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Medical Diagnosis/Disease: Crohn's Disease

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

Anatomy and Physiology  
Normal Structures

Normal Structures of GI System:

- Sublingual and Submandibular salivary gland
- Tongue
- Pharynx
- Larynx
- Trachea
- Esophagus
- Stomach
- Spleen
- Liver
- Gallbladder
- Transverse Colon
- Ascending Colon
- Descending Colon
- Small Intestine
- Cecum
- Sigmoid Colon
- Anal Canal
- Rectum

**Mouth-** Consists of the lips and oral cavity, where the lips help form speech and the oral cavity is lined with teeth. Teeth help to break down food into bolus.

**Pharynx-** Divided into three sections, nasopharynx, oropharynx, and laryngeal pharynx. When food gets swallowed and travels down to the laryngeal pharynx, the epiglottis shuts the pathway to the larynx to prevent food from entering the lungs.

**Esophagus-** A hollow muscular tube that moves food from the pharynx to the stomach.

**Stomach-** A J shaped organ that always contains gastric fluid and mucus. Here is where food gets broken up by the gastric fluid, and is sent to the small intestine. The pylorus sphincter connects the opening from the esophagus, and the exit to the small intestine.

**Small Intestine-** In the small intestine, nutrients from the broken down food get absorbed through the walls, and is further digested. The small intestine is about 23 ft in length. Vili and Microvilli help aid in digestion and movement of the food to the large intestine.

**Large Intestine/Colon-** The large intestine is about 5-6 ft long and helps aid in water and electrolyte absorption, as well as forming feces to then be excreted. When absorption occurs, the colon secretes mucus to aid in the process of feces formation. Microorganisms help breakdown certain proteins into amino acids, which then gets excreted through urea by the kidneys. The movement throughout the colon is usually slow.

**Anal Cavity/Rectum-** Feces, which is 75% water and unabsorbable or indigestible

Pathophysiology of Disease

Crohn's disease is a type of inflammatory bowel disease where inflammation occurs deep anywhere in the GI tract due to a persons overreactive immune system

Most common places in GI Tract are distal ileum and proximal colon

Certain exposures during childhood can make an increased risk, such as antibiotic use and having a tonsillectomy or appendectomy

Family genetics, ethnic groups, and geography play a major role in development of Crohn's (Jewish Origin)

Genetics such as NOD2, ATG16L1, IL23R, and IRGM all play a role in the bacteria that is in the GI tract and the immune system. In Crohn's disease, there is a defect in these genes

The ulcers that occur from Crohn's are deep, long ways, and penetrate in between swollen mucosa in the GI tract. This creates a cobblestone look. Due to the inflammation, this can cause strictures which can lead to bowel obstructions. In these strictures, bowel movement passing through the colon can seep in and create a serious infection, such as peritonitis.

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

Anticipated Diagnostics  
Labs

CBC (WBCs, H&H)

BMP (Sodium, Potassium, Chloride, Bicarb, Magnesium)

C-Reactive Protein

Additional Diagnostics

Double Contract Barium Enema

CT

MRI

Colonoscopy

Stool Sample

Biopsy

Capsule Endoscopy

nutrients, is then excreted out of the body by the rectum

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

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

<u>Contributing Risk Factors</u>
Family Hx
Gene Mutations
Age (20-30 years)
Early childhood medical hx
Area of living (Urban)
Ethnicity (Jewish)
Smoking
Use of NSAIDs, Abx
Unhealthy diet
Stress

<u>Signs and Symptoms</u>
*Unpredictable flare-ups
<u>Diarrhea</u>
Abdominal Pain
<u>Weight Loss</u>
Fever
Fatigue
GI Bleeding
Bloating

<u>Possible Therapeutic Procedures</u>
<u>Non-surgical Drug Therapy</u> (Immunomodulators, steroids, antimicrobials)
<u>Nutritional Therapy</u> (Liquid enteral feedings, low fat diet)
<u>Surgical</u>
<u>Colectomy</u>
<u>Colon Resection and Reanastomosis</u> (reconnects the colon after removing the diseased portion)
<u>Strictureplasty</u> (opens narrowing of colon)

<u>Prevention of Complications</u>
(What are some potential complications associated with this disease process)
<u>Peritonitis</u>
<u>Bowel Obstruction</u>
<u>Ulcers</u>
<u>Malnutrition</u>
<u>Anemia</u>

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

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

**NCLEX III (4):**

**Parenteral Therapies**

<u>Anticipated Medication Management</u>
Aminoacylates
Antimicrobials

**Non-Pharmacologic Care Measures**

Diet modifications
Stress management

**Care Needs**

<u>What stressors might a patient with this diagnosis be experiencing?</u>
Body Image
Financial (due to medications)

Corticosteroids  
Immunomodulators  
Biologic Therapies  
Enteral Nutrition  
Supplements (potassium, iron)  
IV Fluids  
Analgesics

Stoppage of smoking  
8 or more hours of sleep  
Hydration  
Exercise

Impact on ADLs  
Anxiety due to symptoms  
Progression of disease (surgeries)

**Client/Family Education**

List 3 potential teaching topics/areas

- **Diet modifications**
- **Chronic use of NSAIDs can make symptoms worse**
- Explanation of complications and when to call provider

**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)

**GI Doctor or Surgeon**

Nutritionist  
PT/OT  
Case Management  
Pharmacy

**Potential Patient Problems (Nursing Diagnoses)**

**To Be Completed Before the Simulation**

Anticipated Patient Problem: Impaired Gastrointestinal Motility

Clinical Reasoning: Abdominal cramping, inflammation shown in GI tract on MRI, frequent diarrhea bowel movements, CRP level above 1, poor nutritional status

Goal 1: Stools will be formed by the end of my care

Goal 2: Abdominal pain will remain below a 5/10 during my time of care

<b>Relevant Assessments</b>	<b>Multidisciplinary Team Intervention</b>
(Prewrite) What assessments pertain to your patient's problem? Include timeframes.	(Prewrite) What will you do if your assessment is abnormal?
Assess color, consistency, amount of bowel movements as they happen	Obtain a stool sample once
Assess CRP once daily	Administer a corticosteroid as ordered
Assess bowel sounds q4 hours	Educate on proper hydration to replenish lost liquids through diarrhea and maintain gastric motility once during day
Assess abdominal distention q4 hours	Place an NG tube for abdominal decompression once
Assess nutritional status at meals	Educate on complications of malnutrition, and possibly do feeds with NG tube if indicated once
Assess at home maintenance of Crohn's disease once daily	Educate on keeping stress levels low and maintaining a low-fat diet to prevent flareups

**To Be Completed Before the Simulation**

Anticipated Patient Problem: Acute Pain in Abdomen

Clinical Reasoning: Pain greater than a 5/10, pain occurs constantly throughout day, high blood pressure, guarding of abdomen, grimacing, sharp pain in abdomen

Goal 1: Pain will remain below a 5/10 during my time of care

Goal 2: Will state two non-pharmacological ways to deal with pain by the end of my care

<b>Relevant Assessments</b>	<b>Multidisciplinary Team Intervention</b>
(Prewrite) What assessments pertain to your patient's problem? Include timeframes.	(Prewrite) What will you do if your assessment is abnormal?
Assess pain level on a scale from 1-10 q4 hours	Administer Morphine as ordered
Assess blood pressure q4 hours	Educate on deep breathing techniques to help create relaxation once
Assess knowledge of non-pharmacologic pain management once daily	Educate on putting a heating pad over abdomen or keeping HOB elevated to help reduce pain without medications once
Assess duration and feeling of pain q4 hours	Educate on doing stretching exercises to help pain management once
Assess recall of frequency of rest periods once	Educate the importance of rest periods to help pain management once
Assess what makes pain worse once	Educate on keeping a low fat diet while at home to keep Chron's managed

**To Be Completed During the Simulation:**

**Actual Patient Problem:** Inadequate Fluid Volume

**Clinical Reasoning:** Hemoglobin of 7, Hematocrit of 21, Active GI Bleed, Packed RBCs administered, Complaints of fatigue, headache Goal: Hemoglobin will reach normal limits of 12-14 by the end of my care Met:  Unmet:

Goal: Will have no complaints of fatigue by the end of my care Met:  Unmet:

**Actual Patient Problem:** Deficient Knowledge

**Clinical Reasoning:** Drank up to 5 alcoholic drinks daily, Frequent use of NSAIDs, Unbalanced diet, Unmanaged stress Goal: Will state two changes that can be made to diet by end of care Met:  Unmet:

Goal: Will two healthy ways to deal with stress by the end of my care Met:  Unmet:

Additional Patient Problems: Risk for Allergic Reaction, Acute Pain

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		Hyperactive bowel sounds, BP of 94/56, Feelings of dizziness, SPO2 of 92%		Applied oxygen via nasal cannula at 2L minute, Lowered HOB		Hypovolemic shock did not occur
Inadequate Fluid Volume		Hemoglobin of 7		Administered packed RBCs		"I don't feel good, I have a headache and feel restless", oral temp of 101.8
Risk for Allergic Reaction		Oral Temp of 101.8, Flushed face, Pain of 8/10		Stopped RBC infusion, called Primary doctor for antipyretic medication		Doctor stated they will put in an order of Morphine
Acute Pain		4 mL of morphine ordered		Administered Morphine IV push at 1 mL/minute		Pain stated at 2/10
Inadequate Fluid Volume		Endoscopy following day ordered for GI Bleed		Doctor at bedside educated on procedure and what to expect		"Thank you, I understand now"
Deficient Knowledge		Occupation of a Stockbroker, "At home I drink every		Educated on other stress management		"I can take walks in the park during my lunch break"

		night because no other way to deal with stress interests me”		ways such as exercise		
Deficient Knowledge		“I take NSAIDs frequently to help with pain due to my Chron’s”		Educated on the use of NSAIDs frequently causes GI distress and cause another flareup		“I will stop taking as much NSAIDs at home”
Deficient Knowledge		“I choose quick meals to eat while at work”		Educated on adding more protein in diet to help maintain a healthy GI tract and healthy foods to substitute for nonhealthy foods		“I will add more protein in my diet” “I will make lunches to bring to work or make healthy food choices in the cafeteria”

## ATI Virtual Clinical Questions and Reflection:

- 1) Identify two members of the healthcare team collaborating in the care of this patient:
  - a. Esther, Primary RN
  - b. Dr. March, GI Doctor
- 2) What were three steps the nursing team demonstrated that promoted patient safety?
  - a. **The ER Nurse Gave a detailed report to Esther when the patient was switching units**
  - b. **Confirmed Name and DOB and did a two-person verification when administering the packed RBCs**
  - c. **Esther gave a detailed SBAR to the provider when the patient had an allergic reaction to the blood transfusion**
- 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, I do think that the medical team utilized therapeutic communication during the patients stay. When the healthcare members interacted with each other about the patient, they ensured to give detailed report. The GI doctor also ensured to explain the Endoscopy procedure to the patient and what to expect. The nurse also answered any questions the patient had and gave education using therapeutic communication.
  - 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.

The priority nursing problem was Inadequate Fluid Volume. This was because she had a GI Bleed and was very symptomatic.

- 3) Review your Patient Problem Form: Did you see many of your anticipated nursing assessments and interventions used?

Yes, even though the problems I picked were not the pertinent ones, a lot of the assessments and interventions were still relevant.

- a. Were there interventions you included that *were not* used in the scenario that could help this patient?
  - i. If **yes**, describe:
  - ii. I think that there could have been more non-pharmacological pain management ways used. This could have been providing a warm heating pad for her stomach or promoting relaxation moments such as turning the lights off or deep breathing. These relation

moments could have also helped her because she could use them at home as ways to destress.

**iii.** If **no**, describe:

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- 4) After completing the scenario, what is your patient at risk for developing? Another Crohn's Flareup
- a. Why? There are a lot of risk factors in her daily life, such as poorly managed stress, persistent use of NSAIDs, and daily alcohol consumption. The nurse educated the patient on these risk factors and better alternatives to promote a healthy lifestyle. The patient was agreeable to these changes, but if she goes back to her old routine of drinking and taking NSAIDs daily because the change is too hard, she will have another flareup of Crohn's and another hospital visit.
- 5) What was your biggest "take-away" from participating in the care of this patient? How did this impact your nursing practice?

The biggest takeaway from participating in the care of this patient was that problems can arise no matter the patient's background. The patient in this scenario was independent and stated having no problems with blood transfusions before. During this transfusion, the patient started to have an allergic reaction, due to a high temperature of 101.8 and feeling restless. This impacted my nursing practice because it showed that you need to be prepared for any patient response to any intervention you do.

