Medications

1. **Pepcid/famotidine, 20 mg, IM push, 1x daily**
   - Histamine H2 receptor
   - Prevent acid reflux
   - Asses: GI discomfort/bleeding, renal function: creatinine
2. **Advil/ibuprofen, 400 mg, PO, q 6 hours**
   - NSAID, cyclooxygenase inhibitor
   - Pain relief
   - Asses: pain, GI bleeding/discomfort
3. **Culturelle/lactobacillus rhamnoses gg, 1 cap (10 billion cell), PO, 1x daily**
   - Gastrointestinal, Herbals
   - Prevent diarrhea d/t antibiotics
   - Assess GI discomfort/wall perforation, bowel sounds
4. **Zosyn/piperacillin tazobactam, 4.5g, IV, q8 hours**
   - Penicillin antibiotic
   - Prevent infection
   - Asses: hypersensitivity to penicillin, WBC count
5. **Tylenol/acetaminophen**
   - Analgesic, antipyretic, salicylate
   - Pain relief
   - Asses: Pain, temperature

Demographic Data

Admitting diagnosis: Acute appendicitis

Age of client: 13 y/o

Sex: Female

Weight in kgs: 44.5 kg

Allergies: No known allergies

Date of admission: 9/14/21

Psychosocial Developmental Stage:

Identity vs. Role confusion

Cognitive Development Stage:

Formal operations

Admission History

Pathophysiology

Disease process: Two significant factors contributing to the development of appendicitis are the narrowing of the appendix lumen due to obstruction and ischemia, and mucus secretions (Capriotti, 2020). It's believed that the narrowing of the lumen of the appendix is primarily due to the blockage of stool or calcified feces (Capriotti, 2020). The obstruction of blood flow leads to ischemia. Mucus secretions and bacterial growth increase outside the lumen and compromise the appendix's wall causing inflammation and necrosis yielding to the perforation of the appendix (Capriotti, 2020).

S/S of disease: Nausea, vomiting, anorexia, fever, and abdominal distention are clinical presentations of appendicitis (Capriotti, 2020). Abdominal pain originating from the umbilicus, radiating to the right lower quadrant, and rebound tenderness are manifestations of appendicitis. (Capriotti, 2020). The patient has reported nausea, vomiting, and RLQ abdominal pain.

Method of Diagnosis: Diagnosis of appendicitis includes physical examination and diagnostic tools such as XR, CT, and ultrasound (Capriotti, 2020). Imaging tools aid in visualizing an inflamed and edematous appendix (Capriotti, 2020). Appropriate lab values are CRP and WBC count. The patient abdominal CT shows a perforated appendix.

Treatment of disease: The primary treatment for appendicitis is laparoscopic surgery (Capriotti, 2020). Pain medication, antibiotics, and IV fluids are implemented to treat appendicitis. (Capriotti, 2020). Restoration of fluid and electrolytes balance is important observation is advised (Capriotti, 2020). The patient is receiving pain medication and antibiotics after a laparoscopic appendectomy.

13 y/o girl presented to the ED on 9/15/21 complaining of constant cramping lower abdominal pain starting 1 and a half days ago accompanying nausea, emesis, and anorexia. Pt. given Toradol and Zofran for pain relief and emesis.

Relevant Lab Values/Diagnostics

1. **WBC** (4.19-9.43 10^3/uL): 13.03
   - The patient is post-op following an appendectomy; leukocytosis is an expected finding in the post-op period.
2. **RBC** (3.93-4.90 10^6/uL): 3.69
   - Low RBC is expected during the post-op period due to slight blood loss.
3. **Glucose** (74-100 md/dL): 71
   - The patient reported anorexia prior to hospitalization. Low glucose levels could be attributed to a decrease in nutritional intake.
4. **Chloride** (98-106 mmol/L): 108
   - Slightly elevated chloride levels can be attributed to vomiting.
5. **CO2** (22.0-29.0): 18.0
   - The patient is post-op, general anesthesia can impair pulmonary function.
6. **Magnesium** (1.6-2.6 mg/dL): 1.4
   - The patient reported vomiting before hospitalization; low magnesium can be attributed to vomiting.
7. **CT abdomen w/contrast**
   - Diagnostic tool to visualize abdomen, results showed perforated appendix. Imaging tool used to diagnose appendicitis

Medical History

Previous Medical History:

Scoliosis

Prior Hospitalizations:

Tonsillectomy

Chronic Medical Issues:

n/a

Social needs:

n/a

Active Orders

1. **Contact surgeon if fever is greater than 101.5 F, if pain is not relived, nausea/vomiting**
   - Close monitoring for signs and symptoms to prevent impending full body infection.
2. **Wound/incision care**
   - Wound care prevents infection and promotes proper healing of incisions.
3. **Resume activity as tolerated**
   - Activity promotion reduces the risk of post-op complications such pneumonia and thromboembolism.

Assessment										
General	**Integument**	**HEENT**	**Cardiovascular**	**Respiratory**	**Genitourinary**	**Gastrointestinal**	**Musculoskeletal**	**Neurological**	**Most recent VS (highlight if abnormal)**	**Pain and Pain Scale Used**
Alert and responsive ANO x4 No signs of distress Appearance is appropriate	Skin color usual for ethnicity Moist Warm Elastic turgor No rashes No bruises Surgical incision abdomen	Normocephalic, no deviation of trachea No discharge from ear, No drainage, symmetrical, pink conjunctiva No septum deviation Teeth intact, no visible dental caries	Normal S1/S2 heart sounds heard No murmur or gallops heard Normal steady rate and rhythm Peripheral pulses 3+ Capillary refill 2 sec	Respiration pattern is regular Bronchovesicular breath sounds heard bilaterally in all 4 quadrants Equal lung aeration	No pain with urination Genitals are appropriate	Regular diet 62.1 kg Bowel sounds active in all 4 quadrants Last BM:9/18/21 Loose moderate stool Abdomen soft and tender (post-op appendectomy soreness is expected) Slight pain upon palpation (post-op appendectomy soreness is expected) Skin warm and color usual for ethnicity No distention observed Surgical incision observed	Nail bed pink Capillary refill 2 sec Warm skin Radial pulse 2+ Active range of motion against full resistance on all 4 extremities	ANO x4 Normal cognition Clear Sensory perception Appropriate Alert and responsive DTR: 2+ Brisk response	**Time:** 1602 **Temperature** 97.8 F **Route:** Oral **RR:** 20 bpm **HR:** 80 bpm **BP and MAP:** 100/58 mmHg, 73 **Oxygen saturation:** 97% **Oxygen needs:** Room air	4/10 Abdomen Soreness Numeric pain scale

Nursing Diagnosis 1 Risk for infection related to perforated appendix as evidenced by healing surgical incision	**Nursing Diagnosis 2** Acute pain related perforated appendix as evidenced by 4/10 pain score	**Nursing Diagnosis 3** Imbalanced nutrition: less than body requirements related to abdominal pain as evidence by nausea and vomiting
Rationale Due to laparoscopy and surgical site incisions patient is at risk for in infection due to impaired tissue integrity.	**Rationale** Patient is post op following an appendectomy for perforated appendix. Post-op soreness is reported.	**Rationale** Due to accompanying abdominal pain and vomiting patients had trouble eating. Patients' intake is slowly improving as evidenced by finishing half of her sandwich
Interventions **Intervention 1:** administer prescribed antibiotics **Intervention 2:** VS and inspection of incision q 4 hours	**Interventions** **Intervention 1:** administer prescribed pain medications **Intervention 2:** assess pain q 4 hours	**Interventions** **Intervention 1:** asses' dietary patterns **Intervention 2:** weigh patient
Evaluation of Interventions Proper healing was encouraged. Wound healed timely without and any complications. Patient resumed back to normal activity.	**Evaluation of Interventions** Pain score on numeric scale decreased to 2/10. Patient discomfort was minimized. Patient resumed to normal activity.	**Evaluation of Interventions** Patient will increase caloric intake slowly. Will eventually eat 1,600 calories daily. Patient resumed to regular caloric intake.

References

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