

Question 1: What are the top 3 nursing priorities once you have evaluated the patient?

Since the patient is post-op a big priority is vital signs to make sure there aren't any complications, inspecting the incision for any drainage or change, and managing the patient's pain.

Question 2: Craft 3 full nursing diagnoses (1. Stem, 2. R/T, 3. AEB). Rank them in priority.

Using the priority nursing diagnosis, craft 2 outcomes, and 5 nursing interventions.

1. Acute pain related to inflammatory process evidenced by patient stating pain is sharp and a 4 and patient guards area of pain.
 - a. Outcome 1- The patient will verbalize and know other ways that she can deal with her pain by 1400 11/4/2020.
 - b. Outcome 2- The patient will state improvement in their pain from a 4 to a 2 or below by 1400 11/4/2020.
 - c. Nursing intervention 1- assess and document quality, location, and duration of the pain. Devise a pain scale with the patient, rating discomfort from 0 to 10.
 - d. Nursing intervention 2- Medicate with antiemetic, sedative, and analgesics as prescribed; evaluate and document the patient's response, using the pain scale.
 - e. Nursing intervention 3- encourage the patient to request medication before symptoms become severe.
 - f. Nursing intervention 4- teach the technique for slow, diaphragmatic breathing.
 - g. Nursing intervention 5- help position the patient for optimal comfort.
2. Potential for systemic infection/sepsis related to inadequate primary defense occurring with the inflammatory process evidenced by the use of antibiotics and CBC order.
3. Risk for deficient fluid volume related to preoperative vomiting, postoperative restrictions evidenced by vomiting, and only able to eat ice chips.

Question 3: Examine the diagnostic results and outline any nursing concerns.

Both of her diagnostic results are still pending so I can't examine them but given her appendectomy, I would closely monitor her RBC and H&H since these values may be down due to bleeding during the surgery. I would also monitor WBC to see if she has a possible infection.

Question 4: Examine medications and outline any nursing concerns for the immediate scenario.

Piperacillin / Tazobactam you would be concerned that it may cause vomiting since the patient already had some vomiting. With Ondansetron you would be concerned that it may change her bowel movements since she just got out of surgery. Lastly, for Morphine you would be concerned with her

breathing and especially her risk for falling since she's post-op and Morphine can cause her to become drowsy so you would want her to call if she needed to move or get up.

Question 5: What type of diet would be optimal for the patient in the immediate scenario.

Why? What type of diet will be helpful for the patient upon discharge?

Nothing by mouth other than ice chips throughout the day and clear liquids tonight since she's post-op from an appendectomy and this will help prevent upsetting her stomach and any other complications. She can advance her diet as tolerated after discharge. She may have to eat more bland foods for a little bit if her stomach is upset but she should be able to return to her normal diet. She may have to be careful of one of her favorite types of food which is spicy since she may not be able to tolerate it for a while. She would also want to make sure she drank plenty of fluids.

Question 6: Given the immediate scenario, who would be a part of the interprofessional healthcare team? What needs to be communicated to each member?

The people apart of the interprofessional healthcare team would be the physician, pharmacist, dietician, and the RN. An LPN wouldn't be assigned this patient since the patient is there for an acute condition. Need to communicate any abnormal changes to the patient to the physician, adverse effects like allergic reactions or wrong dosage to the pharmacist, patient's tolerance and changes in diet to the dietician, and most pertinent changes and things to look for to the RN.