Student Name: Cat_____
Medical Diagnosis/Disease: Crohn's disease_____

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

Anatomy and Physiology

Normal Structures

-mouth into esophagus -> stomach -> small intestine (duodenum, jejunum, ileum) -> large intestine (cecum, colon, rectum, anal canal)
- ingestion includes taking food in (mechanically chewing, saliva helps break down food)
-Propulsion: movement of food through GI tract, mixing with enzymes:
-parasympathetic nervous system is responsible for peristalsis, sympathetic decreases peristalsis.
-smooth muscle fibers of GI tract allow electrical signals to initiate muscle contractions
-Secretion: exocrine glands secrete digestive juices
- digestion breaks down and absorbs food, elimination is the excretion of waste.
-absorption is when digested nutrients absorbed by mucosal cells travel into blood/lymph
-elimination: excrete through anus in form of feces

Pathophysiology of Disease

An inflammatory bowel disease that is characterized by phases of remissions and exacerbations. Autoimmune with an immune reaction to a person's own intestinal tract, believed to be triggered by an overactive immune response to environmental/bacterial triggers, resulting in widespread inflammation -> tissue destruction. Crohn's destruction can occur anywhere in the GI tact.

NCLEX IV *(7)*: Reduction of Risk

Anticipated Diagnostics

Labs
CBC
CRP
Stool cx
Electrolytes

Additional Diagnostics
CT, barium enema, small bowel series, colonoscopy, EGD, MRI

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

Contributing Risk Factors

-diet high in refined sugar, total fats, polyunsaturated fatty acids, omega 6 fatty acids
-smoking
-stress
-NSAID use
-oral contraceptives
-antibiotics
-genetics

Signs and Symptoms

-abdominal pain/cramping
-diarrhea
-fever
-malabsorption
-nutrient deficiencies
-weight loss
-rectal bleeding

NCLEX IV *(7)*: Reduction of Risk

Possible Therapeutic Procedures

Non-surgical
drug therapy, diet changes, PN

Surgical
most common surgery includes resecting diseased segments, w re-anastomosis of remaining intestine. Surgery is usually to tx strictures, obstructions, bleeding.
-Colonoscopy
-Endoscopy
-strictureplasty

Prevention of Complications

(What are some potential complications associated with this disease process)
-small intestinal cancer
-colorectal cancer
-hemorrhage
-strictures
-perforation
-abscesses
-fistulas
-CDI
-colonic dilation

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

Anticipated Medication Management
-amino-salicylates
-antimicrobials
-corticosteroids
-immunomodulators
-biologic therapies

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

Non-Pharmacologic Care Measures

low residue diet, high in calories, vitamins, protein, lactose free

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

What stressors might a patient with this diagnosis be experiencing?

Lifestyle change due to learning new diet

Pain

Client/Family Education

List 3 potential teaching topics/areas
•Foods to eat/what to avoid

• Medication regimen

• Notify physician of blood in stool

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)
GI, surgeon/OR, nutritionist,

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: abdominal cramping
Clinical Reasoning: Chance of abdominal pain from cramps and inflammation in the GI tract, GI bleed, characteristic of Crohn's disease

Goal/EO: Client will report a pain level of 3 or less during my time of care, client will appear comfortable as demonstrated by lack of grimacing or guarding during my time of care

Ongoing Assessments: PQRST of pain and numeric scale out of 10 q2hr and 20 minutes after interventions, assess VS q3 (specifically RR, HR, BP), assess what triggers the pain based on pain scale after meals, activities, and client's understanding of own triggers at start of shift and PRN,

NI: 1. Administer IV morphine as ordered for pain and PRN as ordered

2. Teach/encourage/assist client with position changes, such as flexed knees, to promote comfort q2 hr and prn

3. Provide sitz bath q shift after lunch and prn

4. Provide perineal hygiene and skin care q shift and prn for any incontinence episodes or needed assistance

5. Educate on relaxation techniques such as deep breathing and watching the care channel at beginning of shift and prn

6. Administer immunomodulators and/or corticosteroids as ordered to prevent inflammation during indicated time

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Problem # 2 Risk for deficient fluid volume
Clinical Reasoning: Due to Crohn's symptoms including diarrhea, vomiting, and malabsorption

Goal/EO: Client will remain hydrated as indicated by normal skin turgor, moist mucous membranes, stable vital signs (specifically HR no higher than100, and BP with a systolic no lower than 90), labs will show no significant losses of electrolytes.

Ongoing Assessments: monitor I/O q1hr, assess stool every bowel movement for consistency (solid or liquid), color (noting blood), or signs of malabsorption (excess fat, light color, soft, bulky, greasy appearance), assess VS q3 hr, assess skin turgor at beginning of shift, monitor labs (potassium, magnesium, sodium) when completed, assess bowel sounds at beginning of shift and prn

NI: 1. Provide a bland, high protein, high calorie, low residue diet as prescribed at meal times

2. Administer IV fluids and electrolytes as prescribed q shift

3. Encourage fluids and find out which fluids the client prefers to promote hydration at beginning of shift and during meals

4. Educate on which foods are likely to cause triggers (refined sugar, raw vegetables, foods high in fiber) at meal times and prior to discharge

5. Provide and promote bedrest q shift, after meals, and prn by dimming lights and creating a quiet environment

6. Administer antiemetics if ordered by provider in case of vomiting q shift during indicated time and prn

ATI Virtual Clinical Questions and Reflection:

1) Identify two members of the healthcare team collaborating in the care of this patient:
    a. **_RN Esther_**
    b. **__RN Bonnie___**
2) What were some steps the nursing team demonstrated that promoted patient safety?
    a. **__Esther validated name and DOB, checked that is was the correct bag, and inquired about any infusion reactions in the past_____**
    b. **___Esther stopped the transfusion at the first sign of any reaction_____**
    c. **__Provided education regarding NSAID use, etoh intake, stress reduction, and food triggers to avoid exacerbations_____**
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, because towards the end during the teaching, Esther inquired about the drinking in a non-judgmental way and tone, and helped to find alternatives for stress reduction. Additionally Esther was polite with other team members, for example with introducing herself to the GI specialist____**
    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 originally selected pain, which I think could be applicable as she complained of it multiple times but the only intervention used really was Morphine administration, whereas at the end of the simulation there was a lot of education regarding NSAID use, alcohol intake, foods to eat and what to avoid, identifying triggers, and stress reduction techniques, so ultimately I would say that Deficient Knowledge was the primary problem. The education was necessary especially because she had a stressful job, drank frequently, and kept requesting NSAIDs_____**

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:
      _____
      _____

      ii. If **no,** describe: ____**With acute pain I selected administer IV morphine, which was used and helpful. Additionally I included teaching relaxation techniques. Since I changed my priority problem to deficient knowledge, teaching has demonstrated to be the most necessary. In the simulation though, the relaxation techniques were used to teach stress avoidance rather than for pain treatment. For deficient fluid volume I selected to provide foods that were bland and high in protein to prevent diarrhea, this also ended up being a teaching moment for Esther and Ms. Lieberman to educate on triggers to avoid exacerbations rather than for the immediate treatment of diarrhea. I also included admin prescribed IV fluids, which was indicated for her risk of hypovolemic shock. Another intervention I included was to provide education on food triggers, which did occur at the end of the simulation and further validates the deficient knowledge nursing diagnosis.**
      ____

4) After completing the scenario, what is your patient at risk for developing?

   a. ____**Is at risk for developing additional exacerbations, which can lead to a GI bleed/hemorrhage, and even perforation**, **strictures, small intestine cancer, or colorectal cancer**_____

   b. Why? ___**Although she has received teaching, it can be difficult for clients to make immediate and drastic lifestyle changes, especially regarding jobs. She is unlikely to quit her stressful job, but will hopefully implement stress reduction techniques. Additionally, Crohn's is a lifelong diagnosis, there is no cure and it is characterized by exacerbations. Though she can try to make changes to minimize the severity of exacerbations, it is still likely they will occur and potentially lead to complications. _____**

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

_____ The way that is likely/possible many clients will not know non pharmacologic techniques, so it is important to take time to talk with them. I think it is important for nurses of my generation to recognize this disparity as the younger generation has more of a focus on mental health/going to therapy, personal life priority, the concept of self-care more so than older generations due to conversations generated online focused on decreasing stigma for mental health conditions, as well as an advocacy for improved work-life balance. This could lead to younger nurses thinking that non-pharmacological stress reduction techniques such as talking to a loved one, journaling, yoga, meditation, taking breaks, are "common knowledge," when for previous generations these were not always valued or talked about ideals. It is important to talk to your clients about these concepts as inflammation is caused by stress and can exacerbate several conditions. One cannot

assume that all clients will have the same understanding of coping strategies. It is also important to recognize that coping strategies are not one size fits all. What may work for one client may not for another

SOAP Note Based on Priority Problems

Priority Patient Problem #1: ___Deficient knowledge: due to NSAID use, ETOH intake, stressful environment, and dietary choices all leading to exacerbation of Crohn's resulting in a GI bleed_____

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):** **Presented to ED on 01/18 feeling "weak and dizzy" (CC), 36 y/o woman with Crohn's disease and ostomy bag, which had serosanguinous stool. Stool was sent to the lab. Pale, warm to touch. Voided 500 ml in ED. Transferred to med-surg unit where blood transfusion of two units PRBC is to be administered. Initial vitals T 37.0, HR 110, RR 26, BP 94/56, SpO2 95% on 2L, prior to admit to med-surg T 37.1, HR 114, RR 22, BP 100/60, SpO2 95%** **PMH: Crohn's with intermittent gastritis and ileostomy** **Allergies: Sulfa** **Current Medications: IV Infliximab q 8 weeks w last dose 7 wks ago, shares frequent OTC inflammatory med use.**
Objective: *This section is your clinical observations. Include pertinent vital signs, pertinent labs and diagnostics related to the priority problem.*	**Vital Signs:** **01/18 (with order going T, HR, RR, BP, SpO2)** **-q 15 min starting at 1630:** **-37.0, 110, 26, 94/56, 92%** **-37.0, 104, 22, 98/60, 95% 2L** **-37.1, 100, 20, 98/62, 94% 2L** **-37.0, 100, 22, 100/60,** **-37.0, 96, 20, 104/62, 94% 2L** **-37.0, 94, 22, 104/64** **01/19** **-q4 hr starting at 0800** **-37.0, 114, 22, 100/60, 95% 2L** **-37.1, 110, 26, 94/56, 96% 2L** **-37.0, 106, 24, 98/58, 95% 2L** **01/20** **-q4 hr starting at 0800** **-37.1, 76, 26, 94/56, 96%** **-37.0, 82, 24, 98/58, 97%** **-37.0, 84, 22, 98/60, 97%** **Labs: 01/18: Hgb 7g/dL, Hct 21%, (low due to blood loss), PT: 21s (not clotting, not stopping the bleed), INR 0.7, A- bloodtype** **01/19: Hgb 8, Hct 24%**

	01/21 Hgb 12g/dl, Hct 37% **Diagnostics: Endoscopy to ID/stop active GI bleed, determine location**
Assessment: *Focused assessments on your priority problem.*	**Came to med surg with pain of 6/10 in top of abdomen below the sternum, shared it gets worse with stress and she takes Ibuprofen for the pain at home. She came in looking pale, with labs that revealed low hemoglobin and hematocrit, as well as blood in stool. She had an exacerbation due to stress, ETOH use, NSAID use, and diet choices. Said exacerbation led to GI bleed resulting in a low BP and high HR, indicating a risk for hypovolemic shock. She had a reaction after a blood transfusion, resulting in a headache where she requested NSAIDs. Pain was 6/10 on admission to med surg, 8/10 after endoscopy, administered Morphine and pain was reduced to a 2/10, allowing enough comfort to talk about stressors and triggers. During this time she discussed how she drinks alcohol to cope with a stressful job. With Esther, she was able to identify alternative coping mechanisms, shares she does not have much of a support system (revealed also by the fact she drove herself to the ED), and does not exercise.**
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:** **Identify alternative coping mechanisms, which Ms. Lieberman chose taking walks. She will stop taking ibuprofen for pain. She will pack better lunches for lunch, with high protein and low fiber, and instead of having large meals will consume frequent small meals. She will continue her Infliximab infusions q 8 weeks. Potentially assess labs for any nutritional deficiencies or signs of bleeding. Annual colonoscopy or endoscopy may be beneficial.** **Teaching & Resources: Pamphlet about Crohn's, GI specialist, nutritionist, education regarding triggers (certain foods, NSAIDs, stress, alcohol, lack of exercise)**