Student Name: Riley Taylor
Medical Diagnosis/Disease: Crohn's Disease

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

NCLEX IV *(7)*: **Reduction of Risk**

Anatomy and Physiology

Normal Structures

GI tract works to digest and absorb nutrients from the food. It breaks down and absorbs nutrients and turns the leftover waste into stool.

Salivary glands release saliva to moisten food when chewing and breaking it down. The teeth work to mechanically break down the food in your mouth. Then the food gets swallowed and goes to the esophagus which is a tube that allows food to travel to the stomach. The stomach has acid and enzymes that break down food chemically, and then releases food to the small intestine to absorb more nutrients. More than 90 percent of nutrients and water is absorbed here. It is made up of the duodenum, jejunum, and ileum, all about 22 feet long. The large intestine absorbs the left-over water and salt and then turns the food waste into stool. This is the last step. It is made up of the cecum, ascending colon, transverse colon, descending colon, and the sigmoid colon. It is about 6 feet long.

The rectum triggers the need for your body to release the stool and the anus is the canal that contains sphincters that allow the stool to leave the body. There is a outer sphincter and an inner sphincter.

The biliary tract makes and releases fluids that help the digestion process. It includes the bile ducts, gallbladder, liver, and pancreas. The bile and other enzymes are delivered to the small intestine to help break down the food.

Pathophysiology of Disease

IBD is chronic inflammation of the GI tract with periods of remission interspersed with periods of exacerbation. Can be classified as UC or Crohn's disease.

Chrohn's disease can involve any segment of the GI tract from the mouth to the anus, but UC is only the colon.

Often begins in the teen years or early adulthood. IBD will have a second peak in the sixth decade.

Do not know the exact cause, it is an autoimmune disease that involves the immune reaction to a person's own intestinal tract. It is thought to be a reaction from overactive immune response to environmental or bacterial triggers within a genetically susceptible person. The inflammation will cause widespread tissue destruction. Lifestyle factors like diet, smoking, and stress increase risk of susceptibility..

Certain genetic mutations are associated with Chron's disease.

Crohn's most often affects the distal ileum and proximal colon. Skip lesions can be present, inflammation involves all layers of the bowel wall. The ulcerations typically are deep, longitudinal, and penetrates between islands of inflamed edematous mucosa, which causes a cobblestone appearance. Strictures at the areas can cause bowel obstructions. And microscopic leaks can allow the bowel contents to enter the peritoneal cavity abscesses or peritonitis. Fistulas are common.

Ileocolitis: Inflammation in your lower small intestine and part of your large intestine. Ileocolitis is the most common type of Crohn's disease.

Colitis: Inflammation in the lining of your large intestine.

Ileitis: Swelling and inflammation in your small intestine (ileum).

Gastroduodenal: Inflammation and

Anticipated Diagnostics

Labs

CBC

BMP

CRP

Additional Diagnostics

Stool culture

Transabdominal ultrasound

CT

MRI

Colonoscopy

HCP

Biopsy

Capsule endoscopy

H and P

	irritation that affects your stomach and the top of your small intestine (the duodenum). Jejunitis: Patchy areas of inflammation in the upper half of your small intestine (the jejunum). Perianal disease: A portion of people have inflammation around the anus, which can cause fistulas and abscesses.	

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

NCLEX IV *(7)*: **Reduction of Risk**

Contributing Risk Factors	Signs and Symptoms	Possible Therapeutic Procedures	Prevention of Complications
Smoking Genetics Age Location of Living Stress Appendectomy Alcohol use	Pain Diarrhea Abdominal cramping weight loss Rectal bleeding Fever Fatigue Acute exacerbations Mouth ulcers Loss of appetite	Non-surgical Proper diet Surgical -Resection of the diseased segments -Strictureplasty	(What are some potential complications associated with this disease process) Hemorrhage Small intestinal cancer Multiple sclerosis Osteoporosis Liver disease Toxic megacolon Short bowel syndrome Malnutrition Anal fissures

NCLEX IV *(6)*: **Pharmacological and Psychosocial/Holistic Parenteral Therapies**

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

NCLEX III *(4)*: **Care Needs**

Anticipated Medication Management	Non-Pharmacologic Care Measures	What stressors might a patient with this diagnosis be experiencing?
Amino salicylates Antimicrobials Corticosteroids Immunomodulators Biologic therapies Pain medication	physical rest counseling or therapy groups High calorie, high vitamin, and high protein diets	Stress Family/friends Financial Pain Impaired bowel elimination

Client/Family Education

NCLEX I *(1)*: **Safe and Effective Care Environment**

List 3 potential teaching topics/areas	Multidisciplinary Team Involvement (Which other disciplines do you expect to share in the care of this patient)
• Ensure client gets plenty of rest •Proper use of medications •Changing diet to high calorie, high vitamin, and high protein	Radiology Provider Nurse Family/friends Gastro Surgeon Nutritionist

Potential Patient Problems (Nursing Diagnoses)

To Be Completed Before the Simulation

Anticipated Patient Problem: Acute Abdominal Pain

Clinical Reasoning: due to the intestinal inflammation and its process

Goal 1: Client will not report pain to be higher than a 4/10 during my care

Relevant Assessments (Prework) What assessments pertain to your patient's problem? Include timeframes.	**Multidisciplinary Team Intervention** (Prework) What will you do if your assessment is abnormal?
Assess pain score q four hours or PRN using the numeric pain scale (0-10)	Administer morphine sulfate 4mg IV bolus q 2 hrs PRN pain
Assess any characteristics of pain and discomfort PRN (Moaning, guarding, crying..)	Educate the need to alert want for pain medications when the pain is starting. Do not wait until pain is unbearable. Q shift or PRN
Inspect the abdomen for any distention, redness, inflammation q shift	Provide rest periods with dimmed lights, quiet environment, etc. PRN
Palpate the abdomen for any tenderness q shift	Position client in a comfortable position for them that helps to reduce pain PRN
Auscultate abdomen for any bowel sounds q shift	Assist client to the bathroom or bedside commode to ensure the ability to use the bathroom PRN
Assess vital signs q 4 hours or per unit routine (RR, HR, BP, T, Spo2)	Monitor vitals signs for any significant changes that may indicate pain q 4 hours or PRN (high HR, high RR, high BP..)

Goal 2: Client will report pain onset in a timely manner and will not wait until pain is unbearable to receive medication during my care

To Be Completed Before the Simulation

Anticipated Patient Problem: Dehydration

Clinical Reasoning: active loss of GI fluids occurring with diarrhea or the presence of a GI fistula

Goal 1: Client will have a fluid intake of at least 80ml/hr during my care

Relevant Assessments (Prework) What assessments pertain to your patient's problem? Include timeframes.	**Multidisciplinary Team Intervention** (Prework) What will you do if your assessment is abnormal?
Assess strict intake and output PRN	Maintain any continuous IV Fluids that may be running throughout the shift and record the intake
Assess the frequency and consistency of stool each time the client has a bowel movement	Administer antidiarrheal medications as ordered PRN
Assess tolerance of the ordered diet or ordered NPO PRN	Maintain the correct diet that is ordered or remain NPO all throughout the shift
Assess blood pressure q 4 hours or per unit routine	Measure weight daily to track any significant changes that may indicate fluid loss
Assess skin turgor q shift	Encourage fluid intake to at least 80ml/hr
Inspect and assess mucous membranes q shift	Provide or assist with mouth care and apply lip balm to dry and cracked lips at least once per shift

Goal 2: Continuous IV fluids will be maintained during my care.

To Be Completed During the Simulation:

Actual Patient Problem: Inadequate Fluid Volume/ Anemia

Clinical Reasoning: GI bleed, Crohn's disease
Hg-7.0, Hct 21%

Goal: Client will receive a blood transfusion during my care
Met: ☐ Unmet:☐

Goal: Clients Hg and Hct will improve to a normal/stable range
Met: ☐ Unmet:☐

Actual Patient Problem: Acute abdominal Pain

Clinical Reasoning: Inflammation of GI, Crohn's disease

Goal: Client will not report pain to be higher than a 4/10 during my care
Met: ☐ Unmet:☐

Goal: Client will have rest periods to help relax and relieve pain during my care (quiet, calm environment with dimmed lighting..)
Met: ☐ Unmet:☐

Additional Patient Problems: Risk for deficient knowledge of disease

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
Inadequate Fluid Volume/ Anemia	1140	"I feel like I'm going to faint"	1141	Immediately assessed vital signs and applied supplemental O2 at 2 L NC	1142	Client is resting with a calmer presentation. O2 is in normal range of 95-100 percent
Inadequate Fluid Volume/ Anemia	1142	Blood transfusion ordered	1142	Ensured blood was correct according to order with another RN and started the infusion	1145	Infusion running at right rate along with Saline solution
Inadequate Fluid Volume/ Anemia	1149	"I feel so cold", Face is flushed and reports headache. Temp is 101.8 F, RR is 22	1153	Stopped Transfusion immediately and called provider. Provider ordered PRN tylenol	1200	Client returned to normal state, nausea and dizziness has improved.
Acute Pain	1205	Pain and abdominal cramping reported at 8/10, abdomen tender to touch	1206	Administered morphine sulfate 4mg IV bolus q 2 hrs PRN pain	1211	"I feel so much better" Pain reported a 2 or 3 out of 10
Risk for	1215	Discharge order is in	1220	Educated simple	1222	"I will definitely

deficient knowledge of disease		place from providers		lifestyle changes to help with Chron's disease as well as to avoid Tylenol and provided handouts		avoid Tylenol now that I know"

ATI Virtual Clinical Questions and Reflection:

1) Identify two members of the healthcare team collaborating in the care of this patient:
    a. **_Gastroenterologist __**
    b. **_Labratory___**
2) What were three steps the nursing team demonstrated that promoted patient safety?
    a. **_Ensured all bands were on, ID, Cross match, etc._____**
    b. **_Verified the blood with another RN before administering_____**
    c. **_____Verified name and date of birth each time before administering anything_____**
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: __The nurse did very well communicating with the patient as well as the provider when there needed to be an immediate follow up. The nurse also provided lots of education on what to do and what not to do during discharge. _____
    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) What was the priority nursing problem? Provide rationale.

_____My priority nursing problem was originally acute abdominal pain because many people experience pain due to inflammation within Cron's disease. _____

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: __The nurse assessed vital signs multiple times, as well as providing rest, administering morphine, palpating the abdomen, auscultating the bowel sounds, and assessing pain score. _____
        ii. If **no**, describe:
        _____
        _____
4) After completing the scenario, what is your patient at risk for developing?
    a. _The client can be at risk for malnutrition _____
    b. Why? __ due to the inflammation and the constant emptying and irritation of the GI tract_____

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

_____The biggest take away I had was learning about the blood transfusion process. I did not know everything about the blood transfusion so learning about that was interesting. It was interesting to see what to do if there are adverse effects during the blood transfusion, which in this case there was. We stopped the transfusion and called the provider asap. I am glad that I now know more on blood transfusions and the process of them.