N321 Care Plan #2

Lakeview College of Nursing

November 2, 2020

Professor Stolz MSN, RN

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Ashley Miller

Demographics (3 points)

Date of Admission **10-28-2020**	**Patient Initials** **DW**	**Age** **65**	**Gender** Male
Race/Ethnicity **Black**	**Occupation** **Retired**	**Marital Status** **Married**	**Allergies** **NKA**
Code Status **Full**	**Height** **5'6"**	**Weight** **84.3 Kg**	

Medical History (5 Points)

Past Medical History: Ulcerative Colitis, HTN, arthritis, aortic stenosis, DVT, DMII, A. Fib, BPH, Sleep apnea, hypothyroid, hyperlipidemia, mitral regurgitation.

Past Surgical History: Colonoscopy 2020, knee replacement 2017

Family History: Dad: Arthritis, Skin cancer Mom: Arthritis

Social History (tobacco/alcohol/drugs): Former smoker, No alcohol

Assistive Devices: No assistive devices

Living Situation: at home with wife

Education Level: High School

Admission Assessment

Chief Complaint (2 points): Bloody stool & light headedness

History of present Illness (10 points): Patient with a PMHx of recently diagnosed Ulcerative Colitis and A-Fib presents to the ED with complaints of a GI bleed. In the ED he was noted to have a slightly lower Hgb than previously noted. GI was contacted and willing to consult on the patient. Noted leukocytosis but clear CXR and patient without complaints of fever.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute Ulcerative Colitis

Secondary Diagnosis (if applicable): GI bleed

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

Acute ulcerative colitis is a condition that involves the large intestines (Capriotti & Frizzell, 2016). There is about 10 t0 12 cases per 100,000 people in the United States per year that get ulcerative colitis (Capriotti & Frizzell, 2016). Cytotoxic T cells accumulate in the wall of the diseased colonic segment (Capriotti & Frizzell, 2016). There is also an increased number of B cells and plasma cells, with an increased production of immunoglobulin G and immunoglobulin E (Capriotti & Frizzell, 2016). The ulcerated areas become covered by granulation tissue, which leads to the formation of inflammatory areas of protruding growths termed pseudopolyps (Capriotti & Frizzell, 2016). Pseudopolyps and continuos areas of inflammation are characteristic of ulcerative colitis (Capriotti & Frizzell, 2016).

There is no known cause of ulcerative colitis (Capriotti & Frizzell, 2016).

Physical assessment, there is not significant abdominal tenderness, LLQ cramps that are relieved when having a bowel movement (Swearingen & D, 2019). Also mild fever, abdominal pain ad tenderness may be present, anemia, and hypoalbuminemia may be present (Swearingen & D, 2019).

Signs and symptoms of ulcerative colitis, include: severe abdominal pain and tenderness, abdominal guarding, fever, leukocytosis, and abdominal distention (Capriotti & Frizzell, 2016). Ulcerative colitis is associated with various other manifestations, which these include, ocular problems, uveitis, dermatological disorders pyoderma gangrenosum and erythema nodosum (Capriotti & Frizzell, 2016).

Diagnostic testing to confirm that a patient has ulcerative colitis, include: stool examination, sigmoidoscopy, colonoscopy, rectal biopsy, barium enema, abdominal plain films, CT, serum antibody testing, radionuclide imaging, blood tests (Swearingen & D, 2019).

Ulcerative colitis has similar treatments to Crohn's disease (Capriotti & Frizzell, 2016). Treatment for acute ulcerative colitis, include: corticosteroids and anti-inflammatory agents, immunosuppressive agents and antibiotics are used to combat inflammation, and when everything else fails surgery is performed (Capriotti & Frizzell, 2016). Surgical options include colostomy and ileostomy (Capriotti & Frizzell, 2016).

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. (1st ed.). Philadelphia, PA: F A Davis.

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

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	**4.5-6.3**	**2.5**	**2.53**	**Hemorrhage**
Hgb	**14-18**	**6.5**	**7.6**	**Hemorrhage**
Hct	**41-51**	**20.7**	**22.8**	**Hemorrhage**
Platelets	**140-440**	**468**	**128**	**Hemorrhage**
WBC	**4-10**	**24.2**	**4.4**	**Trauma**
Neutrophils	**2-6.9**	**86.9**	**N/A**	**Trauma**

Lymphocytes	**0.6-3.4**	**7.4**	**N/A**	**N/A**
Monocytes	**0.0-8.0**	**4.4**	**N/A**	**N/A**
Eosinophils	**0.0-0.5**	**0.6**	**N/A**	**N/A**
Bands	**UNK**	**N/A**	**N/A**	**N/A**

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-	**136-145**	**141**	**138**	**N/A**
K+	**3.5-5.1**	**4.1**	**4.1**	**N/A**
Cl-	**98-107**	**106**	**109**	**Excessive infusion of normal saline**
CO2	**21-31**	**27**	**24**	**N/A**
Glucose	**74-109**	**190**	**164**	**Acute stress response**
BUN	**7-25**	**29**	**35**	**GI bleeding**
Creatinine	**0.7-1.2**	**1.32**	**1.22**	**Reduced renal blood flow**
Albumin	**3.5-5.2**	**2.9**	**2.4**	**Hyperglycemia**
Calcium	**8.6-10.3**	**8.1**	**7.0**	**Hypoalbumincemia**
Mag	**1.3-2.1**	**1.3**	**1.7**	**N/A**
Phosphate	**3.0-4.5**	**N/A**	**N/A**	**N/A**
Bilirubin	**0.3-1.0**	**N/A**	**N/A**	**N/A**
Alk Phos	**40-130**	**116**	**62**	**N/A**
AST	**0-35**	**10**	**8**	**N/A**

ALT	**4-36**	**16**	**7**	**N/A**
Amylase	**60-120**	**N/A**	**N/A**	**N/A**
Lipase	**0-160**	**N/A**	**N/A**	**N/A**
Lactic Acid	**0.6-2.2**	**2.2**	**1.4**	**N/A**

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	**0.8-1.1**	**N/A**	**N/A**	**N/A**
PT	**11-12.5**	**N/A**	**N/A**	**N/A**
PTT	**30-40**	**N/A**	**N/A**	**N/A**
D-Dimer	**<500**	**N/A**	**N/A**	**N/A**
BNP	**<100**	**N/A**	**N/A**	**N/A**
HDL	**>45**	**N/A**	**N/A**	**N/A**
LDL	**<130**	**N/A**	**N/A**	**N/A**
Cholesterol	**<200**	**N/A**	**N/A**	**N/A**
Triglycerides	**40-180**	**N/A**	**N/A**	**N/A**
Hgb A1c	**4-5.6%**	**N/A**	**N/A**	**N/A**
TSH	**0.4-5..0**	**N/A**	**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	**Pale Yellow and Clear**	**Yellow**	**N/A**	**N/A**

pH	**4.5-8**	**5.0**	**N/A**	**N/A**
Specific Gravity	**1.005-1.025**	**1.017**	**N/A**	**N/A**
Glucose	**Negative**	**Normal**	**N/A**	**N/A**
Protein	**Negative**	**Trace**	**N/A**	**Renal vein thrombosis**
Ketones	**Negative**	**Negative**	**N/A**	**N/A**
WBC	**Negative**	**37**	**N/A**	**Bacterial infection in the urinary tract**
RBC	**Negative**	**10**	**N/A**	**Renal Trauma**
Leukoesterase	**Negative**	**3+**	**N/A**	**Possible UTI**

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**	**N/A**
Blood Culture	**Negative**	**N/A**	**N/A**	**N/A**
Sputum Culture	**Negative**	**N/A**	**N/A**	**N/A**
Stool Culture	**Negative**	**N/A**	**N/A**	**N/A**

(Kathleen Deska Pagana et al., 2019)

Lab Correlations Reference (APA):

Kathleen Deska Pagana, Timothy James Pagana, & Theresa Noel Pagana. (2019). *Mosby's diagnostic and laboratory test reference.* Elsevier.

Sarah Bush Lincoln Health Center (2020). *Reference Range (lab values).* Mattoon, IL.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

10/27 Chest Xray: no acute cardiopulmonary process

10/30 Chest Xray: no acute cardiopulmonary process

10/30 PICC Line Placed

Diagnostic Test Correlation (5 points):

The Chest Xray is used to check for fluid accumulation in the pleura, pericardium, and lung (Kathleen Deska Pagana et al., 2019).

Diagnostic Test Reference (APA):

Kathleen Deska Pagana, Timothy James Pagana, & Theresa Noel Pagana. (2019). ***Mosby's diagnostic and laboratory test reference.*** **Elsevier.**

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/ Generic	**Fish Oil/ Omega 3-carboxylic acids**	**K+/ Potassium Bicarbonate**	**Flonase/ Fluticasone Propionate**	**Metformin Hydrochloride/ Novo-Metformin**	**Eliquis/ Apixaban**
Dose	**2000mg**	**20mEq**	**50mcg/inh**	**500mg**	**5mg**
Frequency	**Daily**	**Daily**	**Daily**	**Daily**	**Daily**
Route	**PO**	**PO**	**Nasal**	**PO**	**PO**
Classification	**Antilipemic**	**Electrolyte Replacement**	**Antiasthmatic, anti-inflammatory**	**Antidiabetic**	**Anticoagulant**
Mechanism of Action	**Possibly reduces synthesis of triglycerides in the liver by inhibiting acyl-CoA 1,2 diacylglycerol acyltransferase, increasing mitochondrial and peroxisomal beta oxidation in the liver, decreasing lipogenesis in the liver, and increasing plasma lipoprotein lipase**	**Acts as the major cation in intracellular fluid, activating many enzymatic reactions essential for physiologic processes.**	**Inhibits cells involved in the inflammatory response o asthma, such as basophils, eosinophils, lymphocytes, macrophages, mast cells, and neutrophils.**	**May promote storage of excess glucose as glycogen in the liver, which reduces glucose production.**	**Inhibits free and clot-bound factor Xa and prothrombinase activity. Although apixaban has no direct effect on platelet aggregation, it does indirectly inhibit platelet aggregation induced by thrombin.**

	activity.				
Reason Client Taking	**To reduce triglyceride levels**	**To prevent or treat hypokalemia**	**To prevent asthma attacks**	**To reduce blood glucose level in type 2 diabetes**	**To prevent deep vein thrombosis following hip or knee replacement surgery**
Contraindications (2)	**Hypersensitivity to omega 3-carboxylic acids or its components**	**Acute dehydration, Addison's disease**	**Hypersensitivity to fluticasone or its components, or to milk proteins**	**Advanced renal disease, metabolic acidosis**	**Active pathological bleeding, severe hypersensitivity to apixaban or its components**
Side Effects/Adverse Reactions (2)	**Fatigue, Abdominal discomfort**	**Blood stools, GI bleeding**	**Abdominal pain, nausea or vomiting**	**Hypoglycemia, hepatic injury**	**Hemorrhagic stroke, GI bleeding**
Nursing Considerations (2)	**Monitor LDL-C levels, use cautiously in patients with fish or shellfish allergy**	**Review pt's medical history before administering potassium chloride, Administer oral potassium with or immediately after meals**	**Monitor pt closely at start of therapy, know if pt takes a systemic corticosteroid**	**Give metformin tablets with food, expect prescriber to alter dosage if patient has a condition that decreases or delays gastric emptying**	**Brush tablet and mix apple juice or water, know that apixaban should not be given to patients with severe hepatic dysfunction**

Hospital Medications (5 required)

Brand/ Generic	**Azathioprine/ Azasan**	**Novolog Insulin/ Insulin aspart**	**Tamsulosin Hydrochloride/ Flomax**	**Prednisone/ Prednisone Intensol**	**Loratadine / Claritin**

Dose	**100mg**	**Sliding Scale**	**0.4mg**	**40mg**	**10mg**
Frequency	**Daily**	**With Meals**	**Daily**	**Daily**	**Daily**
Route	**PO**	**Subcut**	**PO**	**PO**	**PO**
Classification	**Immunosuppressant, antirheumatic**	**Rapid-Acting Insulin**	**BPH**	**Immunosuppressant**	**Antihistamines**
Mechanism of Action	**May prevent proliferation and differentiation of activated B and T cells by interfering with purine and nucleic acid synthesis**	**Binds to the insulin receptors on muscle and fat cells and lower blood glucose by facilitating the cellular uptake of glucose and simultaneously inhibiting the output of glucose from the liver**	**Blocks alpha1-adrenergic receptors in the prostate. This action inhibits smooth-muscle contraction in the bladder neck and prostate, prostatic capsule, and prostatic urethra, which improves the rate of urine flow and reduces symptoms of BPH.**	**Binds to intracellular glucocorticoid receptors and suppresses inflammatory and immune responses**	**Histamine stimulates the cells to release chemical that produce effects that we associate with allergy including welts, itching and tissue swelling.**
Reason Client Taking	**To reduce signs and symptoms of acute rheumatoid arthritis**	**Diabetes Type II**	**Hx of BPH**	**To treat adrenogenital syndrome**	**Seasonal Allergies**
Contraindications (2)	**Hypersensitivity to azathioprine or its components**	**Hypoglycemia, hypokalemia**	**Hypersensitivity to tamsulosin, quinazoline**	**Hypersensitivity to prednisone or its**	**Enlarged prostate, diabetes**

			s, or their components	**components, systemic fungal infection**	
Side Effects/ Adverse Reactions (2)	**Abdominal pain, pancreatitis**	**Weight gain, Low potassium**	**Respiratory impairment, erythema multiforme**	**GI bleeding, intestinal perforation**	**Headache, sleepiness**
Nursing Considerations (2)	**Obtain results of baseline laboratory tests, know that hematologic reactions typically are dose-related and may occur late in therapy**	**Store insulin in a cool place away from the sunlight, monitor patients being switched from one type of insulin to another**	**Be aware that prostate cancer should be ruled out before tamsulosin therapy begins, Give drug about 30 minutes after the same meal each day**	**Administer once-daily doses for prednisone in the morning to match body's normal cortisol secretion schedule, Monitor growth pattern in children**	**Allergy to any antihistamines, administer without regard to meals**

(2020 Nurse's drug handbook., 2020).

Medications Reference (APA):

2020 Nurse's drug handbook. (2020). Jones and Bartlett learning

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 **A/O x4** **No distress** **Well-groomed and appropriately dressed for place**

INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	 **Pink** **Dry Intact** **Warm** **Elastic** **N/A** **N/A** **N/A** **19** **No** **N/A**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **Symmetrical, Normocephalic** **TM pearly, symmetrical** **PERRAL** **Patent, no deviated septum** **No signs of dental carries**
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	. **Normal, present with S1 and S2** **A-Fib** **98** **<3** **No** **Yes** **Bilateral lower legs, 3+ pitting edema**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	 **No** **Anterior and Posterior, clear/diminished** .
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:**	 **Regular** **Consistent Carb 1800-2000** **5'6"** **84.3 Kg** **Hyperactive bowel sounds in all four quadrants** **11/01/2020** **N/A** **N/A** **N/A** **N/A** **N/A**

Wounds:	**N/A**
Ostomy: Y ☐ N ☐	**N/A**
Nasogastric: Y ☐ N ☐	**No**
Size:	**No**
Feeding tubes/PEG tube Y ☐ N ☐	**N/A**
Type:	**No**
	N/A
GENITOURINARY (2 Points):	
Color:	**Yellow**
Character:	**Clear**
Quantity of urine:	**NA**
Pain with urination: Y ☐ N ☐	**No**
Dialysis: Y ☐ N ☐	**Yes**
Inspection of genitals:	**Usual for ethnicity**
Catheter: Y ☐ N ☐	**No**
Type:	**N/A**
Size:	**N/A**
MUSCULOSKELETAL (2 points):	
Neurovascular status:	
ROM:	**Normal in UE and LE for ethnicity**
Supportive devices:	**N/A**
Strength:	**Strong and Equal**
ADL Assistance: Y☐ N ☐	**No**
Fall Risk: Y ☐ N☐	**Yes**
Fall Score:	**45**
Activity/Mobility Status:	**Adlib**
Independent (up ad lib) ☐	**Yes**
Needs assistance with equipment ☐	**No**
Needs support to stand and walk☐	**No**
NEUROLOGICAL (2 points):	
MAEW: Y ☐ N☐	**Yes**
PERLA: Y ☐ N☐	**Yes**
Strength Equal: Y ☐ N ☐ if no -	**Yes**
Legs ☐ Arms ☐ Both ☐	**Both**
Orientation:	**A/O x4**
Mental Status:	**Normal**
Speech:	**Clear**
Sensory:	**Intact**
LOC:	**Alert**
PSYCHOSOCIAL/CULTURAL (2 points):	
Coping method(s):	N/A
Developmental level:	**Some College**
Religion & what it means to pt.:	**N/A**
Personal/Family Data (Think about home	**Pt lives at home with wife**

environment, family structure, and available family support):	

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0900	**99 beats per minute**	**115/54 mmHg**	**16 breaths per minute**	**36.0 ℃**	**100% RA**
1100	**96 beats per minute**	**118/60 mmHg**	**16 breaths per minute**	**36.2 ℃**	**100% RA**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0900	**0-10 Numeric**	**Patient denies pain**	**0**	**N/A**	**N/A**
1100	**0-10 Numeric**	**Patient denies pain**	**0**	**N/A**	**N/A**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	**18 gauge** **RUA** **10/30/2020** **Patent** **N/A** **Clean, Dry, Intact**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
600 mL Oral	**350 mL Urine**

Nursing Care

Summary of Care (2 points)

Overview of care: Pt is A/O x4, able to verbalize needs, denies and is up adlib. Pt was seen by his doctor during shift. Pt continues to be up adlib, PICC line in place and patent.

Procedures/testing done: N/A

Complaints/Issues: N/A

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Yes

Physician notifications: N/A

Future plans for patient: N/A

Discharge Planning (2 points)

Discharge location: Pt will go home with wife

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: N/A

Education needs: Started on Lasix 40mg Daily PO

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

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

1. Dehydration	**Related to the patient having a GI bleeding. As evidence by the patient's RBC, Hgb, Hct, and platelet count being low.**	**1. Assess pt for thirst, poor skin turgor, dryness of mucous membranes.** **2. Assess intake and output and urine specific gravity.**	**The pt will drink at least 8 glasses of water a day to keep hydrated.** **Each time the pt goes to the restroom, pt will drain urine into a graduate, and keep tract of how much output he is releasing.**
2. Acute Pain	**Related to the patient having a history of acute ulcerative colitis. Evidence by the patient having abdominal pain and tenderness until having a bowel movement.**	**1. As prescribed, maintain the patient NPO or on TPN to provide bowel rest.** **2. Instruct the patient to request medication before discomfort becomes severe.**	**The pt will remain NPO until the provider has issued a explanation for the patients ulcerative colitis.** **Patient will request pain medication to help with the pain when pt feels pain come about.**
3. Diarrhea	**Related to the patient having a GI bleed. Evidence by patient having a history of acute ulcerative colitis.**	**1.Assess and record the amount, frequency, and character of stools.** **2. Administer topical corticosteroid or aminosalicylate preparations and antibiotics by retention enema, as prescribed.**	**The pt will let staff know when he needs to go have a bowel movement to allow them have time get the character of the stool.** **The pt will have a topical corticosteroid to help with the inflammation of the colon.**

Swearingen & D, 2019

Other References (APA):

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

Concept Map (20 Points):

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Subjective Data

The pt was admitted due to blood stool.
The pain denies having any pain.
Pt does not have a history of using alcohol or recreational drugs.

Nursing Diagnosis/Outcomes

1. Dehydration	Related to the patient having a GI bleeding. As evidence by the patient's RBC, Hgb, Hct, and platelet count being low. Outcome: The pt will drink at least 8 glasses of water a day to keep hydrated. Each time the pt goes to the restroom, pt will drain urine into a graduate, and keep tract of how much output he is releasing
2. Acute Pain	Related to the patient having a history of acute ulcerative colitis. Evidence by the patient having abdominal pain and tenderness until having a bowel movement. Outcome: The pt will remain NPO until the provider has issued a explanation for the patients ulcerative colitis. Patient will request pain medication to help with the pain when pt feels pain come about.
3. Diarrhea	Related to the patient having a GI bleed. Evidence by patient having a history of acute ulcerative colitis. Outcome: The pt will let staff know when he needs to go have a bowel movement to allow them have time get the character of the stool. The pt will have a topical corticosteroid to help with the inflammation of the colon.

Objective Data

Vitals:
B/P: 115/54 mmHG
RR: 16 breaths per minute
HR: 99 beats per minute
O2 Sat: 100% on RA
RBC: level low
Hgb: level low
Hct: level low
Had blood in the stool
Pt denies having any pain.

Patient Information

A 65-year-old Black male married was admitted to the ED for complaints of GI bleeding. The pt has a history of ulcerative colitis. The patient is also a former smoker.

Nursing Interventions

1. Assess pt for thirst, poor skin turgor, dryness of mucous membranes. 2. Assess intake and output and urine specific gravity.
1. As prescribed, maintain the patient NPO or on TPN to provide bowel rest. 2. Instruct the patient to request medication before discomfort becomes severe.
1.Assess and record the amount, frequency, and character of stools. 2. Administer topical corticosteroid or aminosalicylate preparations and antibiotics by retention enema, as prescribed.

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