this patient for her to keep track of what she is eating and to help her understand certain things she is eating that causes triggers. It would also be a good idea to encourage mealtimes for the patient when her appetite is at its peak.

      ii. If **no,** describe:

4) Often patient care will take a different direction than we anticipated at the beginning of our shift. Did that happen here? Yes

   a. How did that impact the nursing care delivered?

   In the beginning the patient was anemic and her RBC count was low, so blood transfusion was given. After the first transfusion and part of the second the patient had a reaction to the transfusion causing her temperature to spike so the nurse stopped it immediately. The nurse then focused more on the clients status of pain and temperature so the PCP ordered acetaminophen and morphine for the patient which turned everything around in no time.

   b. Did it create a new priority nursing problem (diagnosis)? (Refer to your NANDA list)

      i. Write it here: Acute Pain: upper abdomen as well as deficient knowledge

5) What was your biggest "take-away" from participating in the care of this patient? How did this impact your nursing practice?

My biggest take away from this scenario is that priority nursing problems can change constantly due to the state the patient is in. When I first started the scenario, I thought diarrhea and impaired nutritional intake were going to be the two biggest areas of concern in the patients care. However, after going deeper into the scenario the patient had pain of a 6 before any intervention was taken which shows me acute pain was the top priority for this patient. Once intervention was put into place the patients pain went down to a 2-3. Another big take away is that deficient knowledge can be a big factor in a patients care because if they do not know how to manage healthy habits then complications can occur. In this scenario the patient was consuming a lot of alcohol to reduce her stress but, it was possibly causing triggers for her disease as well as not consuming a proper diet and lack of exercise. Therefore, making sure the patients receive education to optimize their health is very important for their care. It was also reinforced that whenever a patient has any reaction to an IV med, blood transfusion etc. it is important to stop the infusion immediately and evaluate what the problem could be. Learning and practicing these skills allow me to give my patients the best care they can receive and really pay attention to what the priority problem could be. All around this scenario was a great learning experience and enforced a lot of topics we review in class.