

Student Name: _____ Sheila Velasquez _____

Medical Diagnosis/Disease: _____ Crohn's Disease _____

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

Anatomy and Physiology

Normal Structures

The digestive system extends from the mouth to the anus. It contains organs that regulate food intake, and it also eliminates the waste products from food and products. The six major activities of the digestive system are ingestion, propulsion, mechanical breakdown, chemical digestion, absorption, and elimination. Crohn's can affect your digestive tract in patches. Some areas may be damaged while others are healthy. In Crohn's, your immune system attacks the lining of your digestive tract. This leads to ongoing inflammation that brings on ulcers, thickens the intestinal wall, and eventually sets off symptoms.

Pathophysiology of Disease

A chronic inflammatory disease that involves the digestive and bowel. Occurs anywhere in the digestive tract but mainly in the distal ileum and the proximal colon. Segments between the inflammation is normal. It can cause ulcerations that are deep, longitudinal, and have a cobblestone appearance. They also go through periods of exacerbations and remission.

NCLEX IV (7): Reduction of Risk

Anticipated Diagnostics Labs

- Stool sample
- ESR and CRP
- CBC- anemia

Additional Diagnostics

- H&P
- Xray/CT/ MRI
- Endoscopy/bx
- Sigmoidoscopy
- Colonoscopy

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors

- Other autoimmune disorders
- Stress
- Diet
- Family hx
- Smoking

Signs and Symptoms

- Diarrhea
- Weight loss
- Abdominal pain
- Fatigue
- Fever
- Nausea
- Anorexia

NCLEX IV (7): Reduction of Risk

Possible Therapeutic Procedures

Non-surgical

Nutrition

Surgical

Resection, anastomosis, stricture resection

Prevention of Complications

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

Colon perforation
Toxic megacolon
Gall stones
Colon cancer
Hemorrhage

NCLEX IV (6): Pharmacological and Parenteral Therapies

Anticipated Medication Management

- Corticosteroids
- Immunosuppressants
- Antimicrobial
- Biologic therapy (infliximab)

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

- High calorie/high protein meals
- Low residue diet
- Lactose free diet
- Stress reduction
- Sitz bath

NCLEX III (4): Psychosocial/Holistic Care Needs

What stressors might a patient with this diagnosis be experiencing?

- Stress
- Anxiety
- Disturbed body image

Client/Family Education

List 3 potential teaching topics/areas

- Importance of high protein diet
- Stress reduction techniques
- importance of low residue 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)

Gastroenterologist, nutritionist, dietician, family members

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: Abdomen

Clinical Reasoning: Crohn's Disease

Goal/EO: Pt will have an abdomen pain of 4/10 on the numeric scale during my time of care.

Ongoing Assessments: Assess PQRST q 4 hr in my time of care, Assess HR/BP/RR q 4 hr in my time of care, assess any facial grimaces when performing any task in my time of care, Assess pts approach toward pharmacological and nonpharmacological pain management in my time of care.

- NI:
1. Apply heating pack to the abdomen PRN in my time of care.
 2. Administer Infliximab IV as ordered in my time of care.
 3. Administer Morphine IV as ordered in my time of care.
 4. Encourage distraction techniques (TV) PRN in my time of care.
 5. Encourage to ask for pain medication before the pain gets worse in my time of care.
 6. Encourage deep breathing PRN in my time of care.

Problem # 2 Imbalance nutrition: less than body requirements

Clinical Reasoning: Crohn's Disease

Goal/EO: Patient will eat more than 50% of their food in my time of care.

Ongoing Assessments: Assess nutritional status q shift in my time of care, assess weight loss or weight gain q shift in my time of care, assess patient's eating pattern q shift in my time of care, assess behavioral factors that can affect eating during my time of care.

- NI:
1. Provide small frequent meals in my time of care.
 2. Ensure proper positioning when feeding in my time of care.
 3. Provide a pleasant and quiet environment when feeding in my time care.
 4. Provide good oral hygiene BID in my time of care.
 5. Set appropriate short term and long-term goals q shift during my time of care.
 6. Encourage patient to verbalize what type of food they prefer to eat in my time of care.

ATI Virtual Clinical Questions and Reflection:

- 1) Identify two members of the healthcare team collaborating in the care of this patient:
 - a. Ester(RN) _____

- b. ___Bonnie (RN/charge nurse) _____
- 2) What were some steps the nursing team demonstrated that promoted patient safety?
- a. ___Double check name and DOB when preparing the blood transfusion _____
- b. ___Ester provided stress reduction tips_____
- c. ___Noticed changes in VS _____
- 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 when Bonnie was telling Ester to check vital signs every q 15 mins because of the symptoms that the patient was experiencing. Also, when the nurse was explaining to the patient about the symptoms that she was experiencing was because of her reaction to the blood transfusion and that she was going to notify the provider of what happen and was also going to ask the provider about the ibuprofen.
- 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: ___Acute pain: Abdomen ___
- 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 the patient to ask for pain medication before the pain gets worse and encourage deep breathing.

- ii. If **no**, describe:

- 4) After completing the scenario, what is your patient at risk for developing?
- a. ___Hypovolemic shock _____
- b. Why? ___She's at risk for developing hypovolemic shock due to the loss of extracellular fluid and blood.

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

My biggest take-away when participating in the care of this patient is to make sure to identify the s/sx of a blood transfusion reaction. When a patient is experiencing these symptoms, it's important to stop the blood transfusion immediately. It's also important to make sure that the patient is aware of the reaction they had with the blood transfusion. Making sure that the patient is aware is important because that patient is going to let other nurses know to be cautious with the administration of blood transfusion. This would impact my nursing practice because now I know what actions to take when a patient is having a reaction to a blood transfusion.

SOAP Note Based on Priority Problems

Priority Patient Problem #1: Acute pain

<p><u>Subjective:</u></p> <p><i>This section explains the client symptoms. Include a narrative of the patient's complaints/concerns and/or information obtained from secondary sources.</i></p>	<p>History Present Illness (HPI): 36 yr. old female who came in feeling weak and dizzy Chron's disease with intermittent gastritis, had a surgery and a ileostomy 6 months ago, has serosanguineous drainage in ostomy bag upon arrival to ED.</p> <p>PMH: Crohn's disease with intermittent gastritis</p> <p>Allergies: Sulfa</p> <p>Current Medications: Morphine IV, normal saline</p>
<p><u>Objective:</u></p> <p><i>This section is your clinical observations. Include pertinent vital signs, pertinent labs and diagnostics related to the priority problem.</i></p>	<p>Vital Signs: T: 98.8, HR: 114, RR: 22, BP: 100/60, O2 sat: 95%</p> <p>Labs: CBC: 2.7, RBS: 7, hematocrit: 21%, MCV 105, MCHc: 48, WBC: 6000, Plt: 162,000, PTT: 21 secs, PT: 12.2 secs, INR 0.7, + blood in stool</p> <p>Diagnostics: Endoscopy: showed GI bleed</p>
<p><u>Assessment:</u></p> <p><i>Focused assessments on your priority problem.</i></p>	<p>Rated stomach pain and rated it a 6/10. Said the pain was on the top of the stomach. Stated that stress makes it worse.</p> <p>After listening to bowel sounds, she stated she felt dizzier and more light-headed and stated she felt like she was going to faint.</p> <p>blood transfusion was administered</p> <p>VS every 15 minutes.</p> <p>Stated she feels cold.</p> <p>Stated she feels worse and that she has a headache and asked for ibuprofen</p> <p>Blood transfusion was stopped due to the allergic reaction that the patient was experiencing</p> <p>An endoscopy was ordered</p> <p>Had the endoscopy and the doctor found an active bleeding in the GI, and stomach feels tender, rated her pain a 8/10 and stated it started an hour ago. Showed grimaces with palpation of abdomen</p>

Finished a bowel of tomato soup when the pain occurred
Morphine was administered
Rated pain between 2-3 after morphine was administered

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:
Monitor vital signs q 15 mins
stopped blood transfusion when s/sx of reaction occur
Normal saline 30 mL/hr,
Pain management
Stress reduction techniques
Diet: high in protein and calories

Teaching & Resources: Dietitian and Nutritionist, the nurse taught the patient about health promotion (diet and stress management). Taught the patient to avoid using ibuprofen because it can irritate the GI tract. Taught to have a diet high in calories and protein and small frequent meals. She also told the patient to avoid caffeine and high fiber food because it can obstruct the stoma.

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

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

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, Addison's disease, cardiovascular disease, adrenal insufficiency, seizure disorders.

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

Interactions

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

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

Evaluation of Medication Effectiveness

Alters pain perception and emotional response to pain

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/eosinophils). 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, dizziness, 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 thereafter. 10mg/kg are for those who respond less.

Contraindications/Precautions

Contraindications: hypersensitivity, moderate to severe HF, sepsis, severe infection.
Precautions: hematologic abnormalities, hx of COPD, seizures, mild HF, hx of recurrent 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 consistency. 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 ankles/feet. Tx may depress immune system, report signs of infection, do not receive live vaccines, expect frequent 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.