

Acute Appendicitis

Signs & Symptoms

- Sudden pain that begins on the right side of the lower abdomen.
- Pain that worsens if you cough, walk or make jarring movements
- N+V due to pain
- Loss of appetite
- Low grade fever
- Constipation or diarrhea

Pathophysiology

- Inflammation of the appendix, or a blockage in the lining of the appendix that results in infection. The bacteria multiply rapidly, causing the appendix to become inflamed, swollen + filled with pus.

Diagnostics/Labs

- Physical exams to assess the pain
- Blood test
- Urine test
- Imaging test
- Ultrasound
- CT scan

Treatment/Medication

- Pain management
- Appendectomy
- Laparoscopy + laparotomy

Nursing Interventions

- IV infusion to replace fluid loss + promote adequate renal functioning
- Antibiotic therapy (prophylactically)
- Positioning (high Fowler) post-op to reduce tension
- Oral fluids

Patient Teaching

- Be on top with pain medications post-op
- Semi-Fowler's positioning post-op to reduce tension
- Removal of sutures (follow-up appointment to help)
- Heavy lifting is avoided post-operatively however normal activities resumed within 2-4 weeks
- Home care (monitor signs for bleeding)

Other

Priority Nursing Diagnosis

- Acute pain related to surgical appendix

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<p>7. Pain & Discomfort Management: List 2 Developmentally Appropriate Non-Pharmacologic Interventions Related to Pain & Discomfort for This Patient.</p> <ol style="list-style-type: none"> 1. Keep ar-r-r in a semi-fowler position. 2. Provide diversional activities - TV, mobilets <p>*List All Pain/Discomfort Medication on the Medication Worksheet</p>	<p>8. Calculate the Maintenance Fluid Requirement (Show Your Work): Patient Wt: <u>21.9</u> kg</p> $\left. \begin{array}{l} 10 \times 100 \\ 10 \times 50 \\ 1.9 \times 20 \end{array} \right\} 1538/24 = 64$ <p>Calculated Fluid Requirement: <u>64</u> ml/hr</p> <p>Actual Pt MIVF Rate: <u>5</u> ml/hr</p> <p>Is There a Significant Discrepancy? - Yes</p> <p>Why? - patient is able to drink on his own PO intake total of 180 ml</p>	<p>9. Calculate the Minimum Acceptable Urine Output Requirement (Show Your Work):</p> <p>< 2 yr: 1 ml/kg/hr > 2 yr: 0.5 ml/kg/hr</p> <p>$21.9 (0.5) = 10.5 \text{ ml/hr}$ x 6 (milit that i was in)</p> <p>Calculated Min. Urine Output: <u>66</u> ml/hr</p> <p>Actual Pt Urine Output: <u>33</u> ml/hr</p> <p>$\frac{1200 \text{ (urine output)}}{6 \text{ (shift)}}$</p>
	<p>10. Growth & Development: List the Developmental Stage of Your Patient For Each Theorist Below and Document 2 OBSERVED Developmental Behaviors for Each Theorist. If Developmentally Delayed, Identify the Stage You Would Classify the Patient: Patient age: <u>3 y/10</u></p> <p>Erickson Stage: Autonomy vs Shame & Doubt</p> <ol style="list-style-type: none"> 1. I noticed the patient's temper tantrums when he is frustrated & remains on independence. 2. He keeps on saying "no" every time we ask to raise his legs or arms. <p>Piaget Stage: Preoperational</p> <ol style="list-style-type: none"> 1. He always want mom's attention on him. (egocentrism) 2. He frequently talks to his teddy stuffed toy, to do to sleep. 	

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<p>11. Focused Nursing Diagnosis: Acute Pain</p>	<p>15. Nursing Interventions related to the Nursing Diagnosis in #11: 1. Keep at rest in a semi Fowler position Evidenced Based Practice: to lessen the pain, apply localized inflammatory exudate into the area, relieving tension. 2. Encourage early ambulation</p>	<p>16. Patient/Caregiver Teaching: 1. Home care: make sure to monitor vital of bleeding 2. Pain control through prescribed pain medications 3. Heavy lifting is to be avoided post-op however, normal activity can be resumed within 2-4 weeks.</p>
<p>12. Related to (r/t): Presence of surgical incision</p>	<p>Evidenced Based Practice: - promote normalization of organ function 3. Administer analgesics as indicated</p> <p>Evidenced Based Practice: - Relief of pain facilitates cooperation w/ other therapeutic interventions</p>	
<p>13. As evidenced by (aeb): Facial grimacing + abdominal guarding</p>		<p>17. Discharge Planning/Community Resources: 1. Follow-up care with the physician in removal of the sutures. 2. Refer to home health care if patients are not comfortable managing the dressing. 3. clarify if they have available close by pharmacy for their medications to be picked up</p>
<p>14. Desired patient outcome: Patient is able to score at least a 2 in Wong Baker faces by discharge.</p>		