N431 Care Plan #2

Lakeview College of Nursing

Jasmine Banks

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
3-18-20	**D.J.**	**45 years old**	**Male**
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	Paramedic	**Single**	**Penicillin**
Code Status	**Height**	**Weight**	
Full code	**177.8 cm**	**81.8 kg**	

Medical History (5 Points)

Past Medical History: IBS, GERD

Past Surgical History: None

Family History: Mother-IBS. Sister-Obesity, DM II. Father-GERD, hypertension

Social History (tobacco/alcohol/drugs): 1 pack/day smoker for 20 years, states he drinks "a few beers on the weekends"

Assistive Devices: None

Living Situation: Lives at home with significant other

Education Level: Highschool

Admission Assessment

Chief Complaint (2 points): abdominal pain for 2 days with nausea/vomiting

History of present Illness (10 points): The patient is a 45-year-old male who presented to the Emergency Department for chronic abdominal pain, nausea, and vomiting for 2 days. Famotidine, lidocaine oral suspension, and ondansetron was provided with little relief. A KUB was performed to reveal a small bowel obstruction. A NG was placed to decompress the abdomen. He will be admitted to the medical-surgical unit for further evaluation.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Small Bowel Obstruction
Secondary Diagnosis (if applicable):.

Pathophysiology of the Disease, APA format (20 points):

A small bowel obstruction is some blockage that possibly prevents the movement of food through the digestive tract. There are two different types of small bowel obstructions: functional and mechanical (MUSC Health, n.d.). With a functional bowel obstruction, there is not a physical blockage, but the bowels are not moving food through the digestive tract (MUSC Health, n.d.). With a mechanical bowel obstruction, a blockage prevents the food from moving through the digestive tract (MUSC Health, n.d.).

There are a few causes and risk factors for small bowel obstructions. These risk factors are abdominal or pelvic surgery, Crohn's disease, and abdomen cancer (Mayo Clinic, 2018). Many things could cause small bowel obstructions. These causes include colon cancer, intestinal adhesions, hernias, diverticulitis, volvulus, impacted feces, or inflammatory bowel diseases (Mayo Clinic, 2018). My client has irritable bowel syndrome and GERD.

Small bowel obstructions have many manifestations. The small bowel obstruction manifestations include crampy abdominal pain, loss of appetite, and constipation (Mayo Clinic, 2018). A few more manifestations are abdominal distention, nausea, vomiting, and inability to pass gas or have a bowel movement (Mayo Clinic, 2018). My client was experiencing chronic abdominal pain, nausea, and vomiting.

When diagnosing a client with a small bowel obstruction, the client will first have a physical exam done. The physical exam will include a head-to-toe assessment with a focused assessment of the abdominal area (Mayo Clinic, 2018). The client will have some diagnostic tests are done, such as an x-ray, CT scan, and abdomen ultrasound. The x-ray will confirm a diagnosis of small bowel obstruction (Mayo Clinic, 2018). A CT scan could confirm the diagnosis of small bowel obstruction, as well. An air or barium enema may be done, as well (Mayo Clinic, 2018).

When treating a client with a small bowel obstruction, the client will be prescribed a few different medications and may need surgery. The client may be prescribed antiemetics, antibiotics, and analgesics (MUSC Health, n.d.). My client was prescribed ondansetron and promethazine, which are antiemetic medication. My client was prescribed morphine, which is an analgesic medication. Some clients with small bowel obstructions may need to get surgery to remove the obstruction.

Complications to small bowel obstructions could be severe and life-threatening. These complications include dehydration, infection, and electrolyte imbalances (MUSC Health, n.d.). More severe complications are sepsis, tissue death, multiple organ failure, and perforation (MUSC Health, n.d.). My client has not experienced any complications.

Pathophysiology References (2) (APA):

Mayo Clinic. (2018, November 6). *Intestinal Obstruction*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/intestinal-obstruction/symptoms-causes/syc-20351460

MUSC Health. (n.d.). *Small Bowel Obstruction*. MUSC Health. https://muschealth.org/medical-services/ddc/patients/digestive-diseases/small-intestine/small-bowel-obstruction

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.9-5			
Hgb	12.15.5	**13.1**		**Within normal range.**
Hct	35-45	**42.1**		**Within normal range.**
Platelets	140-400			
WBC	4-9	**12.4**		**The client may have an infection (**Capriotti, & Frizzell, 2016**).**

Neutrophils	40-70			
Lymphocytes	10-20			
Monocytes	0-0.9			
Eosinophils	0-0.5			
Bands	<10%			

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	135-145	**130**		
K+	3.5-5.1	**4.2**		**Within normal range.**
Cl-	98-107			
CO2	22-29			
Glucose	70-99	**97**		**Within normal range.**
BUN	6-20	**9**		**Within normal range.**
Creatinine	0.5-1	**1.01**		
Albumin	3.5-5.2			
Calcium	8.4-10.5			
Mag	1.5-4.5			
Phosphate	2.5-4.5			
Bilirubin	0.3-1	**0.4**		**Within normal range.**
Alk Phos	35-105			

AST	0-32	**15**		**Within normal range.**
ALT	0-33	**52**		
Amylase	23-85			
Lipase	0-160			
Lactic Acid	<2			
Troponin	0-0.4			
CK-MB	5-25			
Total CK	22-198			

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	01.81-1.2	**n/a**	**n/a**	
PT	11.5-15	**n/a**	**n/a**	
PTT	23.5-37.5	**n/a**	**n/a**	
D-Dimer	<250	**n/a**	**n/a**	
BNP	<100	**n/a**	**n/a**	
HDL	>40	**n/a**	**n/a**	
LDL	<100	**n/a**	**n/a**	
Cholesterol	<200	**n/a**	**n/a**	
Triglycerides	<150	**n/a**	**n/a**	
Hgb A1c	0-5.7	**n/a**	**n/a**	
TSH	0-5.5	**n/a**	**n/a**	

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Yellow/clear	**n/a**	**n/a**	
pH	5-8	**n/a**	**n/a**	
Specific Gravity	1.005-1.034	**n/a**	**n/a**	
Glucose	Normal	**n/a**	**n/a**	
Protein	Negative	**n/a**	**n/a**	
Ketones	Negative	**n/a**	**n/a**	
WBC	<=5	**n/a**	**n/a**	
RBC	0-3	**n/a**	**n/a**	
Leukoesterase	Negative	**n/a**	**n/a**	

Arterial Blood Gas Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	**7.35-7.45**	**n/a**	**n/a**	
PaO2	**75-100**	**n/a**	**n/a**	
PaCO2	**35-45**	**n/a**	**n/a**	
HCO3	**22-26**	**n/a**	**n/a**	
SaO2	**95-100**	**n/a**	**n/a**	

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative	**n/a**	**n/a**	
Blood Culture	Negative	**n/a**	**n/a**	
Sputum Culture	Negative	**n/a**	**n/a**	
Stool Culture	Negative	**n/a**	**n/a**	

Lab Correlations Reference (APA):

Capriotti, T., & Frizzell, J. (2016). *Pathophysiology: Introductory Concepts and Clinical Perspectives*. Philadelphia, F. A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): A kidney, ureter, and bladder (KUB) x-ray, EKG, KUB s/p NG insertion

Diagnostic Test Correlation (5 points):

The KUB x-ray is used to visualize and assess the abdominal area (Johns Hopkins Medicine, n.d.). The KUB was used to identify and confirm a small bowel obstruction in the left lower quadrant of D. J's abdomen. It showed gas throughout the abdomen and no sign of perforation or free air. The EKG showed normal sinus rhythm.

Diagnostic Test Reference (APA):

Johns Hopkins Medicine. (n.d.). *Kidney, ureter, and bladder X-ray*. Johns Hopkins Medicine. https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/kidney-ureter-and-bladder-xray

Current Medications (10 points, 1 point per completed med)

10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	Famotidine /Pepcid	Loperamide	Calcium carbonate/ Titralac	Pantoprazole / Protonix	Acetaminophen/ Aspirin
Dose	20 mg	4 mg	750 mg	40 mg	1,000 mg
Frequency	Daily	Q6H, PRN	Q4H, PRN	Daily	Q8H, PRN
Route	PO	PO	PO	IV, PRN	IV
Classification	Antiulcer agent, gastric acid secretion inhibitor	Antidiarrheal	Antacid	Antiulcer, gastric acid secretion inhibitor	Antipyretic, nonopioid analgesic
Mechanism of Action	Reduces HCl formation by preventing histamine from binding with H2 receptors on the surface of parietal cells. By doing so, the drug helps prevent peptic ulcers from forming and helps heal existing ones.	Inhibits the release of acetylcholine and prostaglandins, reducing propulsive peristalsis, increasing intestinal transit time.	Neutralize or buffer stomach acid to relieve discomfort	Interferes with gastric secretion by inhibiting the hydrogen-potassium-adenosine triphosphatase enzyme system, or proton pump, in gastric parietal cells	Acts directly on temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2.
Reason Client Taking		Diarrhea	Heartburn	indigestion	Fever >38.0 C
Contraindications (2)	Hypersensitivity to famotidine or its components Hypersensitivity to other H2- receptor antagonists	Hypersensitivity to drug or its components, acute ulcerative colitis	Hypercalcemia, renal calculi, hypersensitivity to drug and its components	Hypersensitivity to drug or its components, concurrent therapy with rilpivirine-containing products	Severe hepatic impairment, hypersensitivity to drug or its components
Side Effects/Adverse	Anxiety, fatigue,	Dizziness, constipation,	Hypotension,	Chest pain, hyperglycem	Fever, HTN, oliguria,

Reactions (2)	headache, diarrhea	fatigue	hypercalcemia	ia, headache, dyspnea	diarrhea, headache
Nursing Considerations (2)	-Shake the oral suspension vigorously for 5-10 seconds before administration -give IV injection over 2 minutes	-monitor for adverse effects	-monitor the client for adverse effects	-flush IV line with D5W, NS solution, or lactated ringer's injection before and after giving drug -monitor client's urine output	-monitor renal function -monitor liver function tests -ensure daily dose is not exceeded
Key Nursing Assessment(s)/Lab(s) Prior to Administration			-monitor serum calcium levels	-monitor client's urine output and for diarrhea	-monitor renal function
Client Teaching needs (2)	-Notify provider if she develops pain, has trouble swallowing, bloody vomit or black stools -Avoid alcohol and smoking	-notify provider if severe constipation, nausea, vomiting, or Abdominal pain -notify provider if they have blood in their stool, or develop a fever.	-take medication with 1-2 hours after meals -Avoid excessive use of tobacco and excessive consumption of alcohol, caffeine, and high-fiber foods	-notify provider if diarrhea occurs and becomes prolonged or severe -notify provider if he is experiencing a decrease in the amount of urine voided or if there's blood in the urine	-teach client to recognize signs of hepatotoxicity - Educate on what the medication is used for and the adverse effects to monitor for

Hospital Medications (5 required)

Brand/Generic	Morphine/ Kadian	Ondansetron / Zofran	Promethazine/ Pentazine	D5NS	Dextrose/ D10W
Dose	2 mg	4 mg	12.5 mg	100 mL	250 mL
Frequency	Q4H, PRN	Q6H, PRN	Q8H, PRN	Per hour	PRN
Route	IVP	IVP	IVP	IV	IV
Classification	Analgesic	Antiemetic	Antiemetic		Nutritional supplement
Mechanism of Action	Binds with and activates opioid receptors (mainly mu receptors) in brain and spinal cord to produce analgesia and euphoria	Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine.	Acting centrally on medullary chemorecptive trigger zone and by decreasing vestibular stimulation and labyrinthine function in the inner ear		Prevents protein and nitrogen loss, promotes glycogen deposition, prevents or decreases ketosis
Reason Client Taking	Pain	Nausea	Nausea refractory to ondansetron	Fluid replacement	Hypoglycemia <70
Contraindications (2)	Respiratory depression, hypersensitivity to drug or its components	Concomitant use of apomorphine, hypersensitivity to drug or its components	Acute-closure glaucoma, hypersensitivity to drug or its components	Fluid volume overload, hypersensitivity to drug or its components	Hypersensitivity to drug or its component, overhydration
Side Effects/Adverse Reactions (2)	Hypotension, wheezing, bradycardia	Weakness, fever, SOB, hypotension	Blurred vision, fatigue, HTN	Overhydration, venous thrombosis	Confusion, fever, dehydration
Nursing Considerations (2)	-discard injection solution that is discolored or darker than pale yellow or that contain precipitates that don't	-monitor for signs and symptoms of hypersensitivity to the medication -monitor client's EKG as prescribed.	-assess client for signs and symptoms of infection or bleeding -give iv no more than 25 mg/min	-monitor the client's IV site for infiltration, or swelling	-assess infusion site regularly for signs of swelling, infiltration -assess blood glucose levels frequently

	dissolve with shaking -before giving medication, make sure opioid antagonist and O2 are available				
Key Nursing Assessment(s)/Lab(s) Prior to Administration	-Check the client VS (especially respirations)	-monitor closely for serotonin syndrome	-monitor client's hematologic status as ordered	-monitor for fluid volume overload	Monitor client for hypervolemia
Client Teaching needs (2)	-Tell client to change positions slowly -instruct client to take medication exactly as prescribed	-immediately report signs of hypersensitivity -reassure client that if transient blindness occurs, it will return within a few minutes to 48 hours	-notify provider immediately if he has involuntary movements and restlessness -avoid excessive sun exposure and use sunscreen when outdoors	- Educate on what the medication is used for and the adverse effects to monitor for - notify provider if there is any discomfort, pain, or signs of infection at IV site	-notify provider if there is any discomfort, pain, or signs of infection at IV site - Educate on what the medication is used for and the adverse effects to monitor for

Medications Reference (APA):

Jones & Bartlett Learning (2019). *2019 Nurse's Drug Handbook*. ed. 18

RxList. (2020). *Drugs A-Z list*. RxList. https://www.rxlist.com/drugs/alpha_a.htm

Assessment

Physical Exam (18 points)

GENERAL (1 point):	
Alertness:	Alert and awake.
Orientation:	A/Ox4
Distress:	No acute distress
Overall appearance:	Well-groomed
INTEGUMENTARY (2 points):	
Skin color:	Pink
Character:	Dry
Temperature:	Warm
Turgor:	Loose
Rashes:	No
Bruises:	No
Wounds: .	No
Braden Score:	23
Drains present: Y☐ N ☐	No
Type:	
HEENT (1 point):	
Head/Neck:	Normocephalic; normal ROM
Ears:	Normal; TM pearly grey bilateral, non-tender
Eyes:	PERLA, EOMI, convergence
Nose:	Clear, intact, no mucus
Teeth:	Good
CARDIOVASCULAR (2 points):	
Heart sounds:	Normal sinus rhythm; S1, S2 heard; no murmur or gallop auscultated
S1, S2, S3, S4, murmur etc.	
Cardiac rhythm (if applicable):	
Peripheral Pulses:	Radial pulse 2+ bilaterally
Capillary refill:	<3 seconds
Neck Vein Distention: Y ☐ N ☐	No
Edema Y ☐ N ☐	No
Location of Edema:	
RESPIRATORY (2 points):	
Accessory muscle use: Y☐ N ☐	No
Breath Sounds: Location, character	Clear lung sounds in all lobes, bilaterally, anterior and posterior
GASTROINTESTINAL (2 points):	
Diet at home:	Regular
Current Diet	NPO
Height:	81.8 kg
Weight:	177.8 cm
Auscultation Bowel sounds:	Absent in RLQ; hypoactive in all other quadrants
Last BM:	
Palpation: Pain, Mass etc.:	Soft, tender to palpation

Inspection:	
Distention:	No
Incisions:	No
Scars:	No
Drains:	No
Wounds:	No
Ostomy: Y ☐ N ☐	No
Nasogastric: Y ☐ N ☐	Yes
Size:	65 cm
Feeding tubes/PEG tube Y ☐ N ☐	No
Type:	
GENITOURINARY (2 Points):	
Color:	N/A
Character:	N/A
Quantity of urine:	N/A
Pain with urination: Y ☐ N ☐	No
Dialysis: Y ☐ N ☐	No
Inspection of genitals:	N/A
Catheter: Y ☐ N ☐	No
Type:	
Size:	
MUSCULOSKELETAL (2 points):	
Neurovascular status:	
ROM:	Active ROM
Supportive devices:	None
Strength:	Equal; bilateral
ADL Assistance: Y☐ N ☐	No
Fall Risk: Y ☐ N☐	Yes
Fall Score:	45
Activity/Mobility Status:	
Independent (up ad lib) ☐	
Needs assistance with equipment ☐	
Needs support to stand and walk☐	Yes
NEUROLOGICAL (2 points):	
MAEW: Y ☐ N☐	**Yes**
PERLA: Y ☐ N☐	**Yes**
Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐	**Yes**
Orientation:	
Mental Status:	A/Ox4
Speech:	Aware and alert
Sensory:	Clear; appropriate
LOC:	Equal; bilateral
	Awake, aware, and alert.
PSYCHOSOCIAL/CULTURAL (2 points):	

Coping method(s): **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**The client does not state any coping mechanisms.** **Appropriate** **The client did not state any religion.** **The client lives at home with his significant other.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	76	133/76	16	37.5	98- room air
1100	69	124/63	18	36.9	97-room air

Vital Sign Trends:

The client's vital signs are within normal limits.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric	Generalized abdominal	8/10		Morphine administered
1100	Numeric	Generalized abdominal	4/10		Morphine administered

IV Assessment (2 Points)

IV Assessment	**Left antecubital-D5NS at 100mL/hr** **Right wrist- Saline lock**
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:**	2-18G Left antecubital, right wrist 3/18/2020 Dry, clean, intact No erythema, drainage, or swelling.

IV dressing assessment:	Transparent

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
D5NS- 100 mL/hr (4 hours)	**Urine-450 mL (4 hours)**

Nursing Care

Summary of Care (2 points)

Overview of care: The client was A/Ox4 and able to verbalize his pain level. Vital signs were obtained at 0700 and again at 1100. Both sets of vital signs were within normal limits. Pain assessments were done twice throughout the shift at 0700 and 1100. The client's pain decreased after morphine was administered at 0700. Thee client still reported pain at 1100, so morphine was administered again at 1100. Medication was administered to the client and D5NS was given IV.

Procedures/testing done: An EKG was done.

Complaints/Issues: None

Vital signs (stable/unstable): The client's vital signs were stable at 0700 and 1100.

Tolerating diet, activity, etc.: The client is NPO until bowel sounds return or the patient is passing gas.

Physician notifications: Alert physician if the client's temperature is above 38 C.

Future plans for patient: Continue bowel rest and NPO status, blood glucose monitoring, and IV fluids.

Discharge Planning (2 points)

Discharge location: Home with significant other

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: N/A

Education needs: N/A

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for fluid volume deficit related to small bowel obstruction as evidenced by client experiencing nausea and vomiting. He is also on an NPO diet.	The client is experiencing nausea and vomiting. He is NPO and his urine output is higher than his fluid intake.	1.Mointor the client's I&Os and vital signs 2. Weigh the client daily	Client will maintain adequate fluid volume without vomiting or nausea. The client will be able to eat a regular diet and drink fluids. The client will have good skin turgor, stable vital signs and balanced I&Os
2.Acute pain related to a small bowel obstruction as evidenced by the client rating his pain a 4/10.	The client rated his pain a 4/10 after morphine was administered.	1.Assess VS prior to medication administration and use 2 client identifiers before administering medication 2. Reassess pain level and assess for adverse effects -Q1H VS and pain assessment	The client's subjective report of pain using a pain scale and behavioral and/or physiological indicators reflect that pain is either reduced or at an acceptable level within 1 to 2 hours.
3. Ineffective tissue perfusion related to a small bowel obstruction as evidenced by small bowel obstruction for multiple days.	The client had this small bowel obstruction for multiple days.	1.Assess for signs of decreased tissue perfusion 2. Monitor labs -INR, ABGs, BUN, electrolytes, creatinine, PT, PTT	The client will maintain stable vital signs, balanced I&Os, and have present bowel sounds. The client's blood circulation in his abdomen will improve.

		3.Frequent assessments of the abdomen -noting absent bowel sounds, constipation, distension, nausea or vomiting	
4. Need for health teaching related to unfamiliarity as evidenced by client not having a previous small bowel obstruction prior to this incident.	The client has not had a small bowel obstruction.	1.Educate the client on risk factors, causes, and signs of a small bowel obstruction 2. Educate the client on lifestyle changes that could help prevent another small bowel obstruction	The client will be able to verbalize accurate knowledge of risk factors, causes and signs of a small bowel obstruction. The client will be able to verbalize lifestyle changes that could help prevent another small bowel obstruction.

Other References (APA):

Swearingen, P. L., Wright, J. D. (2019). All-in-one nursing care planning resource: medical-surgical, pediatric, maternity, and psychiatric-mental health. St. Louis, MO: Elsevier.

Concept Map (20 Points):

Subjective Data

The client rates his pain 4/10.

Nursing Diagnosis/Outcomes

r fluid volume deficit related to small bowel obstruction as evidenced by client experiencing nausea and vo iting. He is also on an NPO diet.
Client will maintain adequate fluid volume without vomiting or nausea. The client will be able to eat a regular diet and drink fluids. The client will have good skin turgor, stable vital signs and balanced I&Os
Acute pain related to a small bowel obstruction as evidenced by the client rating his pain a 4/10.
The client's subjective report of pain using a pain scale and behavioral and/or physiological indicators reflect that pain is either reduced or at an acceptable level within 1 to 2 hours.
Ineffective tissue perfusion related to a small bowel obstruction as evidenced by small bowel obstruction for multiple days.
The client will maintain stable vital signs, balanced I&Os, and have present bowel sounds. The client's blood circulation in his abdomen will improve.
Need for health teaching related to unfamiliarity as evidenced by client not having a previous small bowel obstruction prior to this incident.
The client will be able to verbalize accurate knowledge of risk factors, causes and signs of a small bowel obstruction.
The client will be able to verbalize lifestyle changes that could help prevent another small bowel obstruction.

Objective Data

Absent bowel sounds in the RLQ
Hypoactive bowel sounds in all other quadrants
KUB shows a small bowel obstruction is LLQ.

Patient Information

D.J. is a 45-year-old male with a history of IBS and GERD is admitted with a small bowel obstruction.

Nursing Interventions

1.Mointor the client's I&Os and vital signs
2. Weigh the client daily
1.Assess VS prior to medication administration and use 2 client identifiers before administering medication
2. Reassess pain level and assess for adverse effects
-Q1H VS and pain assessment
1.Assess for signs of decreased tissue perfusion
2. Monitor labs
-INR, ABGs, BUN, electrolytes, creatinine, PT, PTT
3.Frequent assessments of the abdomen
-noting absent bowel sounds, constipation, distension, nausea or vomiting
1.Educate the client on risk factors, causes, and signs of a small bowel obstruction
2. Educate the client on lifestyle changes that could help prevent another small bowel obstruction