

Adult/Geriatric Critical Thinking Worksheet

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Unit: South 6

Pt. Initials: JC

Date: 8/7/2021

1. Disease Process & Brief Pathophysiology

Crohn's disease is inflammation of any part of the GI tract (usually the ileum). The lymph nodes become enlarged and block lymph flow in the submucosa. This obstruction leads to edema, mucosal ulceration and fissures, abscesses, and occasionally granulomas. Eventually, the serous membrane becomes inflamed (serositis), inflamed bowel loops adhere to other diseased or normal loops, and diseased bowel segments become interspersed with healthy one. The diseased parts of the bowel become thicker, narrower, and shorter. Chronic inflammation from T-cell activation leading to tissue injury is implicated in the pathogenesis of Crohn disease

2. Factors for the Development of the Disease/Acute Illness

Chronic inflammation from T-cell activation leading to tissue injury is implicated in the pathogenesis of Crohn disease. Chronic inflammation from T-cell activation leading to tissue injury is implicated in the pathogenesis of Crohn disease. Though the cause of Crohn's disease is unknown, but there are some possible contributing conditions. Lymphatic obstruction which is enlarged lymph nodes blocking the flow of submucosa. Another possible contributing condition is allergies and immune disorders. Infection could also be a contributing factor. The last possible factor that could contribute to Crohn's disease is having a genetic predisposition.

3. Signs and Symptoms

1. Steady, colicky pain in the right lower quadrant
2. Cramping, tenderness (P)
3. Weight loss (P)
4. Diarrhea (P), steatorrhea, bloody stools
5. Low-grade fever (P)

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4. Diagnostic Tests pertinent or confirming of diagnosis

1. Fecal occult blood
2. Small bowel X - ray, barium enema
3. Sigmoidoscopy, colonoscopy
4. Biopsy

5. Lab Values that may be affected

Blood tests, including white blood cell count, hemoglobin, erythrocyte sedimentation rate, and electrolytes.

6. Current Treatment

1. Corticosteroids, immunosuppressants
2. Sulfasalazine
3. Metronidazole
4. Antidiarrheals
5. Narcotic analgesics and vitamin supplements(P)
6. Stress reduction and reduced physical activity (P)
7. Avoidance of fruits and vegetables, high-fiber, spicy, or fatty foods, dairy products, carbonated or caffeine-containing beverages, foods or liquids that stimulate intestinal activity (P)
8. Anti - inflammatory meds and H2 blockers to help with ulcers in the GI tract. (P)
9. Ileostomy bag (P)

7. Focused Nursing Diagnosis:

Anxiety, hopelessness, and fear

Patient has a history of depression

11. Nursing Interventions related to the Nursing Diagnosis in #7:

- 1 .Provide openings for the patient to verbalize feelings of hopelessness.

12. Patient Teaching:

1. The nurse should teach the patient about the advantages and disadvantages of taking antidepressants or meds discussed with the doctor.

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8. Related to (r/t):

Unknown prognosis and lack of emotional support due to support system being located in OKC.

Evidenced Based Practice:

2. The nurse promotes a supportive environment by taking time to listen to the patient in a nonjudgemental way.

Evidenced Based Practice:

3. Assist patient with establishing goals that are relevant to him. This approach establishes trust, reduces the patient's feelings of isolation, and may promote coping and restore hope.

Evidenced Based Practice:

9. As evidenced by (aeb):

Patient states that he is anxious because his family, especially his son, lives out of state and cannot be with him while he is in the hospital. He also states that he feels scared to tell them about his MVA because they cannot come to town and he does not want them to worry. He verbalizes multiples times feelings of sadness and loneliness without his son and his family.

2. The nurse should teach the patient about ways to practice positive thinking and set an attainable goal for the future that gives them something to look forward to. This can help alleviate the feelings of sadness.

3. The nurse should teach the patient the importance of communicating with his family (support system) and his doctors about his changes in mental status that patient's with a history of depression usually experience. The more accurate his description of his feelings and emotions, the better chance nurses and doctors can do something to help.

13. Discharge Planning/Community Resources:

1. Assess the patient's support system (family, friends, significant other) and make sure patient won't be experiencing even more loneliness once discharged from the hospital.

2. Inform the patient of community centers, support and self-help groups, and events/programs that he might be interested in attending.

3. Provide pet or plant therapy if possible. Plant or pet therapy promotes redefining patient's identity and makes the patient feel needed and loved.

10. Desired patient outcome:

Patient will be able to communicate with nursing staff to identify his needs and let nursing staff aide him in any measures that may reduce or prevent loneliness, sadness, or depression. Patient will let nurses and aides teach or help him to use his phone to communicate with his family to alleviate the sadness of missing them. If necessary, the patient will talk to the doctor about his feelings of depression to potentially get on a medication regimen that will reduce negative feelings. Patient will help nurses and doctors decide what the necessary coping measures are by 8/4/21.