Student Name: Emily R. Rudis
Medical Diagnosis/Disease: Crohn's Disease

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

NCLEX IV *(7)*: Reduction of Risk

Anatomy and Physiology

Normal Structures

Mouth: salivary glands (secrete digestive enzymes), teeth & tongue all work together to break down food to be swallowed
Esophagus: receives food from mouth, epiglottis (folds over windpipe to allow food to pass through esophagus), peristalsis propels bolus to stomach through lower esophageal sphincter
Stomach: holds food while its being mixed with enzymes & acid for further break down then released into small intestine
Small Intestine: duodenum, jejunum, ileum, breaks down food using enzymes released by pancreas & bile from liver, peristalsis also occurs here, jejunum & ileum = mainly responsible for absorption of nutrients into bloodstream, further broken down food moves to large intestine
Large Intestine: (colon) cecum, ascending colon, transverse colon, descending colon & sigmoid colon: processes waste for emptying bowel, waste (stool) from digestive process passed through by peristalsis, as stool passes through water is removed, stool stored in sigmoid colon until a mass movement empties it into the rectum
Rectum: 8in chamber that connects colon to anus, received stool from colon & holds it until evacuation happens (via sensory messages sent to brain), sphincters relax, rectum contracts & disposes contents
Anus: 2in canal consisting of pelvic floor musc & 2 anal sphincters (internal & external), releases stool contents
Pancreas: secretes digestive enzymes into duodenum that break down protein, fats, carbs, produces insulin & releases into blood stream (sugar metabolism)
Gallbladder: stores/concentrates bile from liver then releases it into the duodenum to absorb/digest fats
Liver: process nutrients absorbed from the small intestine, bile secreted into small intestine breaks down fat & some vitamins, detoxifies potentially harmful chemicals

Pathophysiology of Disease

Inflammatory bowel disease (IBD) = chronic inflammation of GI tract characterized by periods of exacerbation/remission → classified as either ulcerative colitis or crohn's

Crohn's Disease can involve any segment of GI tract from mouth to anus

IBD = autoimmune disease involving immune rxn to person's own intestinal tract, resulting inflammation causes widespread tissue destruction

-environmental factors (diet, smoke, stress) increase susceptibility by altering environment of GI microbial flora
-genetic mutations are associated: changes in the NOD2 gene allow bacteria to grow & invade intestinal cells – causing chronic inflammation & digestive problems
-inflammation most often in distal ileum & proximal colon, involves all layers of bowel wall, ulcerations are deep, longitudinal & penetrate between islands of inflamed edematous mucosa – causing cobblestone appearance
-"skip" lesions = segments of normal bowel between diseased portions
-strictures at areas of inflammation cause bowel obstruction
-microscopic leaks can allow bowel contents to enter peritoneal cavity & form abscesses/peritonitis
-fistulas are common in active disease

Anticipated Diagnostics

Labs

CBC – typically shows iron deficient anemia, high WBC indicates perforation

Serum Na, K, Cl, bicarb, Mg (will be low)

Hypoalbuminemia

Increased ESR, CRP & WBC – indicate inflammation

Stool Culture - examined for blood/mucus, infection

Additional Diagnostics

Double contrast barium enema, small bowel series, transabdominal US, CT, MRI, colonoscopy

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

Contributing Risk Factors	Signs and Symptoms
-environmental factors: diet, smoking, stress -high intake of refined sugar, total fats, polyunsaturated fatty acids, omega-6 FAs (eating fewer raw fruits, vegetables, omega-3 rich foods, dietary fiber decrease risk) -use of NSAIDs, abx, oral contraceptives -family hx -those w other generic syndromes (CF), or other inflammatory disorders w genetic susceptibility (psoriasis, MS)	-abd pain, cramping, diarrhea -intermittent fever -malabsorption & nutritional deficiencies -rectal bleeding -wt. loss (can be severe) -fatigue

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

Possible Therapeutic Procedures	Prevention of Complications
Non-surgical Surgical Done to strictures, obstructions, bleeding & fistula -most common = resecting diseased segments w/ reanastomosis of remaining intestine -strictureplasty	(What are some potential complications associated with this disease process) Increased incidence of small intestinal/colorectal cancer, increased incidence & severity of C.Diff infection, perforation common, perianal abscess & fistulas, strictures, kidney stones, OP, ankylosing spondylitis, peripheral arthritis, sacroiliitis, eye conjunctiva, mouth ulcers, gallstones, liver disease, thromboembolism, recurrence of disease at surgical site, short bowel syndrome (repeated resections/disease leave too little small intestine SA to maintain normal nutrition & hydration)

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

Anticipated Medication Management
*drugs = preferred tx since recurrence rate after surgery is high Analgesics Aminosalicylates Antimicrobials Corticosteroids Immunomodulators Biologic therapies (Anti-TNF agents & Integrin Receptor Antagonists) Methotrexate – pts who can't stop corticosteroid use w/o flare up

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

Non-Pharmacologic Care Measures
Rest the bowel Combat infection – hygiene Correct malnutrition Provide sx relief Improve quality of life Sitz bath, witch hazel, soothing compresses

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

What stressors might a patient with this diagnosis be experiencing?
Body image, bathroom insecurity/inconvenience, stress/anxiety, maintaining adequate diet, work/school/family/social responsibilities

Client/Family Education

List 3 potential teaching topics/areas
• maintain fluid/electrolyte balance •meticulous perianal skin care/hygiene •regimen for, side effects of, admin instructions for Rx's

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)
Nutrition, Hematology, GI, Infectious Disease, PCP, Nursing, Pharmacology

Potential Patient Problems (Nursing Diagnoses)

List two potential patient problems you will be addressing along with clinical reasoning, goals/expected outcomes, assessments, and priority nursing interventions. The patient problems must be in priority order.

Problem # 1: Chronic Pain: Abdominal/Perianal Region
Clinical Reasoning: Dx of Crohn's disease, inflammation of the GI tract, abdominal pain/cramping, frequent diarrhea

Goal/EO: ATI reports a pain level of 3/10 or less on the standardized numerical pain scale during my time of care.

Ongoing Assessments: pain PQRST q4h, perception of effective pain relief in the past q shift, beliefs & expectations about pain relief q shift, vital signs (not likely to be affected w chronic pain) q4h, effectiveness of analgesics q4h, ability to perform activities of daily living q shift

NI: 1. Administer Morphine IV as indicated on MD order.

2. Encourage use of pain diary to help in identifying aggravating & relieving factors of chronic pain daily.

3. Acknowledge and convey acceptance of the pain experience q shift.

4. Assist in making decisions about selecting a particular pain management strategy q shift.

5. Encourage non-pharmacological pain management strategies (cold, heat applications, massage) q shift.

6. Administer medications/treatments to help improve functions of appetite, bowel elimination & ability to rest/sleep PRN (if experiencing problems with these functions).

Problem # 2: Imbalanced Nutrition: less than body requirements
Clinical Reasoning: Dx of Crohn's Disease, inflammation of GI tract causing malabsorption, weight loss, fatigue, abd pain, cramping, diarrhea

Goal/EO: ATI verbalizes and demonstrates selection of food choices that will meet caloric/nutritional requirements and aid in correcting imbalances prior to discharge.

Ongoing Assessments: weight & height daily, attitudes/beliefs about eating & food q shift, lab values (serum albumin, RBC, WBC, serum electrolyte values) q shift, environment in which eating occurs q shift, physical signs of poor nutritional intake (fatigue, confusion, pale/dry skin) BID

NI: 1. Consult registered dietitian for assessment and recommendations regarding nutritional status & support q week.

2. Ensure a pleasant eating environment and facilitate proper positioning at meal and snack times.

3. Provide companionship & encouragement during meal and snack times.

4. Encourage family members to bring ATI's favorite foods from home q shift.

5. Suggest use of nutritional supplements between meals q shift.

6. Establish short and long-term goals for nutrition and weight management prior to discharge.

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. **Kari, RN**
2) What were some steps the nursing team demonstrated that promoted patient safety?
    a. **Esther asked about specific, relevant lab diagnostics when receiving shift report on the phone**
    b. **Esther performed hand hygiene before and after touching the ostomy bag**
    c. **Esther & her partner confirmed the patient's blood type before administering blood transfusion**
3) 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: **Esther explained what the patient was experiencing and why it was happening after the blood transfusion, she explained the next steps she would be taking to help the patient feel better and kept her well informed while providing reassurance, Physician explained procedure and provided illustrations**
    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 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: **since this patient was experiencing a GI bleed her pain was more acute than chronic, so acute pain is the priority**
3) Review your Patient Problem Form: Did you see many of your anticipated nursing assessments and interventions used?
    a. Were there interventions you included that *were not* used in the scenario that could help this patient?
        i. If **yes,** describe: **encourage use of pain diary, encourage non-pharmacological pain management strategies, registered dietician consult**
        ii. If **no,** describe:
        _____
        _____
4) After completing the scenario, what is your patient at risk for developing?
    a. Recurrent exacerbations or systemic complications of Crohn's disease
    b. Why? **Without making adjustments for proper diet, stress management and pain treatment habits, the patient will continue to increase their susceptibility to exacerbations of the disease process by altering the GI environment. Repeated exacerbations can lead to systemic complications.**

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

My biggest takeaway from the care of this patient is that providing patient education is extremely important and can truly improve their quality of life. In this scenario specifically, it seems like the GI bleed may have been avoided if only the patient were making better lifestyle choices. At the end of the video she seemed excited to take the information provided to her and make adjustments in her habits moving forward. Ideally, that can really help her reduce the severity of her disease/exacerbations. This has made me more passionate about providing patient teaching and I look forward to upcoming clinical opportunities to do that.

SOAP Note Based on Priority Problems

Priority Patient Problem #1: Acute Pain

Subjective: *This section explains the client symptoms. Include a narrative of the patient's complaints/concerns and/or information obtained from secondary sources.*	36 y.o. Female reports abd pain, bloody stools, weakness & dizziness upon admission, states **History Present Illness (HPI):** Chron's Disease since age 19 **PMH:** intermittent gastritis, severe exacerbation of Crohn's in 2009 leading to surgery and ileostomy **Allergies:** NKA **Current Medications:** remicade q 8 weeks, last dose 7 weeks ago, frequent OTC anti-inflammatory meds & alcohol use, no other prescribed medications
Objective: *This section is your clinical observations. Include pertinent vital signs, pertinent labs and diagnostics related to the priority problem.*	AOx3, skin fair/pale, HR elevated, RR elevated, hyperactive bowel sounds present, tympany to percussion in all 4 quadrants, moderate overall abd tenderness, ileostomy on lower right side of abd draining semi liquid stool with red streaks **Vital Signs:** T 98.8, HR 102, RR 25, BP 102/64, SpO2 95% **Labs:** Hg 7.0, Hct 21%, stool for occult blood positive, type and cross matched for 2 units of PRBCs **Diagnostics:** N/A
Assessment: *Focused assessments on your priority problem.*	Abd pain reported 6/10, states "sore & crampy", began upon waking, in upper abd region, provoked by stress & unhealthy food choices leading to HA tx with ibuprofen, reports feeling "light headed and dizzy like I'm going to faint", guarding abd with arm, facial grimacing, nausea
Plan ***Based on priority problem only** *Include what your plan is for the client. What treatments or medications are needed? You can include procedures, consults, labs/diagnostics, etc. What nursing interventions are being performed?*	**Plan:** -Select appropriate stress management tactics like watching tv, reading, light exercise, yoga, meditation (rather than relying on alcohol and poor food choices) -Plan meals and snacks ahead of time to prevent choice of convenient unhealthy fast foods (which lead to HA/GI upset causing pain), implement small frequent meals throughout the day -Avoid use of ibuprofen and other medications that could cause GI bleed, instead use acetaminophen if you experience pain/headaches -Implement non-pharmaceutical tactics for pain relief like distraction techniques, etc. **Teaching & Resources:** -Consult MD prior to taking OTC medications -Provide written information about medicine safety, healthy diet, stress management -Referral to therapist, nutritionist