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Medical Diagnosis/Disease: Crohn's Disease

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

Anatomy and Physiology
Normal Structures
Organs which make it up - mouth, esophagus, stomach, small intestine, large intestine, anus
Function - ingestion and digestion of food, absorption of nutrients, secretion of water and enzymes, excretion of waste products
Ingestion - taking in food
Digestion - breaking down molecules for absorption
Absorption - transfer from GI tract to liver circulation
Elimination - excreting waste products of digestion

Pathophysiology of Disease
Chronic inflammation of the GI tract for Crohn's it can involve any part of the GI tract from mouth to anus but is most commonly in the small intestine. Results from overactive, inappropriate, or sustained immune response to different triggers like environmental, bacterial. Which results in inflammation causing widespread tissue destruction. The inflammation spreads into the deeper layers of the bowel

NCLEX IV (7): Reduction of Risk

Anticipated Diagnostics
Labs
CBC
Erythrocyte sedimentation rate
Serum chemistries
Stool testing
Additional Diagnostics
Ultrasound
Capsule endoscopy
Radiologic study w/ barium contrast
endoscopy

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors
Age - below 30
Family history
Ethnicity
Cigarette smoking
NSAIDs use
Diet - refined sugars, total fats, PUFA, omega 6 fatty acids
Stress

Signs and Symptoms
Diarrhea
Fever
Fatigue
Abdominal pain & cramping
Bloody stools
Mouth sores
Reduced appetite & weight loss

NCLEX IV (7): Reduction of Risk

Possible Therapeutic Procedures
Non-surgical
Surgical
Strictureplasty
Small bowel resection
Subtotal colectomy
Proctocolectomy & ileostomy

Prevention of Complications
(What are some potential complications associated with this disease process)
Cancer
Perforation
C Diff infection
Perianal abscess & fistulas
Strictures

NCLEX IV (6): Pharmacological and Psychosocial/Holistic

Parenteral Therapies
Anticipated Medication Management
Amino salicylates
Antimicrobials
Biological therapies
Corticosteroids
Immunomodulators
Antidiarrheals
Pain meds

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures
Heat therapy
Nutrition therapy

NCLEX III (4):

Client/Family Education

NCLEX I (1): Safe and Effective Care Environment

Care Needs
What stressors might a patient with this diagnosis be experiencing?
Financial, being a burden on loved ones, possibility of complications

List 3 potential teaching topics/areas

- Proper diet
- Proper physical rest
- Importance of support groups

Multidisciplinary Team Involvement

(Which other disciplines do you expect to share in the care of this patient)
Gastroenterologist, Nutrition, Surgery, possibly pt or OT

Potential Patient Problems (Nursing Diagnoses)

To Be Completed Before the Simulation

Anticipated Patient Problem: Acute Pain

Clinical Reasoning: Crohn's Disease

Goal 1: Pain will be equal to or less than 3 by the end of my care.

| Relevant Assessments | Multidisciplinary Team Intervention |
|--|--|
| (Prewrite) What assessments pertain to your patient's problem? Include timeframes. | (Prewrite) What will you do if your assessment is abnormal? |
| Assess pain q4hrs & PRN | Administer Morphine as ordered |
| Auscultate bowel sounds q4hrs | Apply heat therapy q4hrs for 20 minutes |
| Assess for any food which makes the pain worse BID | Encourage avoidance of these irritant foods BID |
| Assess for changes in bowel habit continuously throughout the day | Encourage a low fiber diet BID |
| Assess heart rate q4hrs | Encourage deep breathing q2hrs & PRN |
| Assess for guarding behavior q4hrs & PRN | Encourage tv watching, reading a book something to get their mind off the pain continuously throughout the day |

Goal 2: Pt will be knowledgeable about other techniques to help with pain besides medication by the end of my care

To Be Completed Before the Simulation

Anticipated Patient Problem: Diarrhea

Clinical Reasoning: Crohn's Disease, loose liquid stools, abdominal pain & cramping

Goal 1: Patient passes soft formed stool no more than 4 times in 24 hrs.

| Relevant Assessments | Multidisciplinary Team Intervention |
|--|--|
| (Prewrite) What assessments pertain to your patient's problem? Include timeframes. | (Prewrite) What will you do if your assessment is abnormal? |
| Assess for abdominal cramping q4hrs & PRN | Encourage bed rest continuously throughout the day |
| Assess Perianal skin tissues q4hrs | Educate about the importance of perianal hygiene continuously throughout the day |
| Assess stool with every bowel movement throughout the day | Administer an antidiarrheal medication as ordered & PRN |
| Assess for factors that contribute to diarrhea at all times throughout the day | Educate on how the chronic use of NSAIDs can cause diarrhea BID |
| Assess intake and output continuously throughout the day | Encourage the intake of fluids q4hrs & PRN |
| Assess for skin turgor q4hrs | Educate on the importance of staying hydrating while having diarrhea BID |

Goal 2: Perianal tissues remain intact during my time of care

To Be Completed During the Simulation:

Actual Patient Problem: Acute Pain

Clinical Reasoning: Pain at 8/10, Crohn's disease, GI bleed

Goal: Pain is equal to or less than a 3 by the end of my care

Met: Unmet:

Goal: Pt understands other forms of pain management then medication by the end of my care

Met: Unmet:

Actual Patient Problem: Risk for Hypovolemia

Clinical Reasoning: Active fluid loss, GI bleed, Needed a blood transfusion, Bp - 94/56, HR 110

Goal:

Systolic Bp is greater than or equal to 90 mm Hg by the end of my care

Met: Unmet:

Goal: HR is between 60 and 100 beats per minute by the end of my care

Met: Unmet:

Additional Patient Problems:

Lack of knowledge

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?

| Patient Problem | Time | Relevant Assessments | Time | Multidisciplinary Team Intervention | Time | Reassessment/Evaluation |
|----------------------|-------|--|------|---|------|---|
| Acute pain | 11:11 | Abdominal cramping, sore 6/10 pain at the top of her stomach, stress makes it worse, started after she got up this morning | | Will ask about administration of ibuprofen | | Asked dr Morphine was ordered instead |
| Risk for hypovolemia | 11:17 | Feels, "lightheaded like she is going to faint and is dizzy", skin is pale "Feel like I'm going to throw up | | Placed 2L NC, and a cool cloth on her forehead, gave her a basin to throw up in | | Feels worse, Bp - 94/56, HR - 110, RR- 26, SPO2 - 94 |
| Risk for hypovolemia | | Feels worse, Bp - 94/56, HR - 110, RR- 26, SPO2 - 94 | | Lowered the head of bed and sent AP to retrieve blood | | 2 RNS doubled checked the blood before transfusing it and then started it |
| Risk for hypovolemia | | Feels cold, has body aches and feels worse, flushed face, headache, temp - | | Blood transfusion was stopped immediately | | Educated on why she was feeling worse due to the blood transfusion & is |

| | | | | | |
|-------------------|--|---|--|---|--|
| | | 38.8C, Hr - 96, RR - 22, BP - 103/60 | | | going to talk to the dr about her wanting ibuprofen |
| Acute Pain | | Feels horrible, cramping and tender in stomach pain is at a 8/10, started about an hr ago | | Administered 4mg morphine IV | Feels a lot better pain is at a 2-3/10, pt isn't sore and crampy anymore |
| Lack of knowledge | | Assessed her stress levels - drinks to help with the stress about 4-5 drinks a night, has no support system | | Taught about different ways to help with her stress - getting a pet, listening to music, journaling | Asked about handouts and they were given |
| Lack of knowledge | | Assessing her diet, had yogurt, granola bar, turkey sandwich, wine, frozen dinner of chicken and pasta in a cream sauce | | Taught about increasing her protein intake | Asked about handouts and they were given |
| Lack of knowledge | | Assess she takes ibuprofen frequently | | Taught about how the overuse of ibuprofen can increase GI issues | Stated she will limit her usage |

ATI Virtual Clinical Questions and Reflection:

- 1) Identify two members of the healthcare team collaborating in the care of this patient:
 - a. **ED Nurse**
 - b. **Rn Esther**
- 2) What were some steps the nursing team demonstrated that promoted patient safety?
 - a. **2 RNs double verified the blood before transfusing it**
 - b. **Stopping the blood transfusion after she started having symptoms**
 - c. **Communicating effectively with all team members especially during handoffs**
- 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, they made sure to take into all aspects while communicating. Actively listening, asking open ended questions.
 - 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:

- 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: Yes heat therapy could have helped with her abdominal cramping, same as deep breathing could have helped with taking her mind off of the pain for a little bit before she was able to receive medication.
 - ii. If **no**, describe:

- 4) After completing the scenario, what is your patient at risk for developing?
 - a. Risk for hypovolemia
 - b. Why? GI bleed, stress

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

The biggest thing is you never know what you are truly going to get. With the little information I had I thought she was going to have severe diarrhea and therefore hydration issues. But she was at risk for hypovolemia. Also, must stand up for your patients. Esther noticed she was having a reaction to the blood transfusion instead of ignoring it because it was ordered she stopped it immediately and then went to the doctor and informed them.