Student Name: Alexa Dolan
Medical Diagnosis/Disease: Crohn's Disease

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

NCLEX IV (7): Reduction of Risk

Anatomy and Physiology
Normal Structures

On separate paper

Pathophysiology of Disease

Crohn's disease is an inflammatory bowel disease that can affect any part of the GI tract ranging from the mouth to the anus. The most common site is in the distal ileum, it affects the entire thickness of the bowel wall, and it is spread between good healthy tissue causing areas of inflammation called skip lesions. the disease starts to grow bad bacteria killing off the good bacteria, attacking the gut causing swelling and damage in the intestines, it is more likely to occur if you have a family hx of the disease. Over time the gut wall becomes damaged where strictures can form (ulcers,scars,and thick spots) as well as fistulas while the whole gut wall becomes damaged causing the lining to break down.

Anticipated Diagnostics

Labs
Cbc, crp, esr, cmp, albumin, stool cultures

Additional Diagnostics
H&P, endoscopy, colonoscopy , mri, ct, capsule endoscopy, studies w/ barium contrast, US, sigmoidoscopy, biopsy

NCLEX II (3): Health Promotion and Maintenance

NCLEX IV (7): Reduction of Risk

Contributing Risk Factors

Family hx, age 15-35 y/o, more common in Caucasians, smoking, nsaid use, high intake of processed foods, gut microbiome imbalance, abx use.

Signs and Symptoms

Diarrhea, abd pain, fever, cramping, malabsorption/ nutritional deficits, weight loss, fatigue, bloating, n/v, urgency to defecate.

Possible Therapeutic Procedures

Non-surgical
Meds, screening, tpn, ng tube, IVF, NPO, wound care

Surgical
Bowel resection, strictureplasty, fistula repair, colonoscopy, ileostomy, colostomy

Prevention of Complications

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

Cancer, CDIFF, Perforation, fistulas, perianal abscess, strictures, intestinal bleed, bowel obstruction.

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

NCLEX IV (5): Basic Care and Comfort

NCLEX III (4): Care Needs

Anticipated Medication Management

Corticosteroid's, immunomodulators, biologics, abx, anti-diarrheal, analgesics, 5-ASA

Non-Pharmacologic Care Measures

Low residue/fiber diet, hydration, small frequent meals, stress management, exercise, education,

What stressors might a patient with this diagnosis be experiencing?

Guilt, monetary,

Client/Family Education

NCLEX I (1): Safe and Effective Care Environment

List 3 potential teaching topics/areas

- med adherence
- symptom management
- when to screen/ screening tools

Multidisciplinary Team Involvement

(Which other disciplines do you expect to share in the care of this patient)

Hospitalist, general surgery, dietician, gastroenterology, case management, pharmacy, pt/ot

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ATI Virtual Clinical Questions and Reflection:

1) Identify two members of the healthcare team collaborating in the care of this patient:
   a. gastroenterology
   b. Pharmacy
2) What were three steps the nursing team demonstrated that promoted patient safety?
   a. controlled pain in a timely & effective measure.
   b. stopped blood transfusion b/c of adverse effects
   c. Educated on meds/tendencies @ home that was potentially harmful towards the patient.
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: Efficiently expressed concern to the provider when adverse affects from transfusion & Handoffs were very detailed.
   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 - more output than input, Low BP, Increased pulse, Blood in stool

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:
      used education & Pain meds for pain, & for deficent Fluid volume ran IVF & ↑protein in diet.
      ii. If **no**, describe:
4) After completing the scenario, what is your patient at risk for developing?
   a. more GI bleed/perforation, Increased Flare ups
   b. Why? Improper use of NSAIDS can lead to further GI irration, damage to mucosa lining & bleeding because the bowel is inflamed.

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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 is really monitoring a patient & attention to detail when they are under a procedure. The patient was having pain before but quickly picked up on the effects of the blood transfusion that was altering her health. This makes me want to become a safe nurse by watching for changes in my patients health while going through a procedure that is supposed to help them, instead of hurt them.

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Alexa Dolan

To Be Completed During the Simulation:

Actual Patient Problem: Defficent fluid volume

Clinical Reasoning: crohns disease, receding blood transfusion BP/100/60 Pulse: 114.

Goal: Pulse will stay between 60-100 BPM during my time of care. Met: ☑ Unmet: ☐

Goal: SBP will stay between 100-120 during time of my care. Met: ☑ Unmet: ☐

Actual Patient Problem: Acute pain

Clinical Reasoning: GI bleed, Abd cramping & aches, came into ER weak & dizzy.

Goal: Will have a pain score of 8 or less during time of my care. Met: ☑ Unmet: ☐

Goal: Will name 2 ways to decrease stress/pain during time of my care. Met: ☑ Unmet: ☐

Additional Patient Problems: Defficent knowledge (stress management, use of NSAIDS)

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
Deficient fluid vol.	1530	BP 100/60. pale, lightheaded SpO2 92% RA	1535	Applied NC 2L	1645	BP 94/56, SpO_2 96% on 2L NC
Defficent fluid vol	1530	Feeling faint & nausas	1530	Applied cold cloth, & lowered HOB	1630	stated feeling worse, cold & nauseas
Defficent fluid volume	1530	BP 94/56, P:110 Blood in stool upon arrival	1630	Administer 2 units of packed RBC	1700	BP 102/62, P:100 Body ache & headache
Acute pain	1715	restless, Face flushed. T: 38.8 BP: 103/60, P:96	1730	Stopped blood transfusion	1735	Still feeling AWFUL — Asked for ibuprofen
Acute pain	1900	post endoscopy: Abd cramping & tenderness Pain:8	1910	Administered prescribed 4 mg morphine	1915	Feel much better Pain @ 2/10, NO cramps or Aches
Defficent knowlege	1930	drinks 5 alc. bevrages a night job is stock broker	1935	offered relaxation techniques, printed out Resources to help w/stress.	2030	receptive to discuss in. stress management will take walks in park & decrease caffine use.
Deficient knowlege.	1930	takes ibuprofin for pain @ home	1945	educated on Effects of ibuprofin w/ having crohns disease & GI bleed.	2030	verbalized understan Bad effects & uses of NSAIDS

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