

Student Name: Gracie Brewster
 Medical Diagnosis/Disease: Crohn's Disease

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

Anatomy and Physiology
Normal Structures
 Lg intestine begins @ ileocecal junction where the ileum enters the lg intestine and ends @ the anus. Lg intestine consists of the colon, rectum, and anal canal. The walls of the intestine have distinguished characteristics that differ from other tissue. The mucosa has a lg number of goblet cells, but no villi. The longitudinal muscle layer is limited to 3

Pathophysiology of Disease
 Chron's disease is an autoimmune disease beginning with intestinal inflammation and abscesses which progress to ulcers. The mucosal lesions can develop into deep longitudinal and transverse ulcers with mucosal edema. Known as a "cobblestoned" appearance of the bowel.

NCLEX IV (7): Reduction of Risk

Anticipated Diagnostics
Labs
 Stool culture
 CBC
 Electrolytes
 CRP
 ESR
Additional Diagnostics
 Barium tests
 Sm bowel series
 CT US
 MRI colonoscopy

bands, called teniae coli that are along the entire length of the colon. → General swelling of tissue in the intestinal tract, "patchy" →

Endoscopy

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors
 Diet
 Smoking
 Stress
 Genetics
 Oral contraceptives

Signs and Symptoms
Abd pain
 fever
 diarrhea
 malabsorption
 weight loss
 rectal bleeding

Possible Therapeutic Procedures
Non-surgical
 Drugs
 Diet
Surgical
 Bowel resection
 strictureplasty
 Colonoscopy

NCLEX IV (7): Reduction of Risk

Prevention of Complications
 (What are some potential complications associated with this disease process)
 Hemorrhage
 strictures
 fistula
 perforation
 abscesses
 CDI

NCLEX IV (6): Pharmacological and Parenteral Therapies

Anticipated Medication Management
 Aminosalicylates
 Antimicrobials
 corticosteroids
 immunosuppressants

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures
 Diet high calorie, high vitamin, protein, LOW residue. Lactose free
 Stress management
 Smoking cessation

NCLEX III (4): Psychosocial/Holistic Care Needs

What stressors might a patient with this diagnosis be experiencing?
 Emotional stress
 Burden of illness.
 Disturbed body image
 Embarrassment

Client/Family Education

List 3 potential teaching topics/areas
 • Diet modifications (↑protein, residue)
 • Smoking cessation
 • Stress management.

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 dietitian
 Nurse Lab
Gastroenterologist
 Counselor

Contraction of these bands exert pressure on the wall that create haustra (pouches), along the colon. Fat filled connective tissue is attached to the outer surface of the colon, the Lg intestine does NOT produce digestive enzymes, chemical digestion takes place in the sm intestine before reaching the Lg intestine. The jobs of the Lg intestine include water absorption, Lyte absorption, and elimination of fecal matter.

CROHNS can occur anywhere along the intestinal tract from the mouth to the anus, most commonly proximal colon. Known as "patchy" or "skip" lesions since it can be interspersed with healthy mucosa.

ACTIVE LEARNING TEMPLATE: *Medication*

STUDENT NAME Gracie Brewster

MEDICATION Morphine REVIEW MODULE CHAPTER _____

CATEGORY CLASS Opioid Analgesic

PURPOSE OF MEDICATION

Expected Pharmacological Action

binds w opioid receptors w/i CNS, inhibiting ascending pain pathways

Therapeutic Use

Alters pain perception/emotional response to pain. Management of: severe pain (inj), pain requiring around-the-clock long-term opioid tx (XR), acute pain & chronic pain (immediate release solution/tablets)

Complications

Side Effects: n/v (more freq in ambulatory pts than supine), sedation, dec BP, orthostatic hypotension, diaphoresis, facial flushing, constipation, dizziness, drowsiness, allergic rxn, dyspnea, confusion, palpitations, tremors, urinary retention, abd cramps, vision changes, dry mouth, HA, dec appetite, burning @ inj site, paralytic ileus

Adverse Effects: OD = resp depression, muscle flaccidity, cold/clammy skin, cyanosis, extreme drowsiness, seizures, stupor, coma, tolerance/dependence w repeated use

Medication Administration

- IV: always admin slowly
- *see CARDS sheet
- IM/SQ: admin slowly, rotate sites
- *pt w circulatory impairment = higher risk of OD r/t delayed absorption of repeated admin
- PO: capsules: XR, sustained-R, tablets: XR, give w/o regard to food
- Rectal suppository
- **ANTIDOTE = Naloxone

Contraindications/Precautions

Contraindications: hypersensitivity, acute/severe asthma, GI obstruction, paralytic ileus, concurrent use of MAOIs (or w/i 14 days), severe resp depression, head injury, inc ICP, severe hypotension

Precautions: biliary tract disease, pancreatitis, addison's disease, CVD, morbid obesity, adrenal insufficiency, elderly, hypothyroidism, urethral stricture, prostatic hyperplasia, debilitated pts, CNS depression, seizure disorders, hx drug abuse/misuse/seeking/dependency

Nursing Interventions

- assess onset, type, location, duration pain
- obtain VS prior to admin (IF RR=12/MIN OR LESS HOLD), 5-10 after IV, 15-30 after SQ/IM
- be alert for dec RR/BP
- effect is reduced if pain recurs before next dose
- assess potential abuse/misuse
- check for adequate voiding, bowel activity
- initiate C&DB
- record onset of pain relief

Interactions

Drug: ETOH, CNS depressants (may inc effects, resp depression, hypotension), MAOIs (may prod serotonin syndrome)
Herbal: w sedative properties - chamomile, kava kava, valerian (may inc CNS depression)
Labs: may inc serum amylase, lipase

Client Education

- change positions slowly to avoid orthostatic hypotension
- avoid tasks that req alertness/motor skills until response is est
- avoid ETOH/CNS depressants
- tolerance/dependency may occur w prolonged use of high doses
- report ineffective pain control, constipation, urinary retention

Evaluation of Medication Effectiveness

relief of pain w/o adverse effects, or build up of tolerance/dependency

ACTIVE LEARNING TEMPLATE: *Medication*

STUDENT NAME Gracie Brewster

MEDICATION Infliximab

REVIEW MODULE CHAPTER _____

CATEGORY CLASS Antirheumatic, Disease-Modifying, GI Immunosuppressant

PURPOSE OF MEDICATION

Expected Pharmacological Action

[Tumor Necrosis Factor (TNF) blocking agent, monoclonal antibody] binds to TNF inhibiting fx activity of TNF (induction of proinflammatory cytokines, enhanced leukocytic migration, activation of neutrophils/eosinophils)

Therapeutic Use

Prevents disease & allows diseased joints to heal. In combo w methotrexate reduces s/sx, inhibits progression, improves physical fx in RA. Tx psoriatic arthritis. Reduces s/sx & maintains remission crohn's. Reduces fistulas. Reduce s/sx ankylosing spondylitis. Reduces s/sx induces/maintains clinical remission & mucosal healing, elim corticosteroid use in mod-sev ulcerative colitis.

Complications

Side Effects: HA, n, fatigue, fever, fever/chills during infusion, pharyngitis, vomiting, pain, dizziness, bronchitis, rash, rhinitis, cough, pruritis, sinusitis, myalgia, back pain, hypo/hypertension, parasthesia, anxiety, depression, insomnia, diarrhea, UTI

Adverse Effects: serious infections, sepsis, potential for hypersensitivity rxn, lupus-like syndrome, severe hepatic rxn, HF

Medication Administration

IV: RA 3mg, Chron's 5mg, Ankylosing Spondylitis 5mg, Psoriatic Arth 5mg, Plaque Psoriasis 5mg, Ulcerative colitis 5mg
reconstitute each vial w 10mL sterile water for injection using 21g or smaller needle, swirl vial to dissolve (do not shake), allow sol to stand 5 min, inject into 250mL bag NS, gently mix, conc should range 0.4-4mg/mL, begin infusion w/i 3hrs after reconstitution

Admin IV over min 2 hrs using low protein-binding filter

Contraindications/Precautions

Contraindications: hypersensitivity, mod-severe HF (doses greater than 5mg/kg should be avoided), sensitivity to murine proteins, sepsis, serious active infection

Precautions: hematologic abnormalities, hx COPD, preexisting/recent onset CNS demyelinating disorders, seizures, mild HF, hx recurrent infections, conditions predisposing pt to infections (DM), pt exposed to TB, elderly, chronic hep B infection

Nursing Interventions

- Assess hydration status
- hx CNS disorders, COPD, HF
- screen for active infection/active or latent TB
- verify pt has not received live vaccines prior to initiation
- monitor UA, ESR, BP, s infection, daily bowel activity/stool consistency, assess abd pain
- RA: monitor CRP, assess for dec pain/ swollen joints, stiffness

Interactions

Drug: anakinra, anti-TNF agents, baricitnib, pimecrolimus, tacrolimus, tocilizumab (may inc adverse effects). May dec therapeutic effect of BCG, vaccines. May inc levels/adverse effects of belimumab, natalizumab, vaccines, vedolizumab
Herbal: echinacea (may dec effects)
Lab: may inc serum alkaline phosphatase, ALT, AST, bilirubin

Client Education

- report persistent fever, cough, abd pain, swelling of ankles/feet
- tx may depress immune system & reduce ability to fight infection
- report sx infection (body aches, chills, cough, fatigue, fever), avoid those with active infection
- do not receive live vaccines
- expect freq TB screening
- report travel plans to endemic areas

Evaluation of Medication Effectiveness

prevents disease, allows diseased joints to heal
RA: reduces s/sx, inhibits progression, improves physical fx
Crohn's: reduces s/sx & maintains remission
Ulcerative colitis: reduces s/sx, induces/maintains clinical remission & mucosal healing
tx of psoriatic arthritis, reduces fistulas, s/sx ankylosing spondylitis
**w/o causing severe adverse rxns

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, GI bleed, Pain score 8/10 on numeric scale facial grimacing.

Goal/EO: JL will have a 6/10 pain score or less on numeric scale during my time of care.

Ongoing Assessments: Assess part of pain q4h, Assess HR, BP, RR q4h, Assess pain goal q4h.

- NI:
1. Encourage deep breathing q4 hours and PRN during my time of care.
 2. Administer morphine IV as ordered during my shift.
 3. Administer infliximab IV as ordered during my shift.
 4. Apply cold or heat compresses during my time of care.
 5. Encourage diversional activities such as TV or reading during my time of care.
 6. Educate to report signs and symptoms of pain during my care.

Problem # 2 Imbalanced Nutrition: Less than body requirements.

Clinical Reasoning: ~~obesity~~ Crohn's disease, possible weight loss, inadequate absorption.

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

Ongoing Assessments: Assess nutrition status (intake) q shift, assess percentage of breakfast, lunch, and dinner, assess weight q shift, lab values q shift.

- NI:
1. Provide foods client enjoys to promote adequate intake during my time of care.
 2. Provide snacks between meals during my shift.
 3. Teach about nutritional needs during my time of care.
 4. Provide oral hygiene BID and PRN during my time of care.
 5. ~~Provide~~ Provide pleasant and comfortable environment during meals during my shift.
 6. Provide companionship during mealtimes during 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. Dr. March
 - b. Esther RN
- 2) What were some steps the nursing team demonstrated that promoted patient safety? (Name, DOB, Bag #)
Blood type
 - a. Thorough validation of pt identification during blood transfusion.
 - b. Immediately stopping transfusion when reaction occurred.
 - c. Education of medication safety (ibuprofen) and ETOH use.
- 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:
All interactions and conversations were professional and therapeutic toward JL. Esther was informative, nonjudgmental, used open ended questions when talking about lifestyle choices made by JL. She provided professional advice and feedback to promote health.
 - b. If **no**, describe:
Esther was encouraging, and kind throughout JL's stay on the unit.

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: Chronic Pain: Abdomen
 - b. If **no**, write what you now understand the priority nursing problem to be:

- 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 deep breathing q hour and PRN. Apply heating pad to painful area q 4 hours PRN pain.
 - ii. If **no**, describe:

- 4) After completing the scenario, what is your patient at risk for developing?
 - a. Bowel obstruction, fistula, abscess.
 - b. Why? Inflammation due to the Crohn's disease exacerbations. Swelling goes through walls of intestine throughout the bowel.

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

This scenario allowed me to experience nursing care centered around the GI system, which I haven't experienced much. It showed me to be observant and present when caring for JL. There were many examples of patient safety including the blood transfusion (Name, DOB, Bag#, blood type), along with important and excellent patient teaching by Esther. ETOH and diet modifications were important teaching points for JL, and Esther RN showed how to do this appropriately and in a therapeutic way. It emphasized the importance of listening to the patient's complaints and responding appropriately. Being present and fully immersed in your patient's care makes all the difference. JL seemed to feel heard and understood by Esther R.N., which is what all nurses should strive to do.