Sam Roberts

Patient Problems (Nursing Diagnoses)

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. Six nursing interventions for each priority problem must be completed.

Problem # 1 Imbalanced Nutrition: Less than body requirements
Clinical Reasoning: weight loss, inadequate intake

Goal/EO: PT will eat greater than or equal to 50% of all meals during my time of care

Ongoing Assessments: Assess % of intake every meal q shift, assess weigh loss q shift, assess weight gain q shift, assess nutritional status q shift, assess lab values q shift (electrolytes, albumin, total protein)

NI:
1. provide additional snacks between meals q shift
2. Ensure pleasant and comfortable environment q shift
3. Provide proper mouth care q shift
4. Educate on body's nutritional needs q shift
5. Educate on a low residue diet to reduce flares q shift
6. Educate on importance of keeping a food diary q shift

Problem # 2 ~~chronic~~ Acute pain
Clinical Reasoning: abdominal pain

Goal/EO: PT will have less than or equal to 5/10 pain on a numeric pain scale by the end of my care

Ongoing Assessments: Assess HR ~~q shift~~ 4hrs, assess BP q ~~shift~~ 4hrs, assess RR q4hrs, assess PQRST q shift assess pain level q4hrs

NI:
1. Administer Infliximab IV as ordered
2. Administer Morphine IV as ordered
3. Encourage deep breathing techniques PRN
4. Educate on S/Sx of pain to report during my time of care
5. Teach about pain and available options for pain management q shift
6. Encourage ~~divisional~~ diversional activities such as Reading, listening to music, watching TV, PRN

SOAP Note Based on Priority Problems

Sam Roberts

Priority Patient Problem #1: ~~Anxiety~~ 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.*	**History Present Illness (HPI):** 36YR old who felt dizzy and weak chron's disease w/ intermittent gastritis, had previous ileostomy. serosanguinous drainage in ostomy bag at arrival to ED. states 6/10 pain, Hgb 7mg/dc, hct 21. Blood type A-, → **PMH:** chron's disease with intermittent gastritis **Allergies:** sulfa **Current Medications:** Morphine IV and normal saline (0.9%) 1,000mL infusing at 150mL/hr
Objective: *This section is your clinical observations. Include pertinent vital signs, pertinent labs and diagnostics related to the priority problem.*	**Vital Signs:** temp: 98.8, HR: 114, RR: 22, BP 100/60, SpO2: 96% **Labs:** CBC 2.7, HCT 21 (low), MCV 105, MCHC 48, WBC 6000, Hgb 7 (low) platelets 102,000, PTT 31, PT 12.2, INR 0.7, positive for blood in stool (low) **Diagnostics:** GI bleed was shown (low) →
Assessment: *Focused assessments on your priority problem.*	Assess vital signs q4hr and q15min after blood transfusion Assess pain level and goal q4hrs Assess PQRST q4hrs Assess color and consistency of stool PRN Monitor s/sx of pain q shift Monitor relief of pain after pain meds administered q20mins after during shift
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:** JL will be discharged home and follow a recommended diet. Lifestyle and modifications will be recommended to help relieve stress, and avoid future exacerbations. She was informed about discontinuing any NSAID use age and to remain taking the infliximab q8weeks. **Teaching & Resources:** Low residue diet, high calories, high protein diets. Be aware of any s/sx of GI bleed and exacerbations. Support group for ostomy bag/surgery

complains that stress exacerbates pain. cross matched for two units of packed RBC started on infliximab IV 6 months ago, last dose given 7 weeks ago. skin is pale, warm, and dry to touch.

Abdominal pain due to GI bleed. H&H low due to blood lost in ileostomy bag.

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ATI Virtual Clinical Questions and Reflection:

1) Identify two members of the healthcare team collaborating in the care of this patient:
   a. Esther
   b. Charge nurse - Bonnie
2) What were some steps the nursing team demonstrated that promoted patient safety?
   a. Confirmed name and DOB before administration
   b. Noticed patients VS start to change
   c. Stopped blood transfusion and called provider.
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, they explained the procedures that were being performed, told what was going to happen next and gave written instructions.
   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:
      I think the priority problem is now acute pain
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:
         Encouraging deep breathing exercises as needed,
      ii. If **no,** describe:
4) After completing the scenario, what is your patient at risk for developing?
   a. Small bowel obstruction
   b. Why? b/c she has Chrons disease and an exacerbation of can cause a bowel obstruction

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

I would say my biggest take away would be always listen to the patient. If they say they are feeling pain or a type of way (ex. during the transfusion she was experiencing pain) also, I would say always paying attention to vital signs especially during a transfusion. Another thing would be to acknowledge any pain they may have and administer pain medications ordered to make patient comfortable. Back to the transfusion - the nurse paid attention and noticed that something / vital signs were not normal and stopped the transfusion.

Student Name: _____

Medical Diagnosis/Disease: Chron's Disease

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

Anatomy and Physiology

Normal Structures

The large intestine is larger in diameter than the sm. intestine. It begins at the ileocecal junction, where the ileum enters the large intestines, and ends at the anus. The large intest. consists of the colon, rectum, and anal canal. The wall of the large intestine has the same types of the tissues that are found in other parts of the digestive tract but there are some distinguishing characteristics →

Pathophysiology of Disease

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 w/ intervening mucosal edema, creating a characteristic cobblestoned appearance to the bowel.

NCLEX IV *(7)*: Reduction of Risk

Anticipated Diagnostics

Labs

Stool for occult blood
Serum chemistries
Erythrocyte sed. rate
CBC ★
UA L

Additional Diagnostics

H&P
capsule endoscopy
sigmoidoscopy
colonoscopy w/ biopsy
radiologic studies w/ barium contrast
Endoscopy ★

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

Contributing Risk Factors

Diet
Smoking
Stress

Signs and Symptoms

Diarrhea
Weight loss
Abdominal pain
Rectal bleeding

NCLEX IV *(7)*: Reduction of Risk

Possible Therapeutic Procedures

Non-surgical

Nutritional therapy

Surgical

Resection
Anastomosis
Stricture plasty

Prevention of Complications

(What are some potential complications associated with this disease process)

Hemorrhage
Strictures
perforation
Abscesses
Fistulas
colonic dilation

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

Anticipated Medication Management

Biologic therapy ★ infliximab
corticosteroids
Immunosuppressants
Antimicrobials
IV Fluids ★
Blood transfusion ★

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

Non-Pharmacologic Care Measures

High calories
High vitamins
High protein
Low residue
Lactose free diet
Elemental diet
physical and emotional stress
Referral for counseling

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
Gastroenterologist ★
Counselor
physician

Anatomy cont...

The mucosa has a large number of goblet cells but does not have any villi. The longitudinal muscle is limited to 3 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 sm. intestine before the chyme reaches the large intestine. Functions of the large intestine include the absorption of water and electrolytes and elimination of feces.

ACTIVE LEARNING TEMPLATE: *Medication*

STUDENT NAME _____

MEDICATION Morphine Sulfate _____ REVIEW MODULE CHAPTER _____

CATEGORY CLASS Opioid analgesic _____

PURPOSE OF MEDICATION

Expected Pharmacological Action

Binds with opioid receptors within the CNS, inhibiting ascending pain pathways.

Therapeutic Use

Management of severe pain

Complications

Nausea, vomiting i smore frequent in ambulating patients
Frequent: Sedation, decreased BP (orthostatic hypotension), diaphoresis, facial flushing, constipation, dizziness, drowsiness, n/v.
Occassional: Allergic reaction, dyspnea, confusion, palpatitions, tremors, urinary retention, abdominal cramps, vision changes, dry mouth, HA, decreased appetite.
Rare: Paralytic ileus

Contraindications/Precautions

Contraindications: Hypersensitivity to morphine. Acute or severe asthma, GI obstruction, known or suspected paralytic ileus, concurrent use of MAOI's or use within 14 days COPD, cor pulmonale, hypoxia, hypercapnia, respiratory depression, severe hypotension.
Cautions: Pancreatitis, addisons disease, cardiovascular disease, adrenal insufficicency, seizure disorders.

Interactions

Drug: Alcohol and other CNS depressants may increase CNS effects Respiratory depression, hypotension
Herbal: Herbals with sedative properties may increase CNS depression.
Lab: May increase serum amylase and lipase

Evaluation of Medication Effectiveness

Alters pain perception and emotional response to pain

Medication Administration

PO: 10-30mg Q4hr as needed, may give without regard to food. Mix liquid form with fruit juice to improve taste, Do no break, crush, or dissolve extended release
IV: Always administer slowly 2.5-5mg q3-4hr as needed

Nursing Interventions

Assess onset, location, duration and type of pain
Monitor vital signs before giving
If RR 12 or less withhold medication
Assess for potential abuse of medication or hx of substance abuse

Client Education

Avoid tasks that require alertness and motor skills
Avoid alcohol, and CNS depressants
Report any ineffective pain control, constipation, or urinary retention
Alert MD if any s/sx of allergic reaction

ACTIVE LEARNING TEMPLATE: *Medication*

STUDENT NAME _____

MEDICATION Infliximab (IV), Remicade REVIEW MODULE CHAPTER_____

CATEGORY CLASS Antirheumatic, immunosuppressant agent

PURPOSE OF MEDICATION

Expected Pharmacological Action

Binds to tumor necrosis factor (TNF), inhibiting functional activity of TNF (induction of proinflammatory cytokines, enhanced leukocytic migration, activation of neutrophils/esinophils). Prevents disease and allows diseased joint to heal. Decreases inflammation.

Therapeutic Use

Tx for psoriatic arthritis (RA), reduces s/sx, induces, and maintains remission in moderate to severe active crohn's disease. Maintains fistula closure in fistulizing crohn's disease. Reduces s/sx of active ankylosing spondylitis.

Complications

Side effects: headache, nausea, fatigue, fever, chills during infusion, pharyngitis, vomiting, pain, dissiness, bronchitis, cough, hypo/hypertension, anxiety, depression, diarrhea.
Adverse reactions: sepsis, hypersensitivity reaction, lupus-like syndrome, severe hepatic reaction, HF.

Medication Administration

Administration: reconstitute each vial with 10mL sterile water injected into vial, swirl vial, allow solution to stand for 5 mins then inject into 250mL bag NS, concentration should be 0.4-4 mg/mL. Administer over at least 2 hours using low protein-binding filter.
Dosage: Crohn's disease: 5mg/kg followed by additional doses at 2 and 6 weeks after first infusion, then q8 weeks there after. 10mg/kg are for those who respond less.

Contraindications/Precautions

Contraindications: hypersensitivity, moderate to severe HF, sepsis, severe infection.
Precautions: hematoloic abnormalities, hx of COPD, seizures, mild HF, hx of reccurrent infections, pt exposed to TB, elderly pts, chronic hepatitis B virus infection.

Nursing Interventions

Monitor urinalysis, erythrocyte sedimentation rate, BP, monitor for infection, monitor daily pattern of bowel activity, and stool consistnecy. monitor c-reactive protein, frequency of stools, assess for abdominal pain.

Interactions

Drug: anakinra, anti-TNF agents, baricitinib may increase adverse effects. May decrease effect of BCG, vaccines (live).
Herbal: echinacea may decrease effect.
Food: none
Lab values: may increase serum alkaline phosphatase, ALT, AST, bilirubin.

Client Education

Report persistent fever, cough, abdominal pain, swelling of anles/feet. Tx may depress immune system, report signs of infection, do not recieve live vaccines, expect fequent TB tests, report travel plans to possible endemic areas.

Evaluation of Medication Effectiveness

Decreases inflammation or s/sx of inflammation. No s/sx of Crohn's disease.