Student Name: Meredith Binion
Medical Diagnosis/Disease: Crohn's Disease

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

Anatomy and Physiology
Normal Structures

Mouth, esophagus, stomach, duodenum, ileum, jejunum, ascending colon, transverse colon, descending colon, sigmoid, anus. Food enters the mouth ad is broken down in various stages throughout the digestive tract following this path through both chemical and mechanical means. most breakdown occurs in the stomach and beginning of the small intestine. Small intestine absorbs food nutrients, colon absorbs water

Pathophysiology of Disease
Autoimmune Inflammation Anywhere in GI tract from mouth to anus
Most often involves distal ileum and proximal colon
Segments of normal bowel can occur between diseased portions
Involves all layers of bowel wall
Ulcerations are deep, longitudinal, penetrate between islands of inflamed edematous mucosa
Cobblestone appearance
Strictures
May develop fistulas in an active flare

NCLEX IV *(7)*: Reduction of Risk

Anticipated Diagnostics
Labs
Blood test: CRP, ESR, BMP, CBC
Stool test: cdiff

Additional Diagnostics
Colonoscopy
Upper GI endoscopy
H&P
x-ray
CT scan

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

Contributing Risk Factors

Family History
smoking
certain medications
high fat diet

Signs and Symptoms
Fatigue
Diarrhea
Weight loss from malabsorption
Abdominal pain and cramping
Fever
Rectal bleeding

NCLEX IV *(7)*: Reduction of Risk

Possible Therapeutic Procedures
Non-surgical
Bowel rest
Medication therapy

Surgical
Bowel resection w/ reanastomosis: bleeding, obstruction, fistulas, strictureplasty
Proctocolectomy: not curative

Prevention of Complications
(What are some potential complications associated with this disease process)
- Hemorrhage
- Strictures
- Perforation
- Abscesses
- Fistulas
- C. diff infection
- Colonic dilation
- Increased risk of colorectal cancer
- malnutrition

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

Anticipated Medication Management

Biologic therapy: Humira, infliximab, pegol, adalimumab,
immunosuppressants: cyclosporine, azathioprine, methotrexate;
corticosteroids: predisone, budesonide, methylprednisolone,
antibiotics, antimicrobials: ciprofloxacin, clarithromycin; 5-ASA: balsalazide, mesalamine

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

Non-Pharmacologic Care Measures

probiotics, nutritional support, daily weights, monitor I&O, skin care

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

What stressors might a patient with this diagnosis be experiencing?

Pain, fear of medication, fears of the unknown, change in diet, change in lifestyle, fear of not being able to afford treatment

Client/Family Education	**NCLEX I *(1)*: Safe and Effective Care Environment**
List 3 potential teaching topics/areas • Manage weight with calorie intake to prevent extreme weight loss • Perform bowel rest to promote inflammation reduction • follow diet and medication regimen to maintain weight, nutritional status, and disease management	Multidisciplinary Team Involvement (Which other disciplines do you expect to share in the care of this patient) Dietician, gastroenterologist, PCP, Pharmacy,

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 Acute pain: GI tract
Clinical Reasoning: inflammation, diarrhea, bloating

Goal/EO: client will have a pain score of 3 on a 0/10 pain scale by the end of my care

Ongoing Assessments: Assess RR, BP, HR q4hr, assess pain score and goal 30 minutes after med administration, assess PQRST of pain qshift, assess pain characteristics q4hr PRN, Assess for need of pain relief before/after eating/activity q6hr prn

NI: 1. Administer Morphine daily PRN as ordered

2. Encourage the use of distraction techniques such as tv or book reading q2hr

3. Apply a warm compress to the site of inflammation 20 min on/ 20 min off prn

4. Provide rest periods to movement to facilitate comfort, sleep, and relaxation during my time of care

5. Encourage eating foods or supplements that do not exacerbate disease process q6hr

6. Educate on the importance of avoiding foods that cause inflammation such as red meats and fried foods before discharge

Problem # 2: Imbalanced Nutrition: less than body requirements
Clinical Reasoning: inflammation causing malabsorption

Goal/EO: client will have electrolyte levels WNL during my time of care

Ongoing Assessments: Evaluate the patient's diet, eating habits, and choices qshift, assess weight qAM24hr, monitor I&O q6hr, assess for vomiting q6hr prn**, assess lifestyle choices upon admission**

NI: 1. Provide Dietary supplements such as Ensure shake with meals and prn

2. Administer multivitamin supplement as prescribed daily

3. Educate about journaling foods eaten and symptoms after q12hrs

4. Educate on the necessity of a high-calorie, high-protein diet q12hrs

5. Encourage to eat when hungry and not avoid food q6hr prn

6. Encourage snacks between meals q4hr prn

ATI Virtual Clinical Questions and Reflection:

1) Identify two members of the healthcare team collaborating in the care of this patient:
    a. **_____gastroenterologist: Dr. March_____**
    b. **_____RN Esther**
2) What were some steps the nursing team demonstrated that promoted patient safety?
    a. **___stopping blood transfusion when signs of reaction occurred_____**
    b. **_____lying HOB down and applying cool compress when client was feeling lightheaded_____**
    c. **_____verifying client name and DOB as well as blood number to ensure transfusuion and meds were administered to correct client_____**
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: _____Yes, the PA and nurse did well in communicating with one another in the client care setting and the nurse delivered a well worded SBAR to the doctor. The doctor responded promptly with sending another doctor to monitor and assess the status of the client to ensure the best care was provided

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: _____yes, acute pain. the primary problem was correct_____
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: _____distraction techniques could have been used while waiting to get pain medication administered, or a warm compress/pad for the abdomen _____ _____
4) After completing the scenario, what is your patient at risk for developing?

a. ___imbalanced nutrition: less than body requirements_____

b. Why? ___Because the client does not ingest enough calories or protein as stated especially as a person with a malabsorption disease_____

_____

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

_____The biggest take away was to remember to ask a client about their lifestyle choices that may be causing the body to react such as ETOH intake or smoking. Since this person has Crohn's it was important for the nurse to ask about foods eaten or environmental factors that may have been causing the exacerbation of s/s. This is very important to client care in the hospital, especially since there are all different types of people in the hospital. It is also key to asking about history when giving a medication or infusion such as blood to predict and prevent complications.

SOAP Note Based on Priority Problems

Priority Patient Problem #1: _____Acute Pain: GI tract_____

Subjective: *This section explains the client symptoms. Include a narrative of the patient's complaints/concerns and/or information obtained from secondary sources.*	**History Present Illness (HPI): Crohn's disease: Uses OTC antiinflammitory drugs and ETOH, admitted for abdominal pain, bloody stools, and dizziness** **PMH: intermittent gastritis, ileostomy** **Allergies: sulfa** **Current Medications: infliximab q8wks** **Morphine sulfate 4mg IV bolus q2hr PRN for pain** Acetaminophen 650mg PO now and q4hr PRN for fever and pain IV 1000ml 0.9% sodium chloride @30ml/hr
Objective: *This section is your clinical observations. Include pertinent vital signs, pertinent labs and diagnostics related to the priority problem.*	**Vital Signs: 1600: T 37.0, HR 106, RR 24, BP 98/58, O2 sat: 95% 2L** **Labs: 1/18 RBC: 2.7; Hgb: 7; Hct 21%,1/19 RBC: 3.0; Hbg: 8, Hct: 24% WBC 6000, PT: 12.2, PTT 21, INR 0.7** **Diagnostics: blood in stool culture,**

<u>A</u>ssessment: *Focused assessments on your priority problem.*	**Assess for pain level q2hr, monitor I&O q6hr, monitor for bleeding q4hr, monitor inflammation levels q4hr**
<u>P</u>lan ***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:** **Administer pain meds 650mg Tylenol for pain,** **stress management techniques to avoid exacerbating disease problems** **diet changes to promote good nutrition with Crohn's disease** **Teaching & Resources: dietician, homehealth, teaching on not taking aspirin or ibuprofen products**