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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
The large intestine is larger in diameter than the small intestine. It begins at the ileocecal junction, where the ileum enters the large intestine, and ends at the anus. The large intestine consists of the colon, rectum, and anal canal. The wall of the large intestine has the same types of tissue that are found in other parts of the digestive tract but there are some distinguishing characteristics. The mucosa has a large number of goblet cells but does not have any villi. The longitudinal muscle is limited to three distinct bands, called teniae coli, that run the entire length of the colon. Contraction of the teniae coli exerts pressure on the wall and creates a series of pouches, called haustra, along the colon. Epiploic appendages, pieces of fat-filled connective tissue, are attached to the outer surface of the colon. Unlike the small intestine, the large intestine 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.	Autoimmune disease that begins with crypt inflammation and abscesses, which progress to tiny focal aphthoid ulcers. These mucosal lesions may develop into deep longitudinal and transverse ulcers with intervening mucosal edema, creating a characteristic cobblestoned appearance to the bowel.	Labs Stool for occult blood, serum chemistries, erythrocyte sedimentation rate Additional Diagnostics H&P Capsule endoscopy Sigmoidoscopy Colonoscopy with biopsy Radiologic studies with barium contrast

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
Diet Smoking Stress	Diarrhea Weight loss Abdominal pain Rectal bleeding	Non-surgical Nutritional therapy Surgical Resection Anastomosis Stricture plasty	(What are some potential complications associated with this disease process) Hemorrhage, strictures, perforation, abscesses, fistulas, CDI, and colonic dilation

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

Anticipated Medication Management

Biologic therapy
Corticosteroids
Immunosuppressants
Antimicrobials

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

Non-Pharmacologic Care Measures

High calorie, high vitamins, high protein, low residue, lactose free diet, elemental diet, physical and emotional stress, referral for counseling, surgical therapy

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

What stressors might a patient with this diagnosis be experiencing?

Stress
Weight loss
Disturbed body image

Client/Family Education

List 3 potential teaching topics/areas

• Smoking cessation

•High protein diet

•Lactose free diet

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)

Nutritionist, nurse, counselor, physician