Student Name: Kaitlyn Reid

Medical Diagnosis/Disease: Crohn's Disease

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

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

Anatomy and Physiology Normal Structures	Pathophysiology of Disease	Anticipated Diagnostics Labs
The small intestine extends from the pyloric sphincter to the ileocecal valve, where it empties into the large intestine. It finishes the process of digestion, absorbs nutrients, and passes the residue onto the large intestine. It is divided into the duodenum, jejunum, and ileum. The small intestine follows the general structure of the digestive tract in that the wall has a mucosa w/ simple columnar epithelium, submucosa, smooth muscle with inner circular and outer longitudinal layers, and serosa. The large intestine consists of the colon, rectum, and anal canal. It produces no digestive enzymes. Chemical digestion is completed in the small intestine before the chyme reaches the large intestine. Functions of the large intestine include the absorption of water and electrolytes and the elimination of feces. The colon removes water and some nutrients and electrolytes from digested food. The remaining material of solid waste, stool is moved through the colon and stored in the rectum and leaves the body through the anus. The colon is part of the digestive system.	Chronic inflammatory intestinal disease. It can affect any region of the gastrointestinal tract. It most often affects the intestinal walls, in the lower part of the small intestine (the ileum) and portions of the large intestine (the colon). The inflamed tissues become thick and swollen and the inner surfaces of the digestive system may develop open sores (ulcers).	Antibody tests (ASCA) and (PANCA). CBC, C-reactive protein, electrolyte panel, ESR, Iron levels, BUN, creatinine, Additional Diagnostics Blood and stool tests, colonoscopy, biopsy, chromoendoscopy, upper GI endoscopy, CT Scan, X-ray.

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

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

Contributing Risk Factors	Signs and Symptoms	Possible Therapeutic Procedures	Prevention of Complications
Age, family hx, cigarette smoking, NSAID's, Stress, Obesity, Antibiotics, birth-control pills, high-fat diet.	fatigue, fever, abdominal pain, cramping, loss of appetite, diarrhea, and weight loss. Could also have blood and mucous within diarrhea, blood in stool or rectal bleeding.	Non-surgical Liquid diet, antibiotics, corticosteroids, probiotics, exercise, heating pads.	(What are some potential complications associated with this disease process) Intestinal obstruction, fistulas, abscesses, anal fissures, ulcers, malnutrition, inflammation

		Surgical Strictureplasty, fistula removal, colectomy, proctolectomy, end ileostomy, bowel resection, abscess drainage.	in joints, eyes, and skin.

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

Anticipated Medication Management

Steroids (prednisolone), immunosuppressants (azathioprine, methotrexate), antibiotics, aminosalicylates,

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

Non-Pharmacologic Care Measures

Avoid carbonated drinks, popcorn, nuts, high-fiber foods. Drink more fluids, eat smaller meals, Keep a food diary

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

What stressors might a patient with this diagnosis be experiencing?

Stress, anxiety, depression, experience pain and discomfort, tiredness.

Client/Family Education

List 3 potential teaching topics/areas

- Try eating several small meals a day.
- Monitor consistency of stools
- Avoid caffeine, alcohol, and spicy foods.

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)

Gastroenterologists, pharmacists, dietitians, surgeons, and nurse specialists.