Student Name: Haley Donovan
Medical Diagnosis/Disease: Crohn's Disease

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

Anatomy and Physiology Normal Structures

**on separate document.

Pathophysiology of Disease

** on separate document.

NCLEX IV *(7)*: Reduction of Risk

Anticipated Diagnostics

Labs
-CBC
- Chem 7

Additional Diagnostics
**Endoscopy/ Colonoscopy
-Double barium swallow study
-Emesis and stool study
- CT/ MRI

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

Contributing Risk Factors

Etiology is unknown
-Genetics/ autoimmune
-Smoking
-Infections

Signs and Symptoms

-Diarrhea
-**Abdominal cramping
-Weight loss
-Rectal bleeding (rare)
-Fever
-Fatigue

NCLEX IV *(7)*: Reduction of Risk

Possible Therapeutic Procedures

Non-surgical

Surgical
-Resection of intestine

Prevention of Complications

(What are some potential complications associated with this disease process)
- Hemorrhage
- Perforations
- Fistulas
- Increase risk for colorectal cancer
- Strictures and dilation

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

Parenteral Therapies

Anticipated Medication Management

#1: 5-ASA's
#2: Steroids
#3: Immunomodulators
#4: Biologics
➔ Will be used in this order based on response to therapy.

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

Non-Pharmacologic Care Measures

Bowel rest (NPO)
Control inflammation
Combat infection
**Provide symptomatic relief

NCLEX III *(4)*: Care Needs

What stressors might a patient with this diagnosis be experiencing?

$$$
Fear of death
Missing time from work
Recovery time
Missing of favorite foods

Client/Family Education

List 3 potential teaching topics/areas

• There is no cure but is manageable through proper diet and medication management.
• Teach the patient to ask for pain medications at a tolerable state before the pain becomes unbearable.
• Monitor urine and stools for any signs of blood/bleeding.

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)

**Gastroenterologist
PCP

Potential Patient Problems (Nursing Diagnoses)

To Be Completed Before the Simulation

Anticipated Patient Problem: Fluid and electrolyte imbalance

Clinical Reasoning: Active bleeding, Loss of blood volume, N/V, Blood in stool.

Goal 1: Potassium levels will remain >3.5, <5 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?
IV site: phlebitis, infiltration. Pain, pallor, erythema, edema, drainage (q1h)	Monitor site, stick for a new site if needed. (q1h)
Intake, Output: color, amount (q1h)	Encourage fluids, if vomiting administers antiemetic, Offer toileting, privacy (q3h)
Patient weight, edema (qd)	Administer diuretic PO/IV (BID)
Serum mag, sodium, potassium, calcium, bicarb levels (qd/qod)	Replace with IVF or oral supplements (as ordered)
Vital signs: RR, BP, SpO2 (q4h)	Maintain IVF (at all times), lay supine HOB </= 30 (as desired)
Does the patient know what brought them in, why they are hospitalized (as needed)	Educate/ Provide reading material on proper diet, medication use/reconciliation. (BID)

Goal 2: IV site will remain patent, clean, dry, intact with no infiltration during my time of care.

To Be Completed Before the Simulation

Anticipated Patient Problem: Acute pain

Clinical Reasoning: Perforation, elevated BP, guarding/ positioning

Goal 1: Will state pain <3 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?
Pain scale (0-10 or faces), characteristics (q4h)	Administer pain management medications as prescribed according to physician's orders. (q4-6h)
Positioning (q2h)	HOB <30, use pillows to elevate/ squeeze (q2h)
Fatigue status (q2h)	Cluster care/ Provide rest and relaxation (q2h)
Vital signs (q6h)	Provide distraction, encourage deep breathing (q2h)
Pain onset, location, aggregating factors (TID)	Reposition, low irritating diet (q2h)
Nonverbal cues (q4h)	Apply ice or heat if applicable (q2h)

Goal 2: HR and BP will remain at baseline (HR: 60-90bpm, SBP: 100-135) during my time of care

To Be Completed During the Simulation:

Actual Patient Problem: Fluid and electrolyte imbalance.

Clinical Reasoning: Active GI bleed,

Blood in stool, BP 94/56, HR 110, no fluid intake, feeling dizzy and faint, headache Goal: IV site will remain patent, clean, dry, intact with no infiltration during my time of care. Met: ■ Unmet:☐

Goal: Will not feel dizzy by the end of my care. Met: ■ Unmet:☐

Actual Patient Problem: Acute Pain

Clinical Reasoning: Pain 8-10, Headache, tenderness to abdomen

Goal: Pain remains <3 by the end my time of care. Met: ■ Unmet:☐

Goal: HR and BP will remain (HR: 60-90bpm, SBP: 100-135) 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
Fluid imbalance	0930	Ostomy bag has sanguineous drainage, Measured approximately 100ml.	0940	Drained and cleaned ostomy.	0945	Ostomy bag is clean dry and intact. Skin around ostomy is clean dry and intact.
Acute pain	1000	Diet is not always healthy and uses ibuprofen for HA. Bowel sounds; hyperactive in all 4 quadrants.	1710	Review ways to manage stress. Provided alternative ways to alleviate stress. Reviewed diet, talked about alternative foods and proper balance to meals high in protein.	1730	Feels better about having options. -came up with a few options to have a better diet and stress relief.
Fluid imbalance	1010	Pain scale 6-10, "sore and crampy" at the top of the stomach, stress makes it worse. "I feel like I am going to faint. I feel dizzy and	1013	Review vital signs, apply oxygen therapy (2L NC). Cold cloth for forehead. Lower HOB.	1030	Administered 2u of PRBC's. name and DOB identifiers.

		lightheaded." BP:94/56, HR: 110, RR 26bpm, SpO2:94% RA				
Fluid imbalance	1055	Restless, chilly, C/O headache, face is flushed, 101.8F, RR 22	1056	Stop blood transfusion. Notified provider. NS running at KVO.	1120	Administered Tylenol 650mg tablet for fever and pain. No longer dizzy.
Fluid imbalance	1320	Gastroenterologist at bedside.	1342	Educating on endoscopy scheduled to find active bleeding.	1400	Comfortable in bed with no questions at this time.
Acute pain	1400	Tender in the abdomen, pain 8-10, started about on hour ago, after eating tomato soup. IV site patent.	1423	Administered Morphine 4mg IV bolus, for pain.	1530	Pain decreased to 3-10.
Acute pain	1700	Pain 2-3 out of 10, "Feeling better"	1705	Educated on Ibuprofen irritating GI and increase GI bleeding	1708	Teach back- avoid Ibuprofen as it can cause GI upset.

ATI Virtual Clinical Questions and Reflection:

1) Identify two members of the healthcare team collaborating in the care of this patient:
    a. **Nurses**
    b. **Gastroenterologist**
2) What were three steps the nursing team demonstrated that promoted patient safety?
    a. **Asked for 2 patient identifiers: name and DOB.**
    b. **Asked for allergies and reactions to previous transfusions.**
    c. **Proper use of hand hygiene.**
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 staff was sure to include the sister in conversations as well as talking with Ms. Lieberman in all discussions and education.
    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.

Priority was the active GI bleeding; the fluid and electrolyte imbalance could have caused Ms. Lieberman to go into hypovolemic shock.

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: I don't think it was used/ stated in the scenario but was definitely an internal thought from the nurse to watch for positioning/ nonverbal clues.
        ii. If **no**, describe:
        _____
        _____
4) After completing the scenario, what is your patient at risk for developing?
    a. Still at risk for another bleed if she does not limit the use of OTC NSAIDS.
    b. Why? Chronic use of NSAIDS have the ability to cause GI upset and bleeding. Stress is another cause to the issue.
5) What was your biggest "take-away" from participating in the care of this patient? How did this impact your nursing practice? **Being able to educate simply of diet modifications and stress relieving**

strategies will change Ms. Lieberman's life hopefully for the better. If she implements the strategies, then there would be a decrease in the likelihood of seeing Ms. Leiberman in the ER again for similar reasons.