

Student Name: Lily Cook

Medical Diagnosis/Disease: Crohn's Disease

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

Anatomy and Physiology

Normal Structures

The GI system is also known as the digestive system. It is composed of the mouth, esophagus, stomach, small intestine, large intestine, rectum, and anus. The associated organs are the pancreas, gallbladder, and liver. The GI tract is a tube composed of 4 layers, such as the mucosal lining, submucosa connective tissue, muscle, and serosa. The three smooth muscle layers are the oblique, circular, and longitudinal. The GI tract has its own nervous system, the enteric nervous system (ENS). The ENS is composed of the Meissner plexus in the submucosa and the myenteric plexus between the muscle layers. The peritoneum covers almost all the abdominal organs. It is composed of the visceral and parietal layers. The two folds of the peritoneum are the mesentery and omentum. The main function of the GI system is to supply nutrients to body cells. This is accomplished through the process of ingestion, digestion, and absorption. Elimination is the process of excreting the waste products of digestion. The mouth consists of the lips and oral cavity. The oral cavity contains three salivary glands, the parotid, submaxillary, and sublingual glands. The esophagus is a hollow tube that receives food from the pharynx and moves it to the stomach. The stomach's functions are to store food, mix food with gastric secretions, and empty contents in small boluses into the small intestine. The primary functions of the small intestine are digestion and absorption of nutrients. The most important functions of the large intestine are water and electrolyte absorption.

Pathophysiology of Disease

Inflammatory bowel disease is a chronic inflammation of the GI tract characterized by periods of remission interspersed with periods of exacerbation. IBD is either classified as **Crohn's disease** or ulcerative colitis. Crohn's disease can involve any segment of the GI tract from the mouth to the anus. IBD is an autoimmune disease involving an immune reaction to a person's own intestinal tract. It mostly effects the distal ileum and proximal colon. Segments of normal bowel can occur within diseased portions. The inflammation involves all layers of the bowel wall. Typically, ulcerations are deep, longitudinal, and penetrate between islands of inflamed edematous mucosa. Strictures at the area of inflammation can cause obstruction. Microscopic leaks can occur allowing bowel contents into the peritoneal cavity. This can cause peritonitis or abscesses. Fistulas are common in active Crohn's disease.

NCLEX IV (7): Reduction of Risk

Anticipated Diagnostics

Labs

- **CBC (anemia, high WBC, h&h)**
- BMP
- Albumin and prealbumin d/t poor nutrition
- ESR

Additional Diagnostics

- **Stool cx (blood, pus, mucus)**
- Double contrast barium enema
- Small bowel series
- Transabdominal US
- CT
- MRI
- Colonoscopy
- Biopsy
- Capsule endoscopy
- **endoscopy**

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors

- Diet
- Smoking
- Stress
- NSAIDs
- Abx
- Oral contraceptives
- High intake of refined sugar or total fats
- genetics

Signs and Symptoms

- diarrhea
- cramping
- abdominal pain
- wt loss
- rectal bleeding
- fatigue
- fever

NCLEX IV (7): Reduction of Risk

Possible Therapeutic Procedures

Non-surgical

- nutrition therapy
- enema

Surgical

- bowel resection
- stricture plasty

Prevention of Complications

(What are some potential complications associated with this disease process)

- obstruction
- hemorrhage
- strictures
- perforation
- abscesses
- fistulas
- toxic megacolon
- CDI

NCLEX IV (6): Pharmacological and Psychosocial/Holistic

Parenteral Therapies

Anticipated Medication Management

- Aminosalicylates
- Antimicrobials
- Corticosteroids
- Immunomodulators
- Biologic therapies
- analgesics

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

- High calorie, vitamin, and protein diet
- Physical and emotional rest

NCLEX III (4):

Care Needs

What stressors might a patient with this diagnosis be experiencing?

- Anxiety
- Financial burden
- Depression
- Fear of dependence

Client/Family Education

List 3 potential teaching topics/areas

- It is important to stay hydrated and have nutritionally balanced meals to prevent complications.
- Adherence to medication regiment is crucial to see therapeutic effects.
- Avoid people with infections d/t immune suppression.

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)

- Dietician, nutritionist, OT, case management, GI specialist, surgeon

Potential Patient Problems (Nursing Diagnoses)

To Be Completed Before the Simulation

Anticipated Patient Problem: Dysfunctional gastrointestinal motility

Clinical Reasoning: Diarrhea, tenting skin, pre-albumin level low

Goal 1: Pt will eat at least 80% of meal tray during my time of 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 skin turgor q 8hr	Provide 100 mL of water q 2hr
Assess nutritional status q 8hr	Encourage eating meal tray TID
Assess for incontinence q 4hr	Change linens and provide bed bath BID
Assess social hx (smoking and alcohol usage) q 12hr	Educate on importance to decrease risk factors that may exacerbate Crohn's disease q 12hr
Assess alleviating factors q 8hr	Administer Infliximab IV 5mg/kg as prescribed
Assess aggravating factors q 8hr	Educate on importance of avoid triggers, such as alcohol, coffee, caffeinated tea, and spicy foods q 12hr

Goal 2: Pt will drink 350 mL of water by the end of my care.

To Be Completed Before the Simulation

Anticipated Patient Problem: Acute pain

Clinical Reasoning: grimacing, guarding, pain score of 8/10, cc of abdominal pain

Goal 1: Pain level will be no greater than a 2/10 during my time of 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 goal q 12hr	Educate on the importance of pain management q 12hr
Assess current pain level q 2hr	Administer morphine IV 2.5 mg q 3hr
Assess HR and BP q 4hr	Encourage guided imagery and meditation q 4hr
Assess abdomen for distention q 6hr	Apply heat/ice therapy q 4hr
Assess pain characteristics (dull, sharp, aching, constant) q 4hr	Reposition q 2hr
Assess for expectations of pain relief q 12hr	Encourage feedback and realistic outcomes q 12hr

Goal 2: HR will be less than 100 bpm during my time of care.

To Be Completed During the Simulation:

Actual Patient Problem: Dysfunctional Gastrointestinal Motility

Clinical Reasoning: blood in stool is positive, RBC 2.7million/mm³, Hgb 7 g/dL, Hct 21%, hyperactive bowel sounds, nausea
 Goal: Pt will drink 300mL of water during my time of care. Met: Unmet:

Goal: Pt will verbalize the importance of adding more protein to a daily diet. Met: Unmet:

Actual Patient Problem: Acute Pain

Clinical Reasoning: Pain score of 6/10, grimacing, guarding, tenderness in the abdomen

Goal: Pain level will be no greater than a 2/10 by the end of my care. Met: Unmet:

Goal: HR will be below 100 bpm during my time of care. 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?

Patient Problem	Time	Relevant Assessments	Time	Multidisciplinary Team Intervention	Time	Reassessment/Evaluation
Dysfunctional GI motility	1500	Stool cx positive for blood, hyperactive bowel sounds	1/19 0800	Endoscopy performed	0900	Complains of slight abdominal pain, guarding
Acute Pain	1505	Pain level of 6/10	1600	Administered morphine sulfate 4 mg IV bolus	1625	Pain score of 2/10
Dysfunctional GI motility	1610	Lightheaded, dizziness, pale skin color	1615	Lowered HOB and put on 2 L NC	1620	BP 94/56, HR 110, RR 26, O2 94% on 2 L NC
Dysfunctional GI motility	1700	Complains of nausea	1715	Applied cool cloth to forehead	1730	No emesis present
Dysfunctional GI motility	1800	RBC 2.7million/mm ³ , Hgb 7 g/dL, Hct 21%	1830	Administered a unit of packed RBCs	0600 on 1/19	RBC 3.0 million/mm ³ , Hgb 8 g/dL, Hct 24%. Experienced chills and body aches
Dysfunctional GI motility	1850	Chills, temp of 38.8 degrees Celsius, headache, restless, flushed face	1852	Stopped blood transfusion, administered 0.9% sodium chloride at 150mL/hr	1915	No chills present, temp of 37 degrees Celsius
Dysfunctional GI motility	0900 on	Drinks 5 glasses of alcohol, stress	0915	Educated on stress management	0930	Verbalized understanding of

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. **The nurse double checked the correct blood on the correct pt with the charge nurse to verify.**
 - b. **RN stopped the blood transfusion when adverse effects started (fever, chills, body aches).**
 - c. **RN educated on importance of social groups and distraction techniques to reduce stress.**
- 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 believe that the nurse and medical team utilized therapeutic communication techniques when interacting with the pt due to sitting with the client when educating on importance of stress management, allowing the client to express their feelings in a non-judgmental environment, and listening to the client about their subjective feelings and putting that into consideration when planning the nursing care.
 - 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: Dysfunctional Gastrointestinal motility
 - 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? Yes
 - a. Were there interventions you included that *were not* used in the scenario that could help this patient?
 - i. If **yes**, describe: Some interventions that could have been used in this simulation are encouraging the pt to eat meals when they appear at the bedside and providing water to prevent further dehydration.

ii. If **no**, describe:

- 4) After completing the scenario, what is your patient at risk for developing?
- The patient is at risk for developing malnutrition, perforation, and reoccurring bleeding.

 - Why? The patient is at risk for malnutrition due to gastrointestinal upset and discomfort that they may have with Crohn's disease, preventing essential protein to be ingested. Perforation is a complication that they may see due to the endoscopy that they had the morning prior to discharge. Reoccurring bleeding may occur due to stress management not being successful or chronic NSAID use due to pain. _____
- 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 patient was that checking labs and assessing for any side effects that may occur is crucial in the nursing process. The blood transfusion was a critical part for the client's overall health and if the nurse did not use her judgement to stop the transfusion more adverse effects could have happened, leading to further complications. Even though the client only got one unit of packed RBCs it still made an impact on her labs, allowing them to trend in the right direction. Monitoring the labs is crucial to see how bad the patient's bleeding is and what to expect next for your plan of care. This simulation made an impact on my nursing practice by showing me ways of how to communicate effectively through education. Education is an essential part of the nursing process so that complications and future visits can be prevented. The nurse sat down with the client and took the time to allow the client to express their feelings and used therapeutic techniques to enhance the conversation. This overall experience has been beneficial for me because of all the eye-opening communication skills among the interprofessional team. _____