Student Name: Lillian Maslauskas
Medical Diagnosis/Disease: Chron's Disease

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

Anatomy and Physiology
Normal Structures

Structures: Mouth, esophagus, stomach, small intestine, large intestine, rectum and anus.
Peritoneum: Completely covers the abdominal organs and has two layers that line the abdominal cavity wall. It covers the abdominal organs as well.

Associated organs: Gallbladder, pancreas and liver.
The GI track has its own nervous system: ENS- *Enteric Nervous System*. Functions independently of the brain and spinal cord. Regulates mobility and secretion along the GI track and it is composed of meissner plexus in the submucosa, and then my myenteric plexus is between the muscle layers. The submucosal plexus controls secretion and is involved in the GI sensory functions. Whereas the myenteric plexus is the major nerve supply to the GI tract and controls GI movements.

GI circulation: Venous blood draining the GI track organs empties into the portal vein, which then fills into the liver and this allows the liver to clean the blood of any bacteria and toxins from the GI track. Then the celiac artery, SMA, and IMA supply arterial blood to the GI track. Then the stomach and duodenum receive blood supply from the celiac axis, and the distal small intestine to the middle large intestine receives blood supply from the branches of the hepatic and SMA. Whereas the distal large intestine through the anus receive blood supply from the IMA.

*The GI Track and its accessory organs receive 25-30% of CO and due to this large percent of CO it perfuses these organs in the G.I. tract as a major

Pathophysiology of Disease

A chronic inflammatory bowel disease that affects the GI tract.

It can cause inflammation to any segment of the GI tract from the mouth to the anus. Most often occurs in the distal ileum and proximal colon.

Typically, there will be deep ulcerations that are longitudinal and penetrate between inflamed edematous mucosa that will cause a cobblestone appearance. There could also be strictures at the area that can cause bowel obstruction. Due to the inflammation through the entire abdominal wall there could be microscopic leaks that allow bowel contents to enter the peritoneal cavity and cause abscesses or peritonitis.
*There is a genetic and family Hx component.
*There are mediations to help more on the palliative side but there is no cure and once you have it, it typically is lifelong.

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

Anticipated Diagnostics

Labs
- CBC
- Chem 7
- LFT
- Vitamin B12 and folate levels
- Fecal occult
- C-RP

Additional Diagnostics
- Endoscopy
- Colonoscopy
- Sigmoidoscopy
- MRI
- CT
- US

source to divert blood flow during exercise, stress, and/or injury.

Main function: Supply nutrients to body cells. This is accomplished through the process of ingestion digestion, absorption, and elimination.

Ingestion: Involves the mouth, pharynx and esophagus. It is the intake of food and having an appetite is the desire to ingest food as well as it influences how much food a person intakes. The hormone known as ghrelin is released from the stomach mucosa and plays a role in your appetite stimulation. Another hormone known as leptin is involved in appetite suppression, therefore the sites, smell, and taste of food can stimulate appetite.

Digestion: Involves the stomach and small intestine. Digestion is the physical and chemical breakdown of food into absorbable substances, and there are specific enzymes that promote digestion in which they can break down food to particles of appropriate size for absorption. When food is chewed, It is then mechanically broken down and mixed with our saliva and our saliva helps in swallowing by lubricating the food. Our saliva contains Amylase, which helps break down the starches in our food making it easier the digest. The stomachs muscle action helps with mixing the food with gastric secretions to form chyme so it is ready to be absorbed in the small intestine.

Elimination: Involves the large intestine and anus. Water and electrolyte absorption are done in the large intestines and it also forms feces and serves as a reservoir for the fecal mass until defecation occurs.

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
- Genetic - Family Hx - Smoking	- Bloody diarrhea - Abd cramping	Non-surgical - Compliance with	(What are some potential complications associated with this disease process)

- Chronic use of NSAIDS
- Chronic Abx use
- Diets high in salt, fats, a lot of processed foods

- Fistulas
- Weight loss
- Fatigue
- Fever
- Anemia

medications
- Change in diet and nutrition
- Regular check ups at Dr.

Surgical
- Strictureplasty
- Bowel resection
- Proctocolectomy

*Surgery will not help cure the disease, but it can manage complications.

- Bowel obstruction
- Fistulas
- Abscesses
- Malnutrition
- Anemia
- Increased risk for colon CA

NCLEX IV *(6)*: **Pharmacological and Parenteral Therapies**

Anticipated Medication Management
- Corticosteroids
- Abx
- Antidiarrheal agents
- 5-ASAs (Amino salicylates)
- DMARDS

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

Non-Pharmacologic Care Measures
- Dietary modifications
- Adequate exercise
- Stress management
- Hydration
- Regular exercise

NCLEX III *(4)*: **Psychosocial/Holistic Care Needs**

What stressors might a patient with this diagnosis be experiencing?
- Having a chronic disease
- Fear of a possible bowel obstruction
- Flare up occurrences
- If in need of major Sx
- Having to follow a strict diet
- Medication compliance

Client/Family Education

List 3 potential teaching topics/areas

• Proper change in dietary habits. Maybe consulting a dietician.

• Teaching about their disease. Some may have no idea what Crohn's disease even is and ways to help manage their day-to-day living.

• Medication compliance!!

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)
- Nurses
- Gastroenterologist
- Colorectal surgeon
- Therapist
- Counselor
- Dietician
- Radiologist
- Pharmacy
- Lab
- Pathologist

Potential Patient Problems (Nursing Diagnoses)

To Be Completed Before the Simulation

Anticipated Patient Problem: Deficient Fluid Volume.

Clinical Reasoning: Loss of active GI fluids, possible presence of GI fistula, chronic inflammation of the GI tract.

Goal 1: Pt. will maintain adequate fluid intake of 8 oz Q hr during my time of care.

Goal 2: Pts. BP will remain between 118/65-125/65 during my time of 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 weight upon arrival to shift.	Compare with admission weight to see if any changes occurred with fluid loss.
Assess skin turgor during my head to toe and PRN.	Encourage 8 oz of water intake.
Assess mucus membranes during my head to toe and PRN.	Encourage oral hygiene such as, brushing their teeth, oral swab with some water, chapstick, mouth wash.
Assess BP Q 2-4 hrs for hypotension.	Retry on another arm and compared findings to previous findings.
Assess lab values (specifically K+, BUN, Cr, albumin) when drawn during my time of care.	Encourage another 8 oz of water and adequate nutritional intake to help keep electrolyte levels WNL.
Assess for any periods of diarrhea during my time of care.	Encouraging adequate fluid intake and educating importance of maintaining hydrated to prevent any further weakening of the body.

To Be Completed Before the Simulation

Anticipated Patient Problem: Acute pain.

Clinical Reasoning: Intestinal inflammation, crohn's disease, possible GI fistula.

Goal 1: Pt. will establish and meet pain goal during my time of care.

Goal 2: Pt. will have a decrease in pain compared to admission pain during my time of 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 upon arrival to my shift and PRN.	Establish a pain goal for all susceptible pain present.
Assess characteristics of pain when assessing.	Administer 0.8-10 mg/hr of Morphine within MAR timeframe.
Assess location of pain during head to toe assessment and PRN.	Establish when pain started and what helps make the pain go away.
Check C-RP lab level upon arrival to shift.	Compared to admission levels to compare weather or not inflammation is going down.
Assess for any signs of pain related symptoms towards inflammation for the GI tract. (N/V, fever, fatigue, diarrhea).	Administer 5mg/kg of Infliximab IV within MAR timeframe.
Assess for any s/s of crohn's disease flare-ups Q 2-4 hrs and PRN (diarrhea, abd pain, rectal bleeding).	Encouraging bowel rest and collaborating with provider to make patient NPO.

To Be Completed During the Simulation:

Actual Patient Problem: Deficient Fluid Volume (1)
Clinical Reasoning: Ilestomy, gastritis, on 0.9% NACl, 2 units of packed RBC.

Goal: Pt. will maintain adequate oral fluid intake of 8 oz Q hr during my time of care. Met: ☐ Unmet: ☒ Goal: Pts. BP will remain between 100/65-120/65 during my time of care. Met: ☒ Unmet: ☐

Actual Patient Problem: Acute Pain (2)
Clinical Reasoning: Abd pain 8/10, IV Morphine ordered, tender crampy abd.
Goal: Pt. will establish and meet pain goal during my time of care. Met: ☒ Unmet: ☐

Goal: Pt. will have a decrease in pain compared to admission pain during my time of care. Met: ☒ Unmet: ☐

Additional Patient Problems:

Stress Management (3)

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
2		Pt stated "I have more stomach pain in the morning when I wake up and it is very crampy right now". BP-100/60, HR-114.		Assessed a pain score of 6/10 and assessed bowel sounds.		Bowel sounds hyperactive and pt. still in pain.
1		Ileostomy drainage bag producing serosanguinous output.		Assessed for any pain, discomfort or fatigue.		Denied any pain at ileostomy site but pain elsewhere on the abd, very fatigued and feeling of fainting
1		Stated "I feel like I am going to faint and throw up"		Provided a wet washcloth and emesis bin.		No vomiting occurred. Cool washcloth placed on forehead and resting with HOB lowered.
1		Order placed for a blood transfusion of 2 units of packed RBC.		Hung 2 units of packed RBC.		Pt stated "I feel very cold and chilly. I don't feel good".
1		BP-103/60, temp-38.8 degrees celsius. Pt. requesting Ibuprofen.		Immediately stopped transfusion and administered 2 L NC of O2 with O2 levels		No further signs of reaction to blood transfusion.

				at 94%.		
2		Charge nurse bonnie requesting VS taken Q 15 min.		Educated reasoning why VS are crucial for a blood transfusion reaction that way we can monitor for any further complications.		Verbalized understanding and requesting Ibuprofen.
2		Pt. still requesting ibuprofen for pain.		Called provider asking about ibuprofen request and if they can continue the 0.9% NACl.		Order placed for acetaminophen rather than ibuprofen to help bring down her fever.
1		Very tender and crampy abd with 8/10 pain in AM after endoscopy performed by gastroenterologist, especially when palpating and pt had just finished eating tomato soup.		Administered 4 mg IV morphine.		Pain decreased to 3-4/10 with no more tender, crampy abd pain.
3		Pt. stated current at home diet being a lot of fatty, greasy and spicy foods, pasta and carbs, as well as multiple alcoholic drinks a night.		Educated on importance of cutting back the alcoholic drinks and increasing healthy meals that are small and frequent that include increased fluid and protein. Provided a written handout of all the healthy food and lifestyle changes recommended.		Verbalized understanding and provided examples of healthy meals as well as ways to managed stress at home and work.

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. Gastroenterologist
2) What were three steps the nursing team demonstrated that promoted patient safety?
    a. Immediately stopping blood transfusion when pt. was showing signs of a reaction to the transfusion.
    b. Taking VS right away when pt. felt as if they were going to faint.
    c. Proper check of name and date of birth prior to administering packed RBC and checkign with another nurse.
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: Educating pt. on ways to manage stress at home and at work, as well as education on a proper healthy diet and providing a handout with all the pertinent information. Consulting with the provider about the ibuprofen ,blood transfusion reaction and giving a thorough SBAR report.
    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.

Deficient fluid volume due GI bleed, decreased oral intake caused by abdominal pain and malabsorption which is due to the ileostomy involving the small intestine where all the nutrient and energy absorptions takes place.

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: Some interventions I would have done was encouraged more water intake and educated the importance of fluid intake, as well as I would have went a step further and consulted a dietician perhaps for a more in-depth nutrition guide.
        ii. If **no**, describe: _____
4) After completing the scenario, what is your patient at risk for developing?
    a. Malnutrition, fluid imbalance and reoccurring GI bleeds.

b. Why? _Lack of fluid intake and inadequate nutrition, as well as recent ileostomy and current GI bleed._

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 is to always keep a close eye on the little things that change on them because it can be lifesaving and significant. This impacted my nursing practice by reassuring the little things we do as nurses that can really impact a patient's life. Something as simple as redirecting their eating habits and promoting stress comfort can really play a huge roll in patient safety and their lives.