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Medical Diagnosis/Disease: Crohns disease

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

#### Anatomy and Physiology

##### Normal Structures

30 ft and extends from mouth to anus mouth to esophagus to stomach, small intestine, large intestine, rectum, anus. Also involves the liver pancreas and gallbladder. Food is chewed, salvia aids (analyse) in breakdown and sends it down via esophagus, enters stomach via esophageal sphincter. Stomach has mechanical and chemical digestion (HCL and Intrinsic factor [B12] secreted by parietal cells in the stomach). Then in small doses, dumps into small intestine. SI is for digestion and absorption (uptake nutrients to bloodstream). SI has three parts: duodenum, jejunum and ilium. Peristalsis pushes food forward. Then it makes it way into large bowel: main object: water and electrolyte absorption and then to the rectum and then anus. Liver is largest internal organ and makes bilirubin to break down hgb. Inner to outer linings of the wall: mucosa lining, submucosa connective tissue (glands, blood vessels, and lymph nodes), muscle (inner to outer oblique, circular, and longitudinal layers), and serosa.

#### Pathophysiology of Disease

**Crohn's disease** is a chronic inflammatory disease that involves the digestive and bowel. It can happen anywhere in the digestive tract but mainly occurs in the distal ileum and the proximal colon. The segments between the inflammation are normal. It goes through all the layers of the bowel wall and can cause ulcerations that are deep, longitudinal, and have a cobblestone appearance. Crohn's disease goes through periods of exacerbation and remissions.

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

#### Anticipated Diagnostics

##### Labs

- **Stool sample**
- Chemistries
- ESR and CRP (inflammatory markers)
- **CBC**

##### Additional Diagnostics

- H&P
- Xray/CT/ MRI
- **Endoscopy**/biopsy
- Sigmoidoscopy
- Barium studies
- Colonoscopy /biopsy

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

#### Contributing Risk Factors

- Hx of allergies
- Other autoimmune disorders
- **Stress**
- **Diet**
- Family Hx
- smoking

#### Signs and Symptoms

diarrhea, weight loss, **Abd pain**, Fatigue, possible fever, nausea, anorexia

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

#### Possible Therapeutic Procedures

##### Non-surgical

Nutritional therapy

##### Surgical

Resection, Anastomosis, Stricture resection

#### Prevention of Complications

(What are some potential complications associated with this disease process)  
Fistulae, Colon perforation, Toxic megacolon, Gallstones, Osteoporosis Malabsorption (vitamin deficiencies), Abscess, Colon cancer (increased risk), Hemorrhage

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

#### Anticipated Medication Management

- **biologic therapy (EX: infliximab)**
- corticosteroids
- **analgesics**
- immunosuppressants
- antimicrobial
- **IV fluids**

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

#### Non-Pharmacologic Care Measures

**High calorie/high protein meals**, low residue diet, lactose free diet, stress reduction, counseling, sitz bath (rectal pain), reduced activity.

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

#### What stressors might a patient with this diagnosis be experiencing?

**Pain**, Stress, loss of control, disturbed body image, financial burden (doctors, meds and hospital stays)

### Client/Family Education

#### List 3 potential teaching topics/areas

- importance of high protein/ high calorie diet
- importance of smoking cessation
- **stress reduction techniques**

### 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/**dietician**, **nurse**, counselor, hospitalist/PCP, **Gastroenterology**

## **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 is inflammatory bowel disease that effects the digestive tracts and can cause abdominal pain and diarrhea

**Goal/EO:** pt will verbalize a pain score no greater than or equal to 5/10 on a numeric pain scale during my time of care

**Ongoing Assessments:** Monitor VS (HR, RR, BP) q4hr+PRN; Assess parts of pain (precipitating factors, alleviating factors, quality, intensity, etc.) q4hr and PRN; assess pain goal at the begging of my shift; assess current pharmacological methods for pain at the beginning of my shift; assess abdomen for guarding or tenderness q4hrs

- NI:
1. Administer Infliximab IV as ordered
  2. Administer Morphine IV as ordered
  3. Encourage use of diversional activities (watching tv, Beebe care channel, reading, etc.) q12+PRN
  4. Provide uninterrupted rest periods and cluster care throughout my shift
  5. Apply Heating pack PRN for pain
  6. Educate pt on to report pain in early stages to maintain control q12
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### **Problem # 2 Imbalanced Nutrition; Less than body requirements**

**Clinical Reasoning:** Crohn's disease can cause diarrhea, abdominal pain, anorexia, and weight loss (all interfering with the ability to consume, absorb, and maintain nutrients).

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

**Ongoing Assessments:** assess nutritional intake qshift; assess preferred food and fluid q12; assess % of meal consumed after every meal qshift; obtain daily weight; monitor prealbumin/albumin/total protein qshift; monitor ESR and CRP qshift; Monitor chemistries qshift

- NI:
1. Provide additional snacks in between meals qshift
  2. Provide oral/mouth care BID + before/after meals
  3. Educate pt on the importance of prioritizing high calorie/high protein meals q12hr
  4. Educate pt on the importance of low residue diet at home to reduce flare ups q12hr
  5. Educate pt on the importance of keeping a food diary to identify triggers qshift
  6. consult with nutritionist/dietician on nutritional goals q12hr

## ATI Virtual Clinical Questions and Reflection:

- 1) Identify two members of the healthcare team collaborating in the care of this patient:
  - a. **Esther, RN**
  - b. **Bonnie, Charge RN**
- 2) What were some steps the nursing team demonstrated that promoted patient safety?
  - a. **Had 2 nurses (Esther and Bonnie) verify blood products and confirm correct identity, product, and blood type**
  - b. **Stopped blood transfusion once reaction was noticed**
  - c. **Administered Morphine IV at 1mg/min to avoid respiratory distress**
- 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: **I do feel like the nurse and team utilized therapeutic communication. Between the staff, SBAR was utilized, and concerns were dealt with in a timely manner. As for the patient, the nurse used active listening while listening to Ms. Lieberman's questions and concerns. The nurse asked open ended questions to collect information and did not make any assumptions.**
  - b. If **no**, describe:  

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## 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: **encouraging diversional activities**
    - ii. If **no**, describe: **Administer IV morphine**
- 4) After completing the scenario, what is your patient at risk for developing?
  - a. **Another GI bleed**
  - b. **Why? Due to J. L's dx of Crohn's disease and her high stress job, which can cause exacerbations of Crohn's, she is likely to get this inflammation which can lead to another GI bleed. If J.L does**

**not cut back on the alcohol intake and ibuprofen use, she puts herself at an even bigger risk for another bleed.**

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 from caring for this patient was that your assessment skills and listening to your patient are so important. Esther assessed and reassessed frequently and was able to identify that J.L was having a reaction to the blood she was receiving and was able to stop the transfusion before any serious harm came to J.L. This scenario also reinforced just how important education is. Esther used therapeutic communication to gather information about J.L stress management, job, daily habits, and more and was able to tailor the education that J.L needed to help her understand and try to prevent a bleed from reoccurring.**

**SOAP Note Based on Priority Problems**

**Priority Patient Problem #1: Acute pain; abdomen**

|  |   |
|--|---|
| <p><b><u>Subjective:</u></b></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><b>History Present Illness (HPI):</b> 36-year-old female presented to the ED with weakness/dizziness. On exam, hyperactive bowel sounds were noted and serosanguinous effluent were present in her ileostomy bag.</p> <p><b>PMH:</b> Crohn’s disease, intermittent gastritis, ileostomy (surgically created 6 months ago)</p> <p><b>Allergies:</b> Sulfa drugs</p> <p><b>Current Medications:</b> Infliximab IV q8weeks; Morphine IV; Normal Saline IV</p>   |
| <p><b><u>Objective:</u></b></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><b>Vital Signs:</b> 1/18: T: 38.8 C (101.8 F) / HR: 96 bpm/ RR: 22/ BP: 103/60/ SpO2: 92% 2L NC</p> <p><b>Labs:</b> - RBC: 2.7; -Hgb: 7; -Hct: 21; -PTT: 21 sec; PT: 12.2 sec; INR: 0.7</p> <p style="margin-left: 40px;">- Type and cross: A-</p> <p style="margin-left: 40px;">- Stool culture: + blood</p> <p><b>Diagnostics:</b> endoscopy</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> <p>Acute abdominal pain is caused by GI bleed. These labs reflect GI bleed that is the causative agent of the acute abdominal pain</p> </div> |
| <p><b><u>Assessment:</u></b></p> <p><i>Focused assessments on your priority problem.</i></p>   | <p>Hyperactive bowel sounds noted, stated abdominal pain is 6/10 “very sore and crampy”. Stated abdominal pain started after she got up this morning. Also stated that stress makes the pain worse “and when I get stressed, I don’t eat healthy, and I get headaches and take Ibuprofen”.</p>  |

**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:**

- Continue to receive infliximab IV q8weeks
- Recheck CBC and chemistries
- Administer Acetaminophen 650mg PO q4hr PRN for fever and pain
- Monitor VS q4hr
- Administer Morphine sulfate 4mg IV bolus q2hr PRN for pain
- Monitor 1&O
- Assess nutritional status

**Teaching & Resources:** educate to avoid NSAIDS and alcohol (gastric irritants); stress reduction techniques; Gastroenterology outpatient consult; educate on the importance of eating a low residual/high protein/high calorie diet (once discharged); rheumatologist consult outpatient (once discharged); educate on the importance of keeping a food diary (if she has an unknown trigger for Abd pain due to Crohn's disease ); Consult dietician for inpatient and once discharged for follow up.