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Medical Diagnosis/Disease: Crohn's Disease

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

Anatomy and Physiology
Normal Structures
The purpose of the GI tract is to ingest and digest what is being eaten. Then to absorb needed nutrients and lastly to eliminate waste.
The tract extends over 30 ft (mouth to anus). It is made up of the mouth, esophagus, sm. Intestine, Lg. intestine, rectum and anus with associated organs (liver, pancreas, and gallbladder).
All together the tract is basically a hollow tube that has 4 layers. From inside to outside 1) mucosa lining, 2) submucosa connective tissue has glands, blood vessels and lymph nodes, 3) muscle, 4) serosa.
Has its own nervous system enteric (regulates motility and secretion along the GI tract and intrinsic nervous system.

Pathophysiology of Disease
Occurs anywhere from the mouth to the anus. Mostly affects the distal ileum and proximal colon with segments of normal bowel tissue between the diseased portions. The inflammation in Crohn's disease involves all the layers of the bowels walls.
Usually the ulcerations are deep, longitudinal, and penetrate between islands of inflamed edematous mucosa cause the classic appearance of cobblestones.
Microscopic leaks can allow the bowels content to enter the perineal cavity and cause abscesses or peritonitis since the inflammation goes through all layers.

NCLEX IV (7): Reduction of Risk

Anticipated Diagnostics
Labs
CBC - iron deficiency and blood loss
Erythrocyte sedimentation rate, C-reactive protein and WBC - reflect inflammation.
Stool culture
MRI/CT, small bowel series, double contrast barium enema

Additional Diagnostics
Colonoscopy - examine lg. intestine and distal ileum.
Capsule **endoscopy** - needed to diagnose Crohn's in the sm. Intestine

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors
- Family History
- Lifestyle factors such as smoking, diet, **stress**
- Use of **NSAIDs**, Abx, and oral contraceptives
- Ethnicity

Signs and Symptoms
- Diarrhea
- **Cramping abdominal pain**
- Weight loss
- **Rectal bleeding**
- Fatigue

NCLEX IV (7): Reduction of Risk

Possible Therapeutic Procedures
Non-surgical
Drug therapy, biologic therapy, nutritional therapy

Surgical
Resection of diseased segment with anastomosis of the remaining intestine.
Strictureplasty - Opens narrow areas obstructing the bowel.

Prevention of Complications
(What are some potential complications associated with this disease process)
Perineal Abscesses
Fistulas
Increase risk for small intestine cancer.
Malabsorption

NCLEX IV (6): Pharmacological and Psychosocial/Holistic

Parenteral Therapies
Anticipated Medication Management
Corticosteroids
Aminosalicylic acid
Anti-inflammatories
Analgesic meds

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures
- Educate on self-care
- Provide periods of rest
- **Actively listen to the pt. concerns and worries**

NCLEX III (4):

Care Needs
What stressors might a patient with this diagnosis be experiencing?
The restrictions it might have on the food they consume.
The fact that there is no cure.

The fact that you can feel better then it can flare up again.

Client/Family Education

List 3 potential teaching topics/areas

- The importance to rest and diet management
- Symptoms of recurrence of disease
- educate on the need to plan with periods of rest

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
- Dietitian
- Nutritionist

Potential Patient Problems (Nursing Diagnoses)

To Be Completed Before the Simulation

Anticipated Patient Problem: Acute pain

Clinical Reasoning: Pain is a "6 out of 10", HR: >100, RR: >20, Bp: > 120/80 and grasping abdomen while changing positions, facial grimacing when abdomen is palpated.

Goal 1: Pt. will verbalize a pain score of 4 out of 10 or less by the end of my care time.

Relevant Assessments	Multidisciplinary Team Intervention
(Prework) What assessments pertain to your patient's problem? Include timeframes.	(Prework) What will you do if your assessment is abnormal?
Assess the characteristics of pain q 4 hours	Administer morphine as ordered and evaluate effectiveness, q 4 hours
Assess the pts. Expectation of pain relief q 4 hours	Reposition pt. as needed to relieve pain q 2 hours
Assess for nonverbal signs of pain such as facial grimacing q 2 hours	Educate on splinting to help with abdominal pain while taking deep breathes
Assess factors the pt. has done previously to alleviate pain at beginning of care day	Provide uninterrupted periods of rest during my time of care
Assess pt. willingness to try different methods of pain relief when complaining of pain	Provide distractions between pain medication administration
Assess what makes the pain worse	Ambulate at least 30 ft at least 2 times during my time of care.

Goal 2: Pt. vital signs will HR: <100, RR: <20, BP will be within range for pt.

To Be Completed Before the Simulation

Anticipated Patient Problem: Impaired nutritional intake

Clinical Reasoning: Recent unexpected weight loss, decreased interest in food, pt. has inflamed sm. Intestine

Goal 1: Pt. will consume at least the protein available during each meal time.

Goal 2: Pt. will be able to tolerate ensure drinks PO if not able to eat food.

Relevant Assessments	Multidisciplinary Team Intervention
(Pework) What assessments pertain to your patient's problem? Include timeframes.	(Pework) What will you do if your assessment is abnormal?
Monitor the pt. intake at each mealtime	Provide supplemental nutrition between mealtimes.
Assess the pattern of bowel elimination when pt. has a bowel movement	Administer antidiarrheal as ordered q 4 hours
Assess pt. weight daily	Provide drinks and snacks with a low acidic level between meals
Assess for factors that influence the pt. ability to eat at beginning care day	Provide oral hygiene before breakfast
Assess the environment and position as to how the pt. is eating before q mealtimes.	Get pt. OOB q meal time
Assess the pt. food preference with their meal status at beginning of care day.	Provide preferred food that is within their diet q meal times.

To Be Completed During the Simulation:

Actual Patient Problem:

Clinical Reasoning: “6” out of 10 pain on the superior portion of abdomen is “very sore and crampy” HR: 114, RR: 22

Goal: pt. will have a 3 out of ten pain score by the end of by care day. Met: Unmet:

Goal: HR will be between 60-100 beats per minute and RR will be between 12-16 breaths per minute.

Met: Unmet:

Actual Patient Problem: Deficient fluid volume

Clinical Reasoning: “I feel lightheaded and dizzy, like I’m going to faint,” pale in color, BP of 94/56, stress makes it worse.

Goal: pt. BP will increase to around >90/ > 60 by end of my care time. Met: Unmet:

Goal: Pt. will regain normal color and be able to retain fluids by end of my care time.

Met: Unmet:

Additional Patient Problems:

Below will be your notes, add more lines as needed. **Relevant Assessments:** Indicate pertinent assessment findings.

Multidisciplinary Team Intervention: What interventions were done in response to your abnormal assessments?

Reassessment/Evaluation: What was your patient’s response to the intervention? I use the time that I completed or say the thing included because ATI really didn’t have any time frames to work with.

Patient Problem	Time	Relevant Assessments	Time	Multidisciplinary Team Intervention	Time	Reassessment/ Evaluation
Deficient fluid volume	0900	“I feel lightheaded and dizzy, like I’m going to faint.”	0905	Applied a cold compress and applies NC 2L	0910	Not complaining about being dizzy while preparing blood infusion
Deficient fluid volume	0900	BP: 94/56 and pale in color	0905	Lower head of the bed	0915	Regained normal tan color
Deficient fluid volume	0930	BP: 94/56	0935	Administer a blood transfusion	0940	BP is 100/60, reports of having chills
Deficient fluid volume	0940	Reports “I have a headache” face is flushed, Temp. 38.8 degrees Celsius	0941	Stop blood transfusion and educated one why transfusion was stopped	0945	Symptoms of a reaction to blood transfusion have subsided
Acute pain	0952	Previous 6 out of 10 pain, after endoscopic	0954	Administer 4mg or 0.5ml of morphine sulfate	0956	“I feel so much better, thank you for helping me”, pain

		procedure complins of abdominal tenderness, cramping and discomfort, now an "g"				"between a 2 and a 3"
Acute pain	Late entry (0959) 0900	States that stress made the pain worse	1001	Educate on alternative ways to help relax and decrease stress	1006	Wants to really find ways to decrease stress better

Pt. underwent a endoscopy

ATI Virtual Clinical Questions and Reflection:

- 1) Identify two members of the healthcare team collaborating in the care of this patient:
 - a. Gastroenterologist
 - b. **Assistive personnel Jamie**
- 2) What were some steps the nursing team demonstrated that promoted patient safety?
 - a. **The first being when the patient started to have a infusion reaction she stopped the pump immediately.**
 - b. **Asked about allergies or previous infusion reaction**
 - c. **Asking for name and date of birth to make sure the right pt. is receiving the care.**
- 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 nurses and medical team did utilize therapeutic communication. They listened and believed her when she mentioned her pain or how she was feeling unwell. The doctor explained everything that would happen in the endoscopic operation. Then the nurse performed active listening to help determine ways to decrease stress in how to improve her diet. When taking about ways to manage stress, the nurse sat down with her and had body language that showed she was her to answer questions and concerns without judging. Then also provide the patient with resources that highlight some ways to make a change so they can prevent ending up back in the hospital.
 - 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: Acute pain
 - b. If **no**, write what you now understand the priority nursing problem to be: **The second one was not impaired nutritional intake, but I choose deficient fluid volume. The reason being that she her BP was low around 94/56 and she began to become lightheaded and dizzy and pale which could be a sign of dehydration.**
- 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: When it came to assessing the pain and the quality, location and intensity of pain that is when I seen majority of my Acute pain anticipated assessment but not really any of my interventions.

ii. If no, describe: **_I did not see many of my anticipated nursing assessment and interventions because the scenario mainly focused on increasing the BP and mine neither of the problems were anything to do with BP except for the acute pain._**

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

a. __Risk for unstable blood pressure__

b. Why? _The reason being is that the whole time the BP would increase they drop a significant amount. Then when looking at her intake and output she would void more than she was taking in. Then if she doesn't avoid anti-inflammatories, she could cause another bleed and that can decrease the BP even more. _

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 participating in the care of this client is the importance of listening to the patient. The reason I say this is because if the nurse was to ignore the signs and symptoms during the blood infusion it could have caused a bigger issue if she would not turn the pump off. Then just listening can get you a lot of information on what could be the cause for why they are in the hospital. This impacted my nursing practice by showing how just listening to a patient's concerns and not brushing them off could help the individual more than anything. That it you have to take the patients word for what they say the their experiencing because we cannot feel the pain and feelings for them. Overall a learned that listening and just being their for your patients be beneficial in the long run. __

