

Medications

Enoxaparin (Lovenox)- 40mg=0.4ml, subcutaneous injection, once daily

- Pharmacological classification:
 - Antithrombotic
- Why is the patient taking this:
 - DVT prophylaxis
- Nursing assessments prior to administration:
 - Assess for signs of bleeding or hemorrhage

Lactulose (Cholac) 30g=45ml, P.O., QID

- Pharmacological classification:
 - Osmotic
- Why is the patient taking this:
 - Constipation
- Nursing assessments prior to administration:
 - Assess for bowel sounds, assess mental status

Pantoprazole, 40mg=1 tab, P.O., once daily

- Pharmacological classification:
 - Proton pump inhibitor
- Why is the patient taking this:
 - Prophylactic treatment
- Nursing assessments prior to administration:
 - Assess neurological status, assess respiratory status

Acetaminophen, 1,000mg= 2 tabs, P.O., Q6 PRN

- Pharmacological classification:
 - Non salicylate, para-aminophenol derivative
- Why is the patient taking this:
 - Pain relief
- Nursing assessments prior to administration:
 - Assess renal and liver function

Ondansetron 4mg=2ml, I.V. push, Q6 PRN

- Pharmacological classification:
 - Selective serotonin receptor antagonist
- Why is the patient taking this:
 - To prevent nausea and vomiting
- Nursing assessments prior to administration:
 - Monitor for improvements in GI function, assess motor function, assess for dizziness and drowsiness

Sodium Chloride 0.0% I.V. infusion, 1,000ml @ 75ml/hr

- Pharmacological classification:
 - Hypertonic solution
- Why is the patient taking this:
 - To maintain fluid balance
- Nursing assessments prior to administration:
 - Inspect IV site prior to administration, look for redness and swelling at IV site, check patency of IV site

assess neurological status

Demographic Data

Date of Admission: 10/31
Admission Diagnosis/Chief Complaint: Constipation for > than a week
Age: 80
Gender: Male
Race/Ethnicity: Caucasian
Allergies: No known allergies
Code Status: DNR
Height in cm: 177 cm
Weight in kg: 69 kg
Psychosocial Developmental Stage: Elevated vs decreased
Cognitive Developmental Stage: formal operation
Braden Score: 16
Morse Fall Score: 95
Infection Control Precautions: Standard precautions

Lab Values/Diagnostics

Abnormal labs

- Chloride 108 (normal value: 95-105)
- Elevated d/t decreased renal excretion (Jones & Bartlett, 2020).
- BUN 40 (normal value: 5-20)
- Elevated d/t decreased renal excretion, nephrotoxic drugs (Jones & Bartlett, 2020).
- RBC 3.36 (normal value: 4.5-6.0)
- Decreased d/t older age and potential nutritional deficiencies (Jones & Bartlett, 2020).
- Hgb 10.5 (normal: 14-17)
- Decreased d/t vitamin b12 deficiency (Jones & Bartlett, 2020)
- Wt 92.5 (42% 50%)
- Decreased d/t vitamin b12 deficiency (Jones & Bartlett, 2020)
- Lymphocytes 2.45 (3%)
- Decreased d/t malnutrition (Jones & Bartlett, 2020).

Admission History

On 10/21 an 80 year old Caucasian male arrived at the SBLHC via EMS from Heart Land Senior Living Center due to not having a bowel movement in over a week. The nursing staff said that the patient was not experiencing any nausea or vomiting prior to admission. The patient was passing gas but did have some noticeable bloating. The patient did not appear to be in pain. Decreased d/t vitamin b12 deficiency gave the patient milk of magnesium and two (Jones & Bartlett, 2020) the successful passing of stool. It was at this time was the nursing staff sought medical attention for the patient's constipation.

Diagnostic tests

10/31- CT of abdomen and pelvic region showed a distended colon with a large amount of retained stool.

Previous Medical History: Anxiety, aortic valve stenosis, BPH, constipation, hypertension, PD, HLD

Prior Hospitalizations: Rectum was dilated at 8.5cm. There is associated rectal wall thickening and adjacent stranding which may be due to ulcerative colitis.

The patient's chart did not have any prior hospitalizations listed. The nurse who was assigned that patient also could not find any prior hospitalizations within PowerChart. I was unable to gather the information from the patient verbally as they were not a good historian of their healthcare.

Previous Surgical History:

The patient's chart did not have any prior surgeries listed. The nurse who was assigned that patient also could not find any prior surgeries within PowerChart. I was unable to gather the information from the patient verbally as they were not a good historian of their healthcare.

Social History:

The patient has no prior history of smoking, drinking alcohol, or drug use.

Pathophysiology

Disease process:

Constipation is subjective from person to person, but it is usually defined as having three or fewer bowel movements per week (Capriotti, 2020). My patient meets these criteria as they have not had a bowel movement in over a week. Constipation is not a disease, and the pathology is not well understood, but it can indicate an underlying illness or motility disorder of the GI tract. Constipation is thought to include interference with one of three primary functions of the colon: mucosal transport, myoelectric activity, or pelvic floor dysfunction (Hinkle & Cheever, 2018). It is also important to note that constipation results from a neurological disorder, such as Parkinson's disease, which my patient has. Constipation can cause many serious issues, such as increased arterial pressure due to straining when passing stool. During active straining, venous blood flow in the chest is temporarily impeded due to increased intrathoracic pressure. This pressure tends to collapse the large veins in the chest. The atria and the ventricles receive less blood, and consequently, less blood is ejected by the left ventricle. Cardiac output is decreased, and there is a transient drop in arterial pressure, which may cause orthostasis, dizziness, or syncope (Hinkle & Cheever 2018). These complications put the patient, a fall risk already, at risk for a fall resulting in serious injury. Lastly, constipation can also put patients at risk for hemorrhoids, anal fissures, rectal prolapse, and megacolon (Hinkle & Cheever, 2018).

S/S of disease:

Signs and symptoms of constipation included abdominal distention, fullness in the left lower quadrant of the stomach, straining while defecating, hard stools, sensation of incomplete evacuation, sensation of anorectal obstruction, manual maneuvers to facilitate defecation, and fewer than three spontaneous bowel movement per week (Capriotti, 2020).

Method of Diagnosis:

Constipation is diagnosed based on the presence of two or three more of the conditions listed above at least 25% of the time for 6 months or more (Capriotti, 2020).

Treatment of disease:

Treatment of constipation includes increasing dietary fiber intake, bulk forming laxatives, osmotic laxatives, stool softeners, saline laxatives, suppositories, adequate fluid intake, and increased activity (Capriotti, 2020).

Medications

Milk of magnesium 400mg=5ml, give 30ml, P.O., once daily

- Pharmacological classification:
 - o Mineral
- Why is the patient taking this:
 - o To treat constipation
- Nursing assessments prior to administration:
 - o Assess the abdominal region for bowel sounds, pain, and distension

MiraLAX, 17g=1 packet, P.O., once daily

- Pharmacological classification:
 - o Osmotic laxative
- Why is the patient taking this:
 - o To treat constipation
- Nursing assessments prior to administration:
 - o Assess the abdominal region for bowel sounds, pain, and distension

Vitamin b12, 500mcg, P.O., once daily

- Pharmacological classification:
 - o Water soluble vitamin
- Why is the patient taking this:
 - o To treat b12 deficiency
- Nursing assessments prior to administration:
 - o Check labs

Physical Exam/Assessment

General:

Patient alert and responsive to verbal and painful stimuli. Patient is alert to person and place but not situation or time. Patient did not appear to be distressed or in any pain. Patient appeared to be quite frail and contracted while laying in bed.

Integument:

Skin color was usual for ethnicity. No cyanosis, there was generalized ecchymosis on both arms, no jaundice, no erythema. Patient's skin was dry and slightly flakey. Skin was warm to the touch and skin tented while assess skin turgor. The patient didn't have any rashes on the skin but had several little nicks and cuts on their arms and legs. No nick or cut was bigger than 3cm. Patient had no drains present. Braden was a 16 so the patient will need turned and reposition Q2 while in bed and Q1 while in the chair or wheelchair.

HEENT:

Head and neck were symmetrical. No trauma to the heck or neck. No tracheal deviation was present. Thyroid and lymph nodes were not palpable. Eyes were symmetrical, sclera was white, no erythema or discharge. Patient does have a visual deficit and wears corrective lenses. Patient was unable to stay awake long enough to preform the six cardinal directions, but their eyes were equal, round, and reactive to light and accommodation. No drainage coming from the nose. Nose was midline on the face. No turbinate's, polyps, or deviated septum was noted. Patient did not have good oral care. The patient had very few natural teeth, and the teeth he did have were in poor condition. Mucosa was pink, but slightly dry. Oral care was performed. Rise and fall of the soft pallet was unable to be performed because patient was too drowsy to follow commands at this time.

Cardiovascular:

Patient was in sinus rhythm. Heart sounds S1 and S2 were heard. No murmurs or gallops were present. S3 and S4 were not heard. Peripheral pulse was +4, full and bounding. Capillary refill was less than 3 seconds. There was no JVD or edema noted.

Respiratory:

No use of accessory muscles noted. Respirations were unlabored. Respiration pattern was normal. Breathe sounds were clear. Lung sounds equal bilaterally in all lobes including the right middle lobe, and anteriorly and posteriorly.

Genitourinary/GI:

The patient is on a heart healthy diet at the LTC facility as well as the hospital. The patients last bowel movement was on 11/1 and was large and formed. Bowel sounds were heard in all four quadrants. No masses or tenderness was felt upon palpation. There was no distension noted. Patient had no drains, scars, or feeding tubes of any sort. Patient did have an external male cath to prevent skin breakdown due to being incontinent. Urine appeared light yellow with no sediment. The patient was unable to verbalize if they had pain upon urination due to lethargic state, but the nonverbal ques suggested he wasn't in any pain. The patient was not on any dialysis and the genitals appeared clean, intact, with no order.

Musculoskeletal:

All extremities were warm to the touch with no edema noted. Nail beds were intact and appear pink with capillary refill less than 3 seconds. Patient has poor range or motion and does not move all extremities well. The patient uses a wheelchair but does not propel themselves. The patient requires maximum ADL assistance. The patient is a fall risk with a score of 95. Patient strength was a 1-2 with active movement with gravity eliminated. Patient can not stand on their own and needs to be up with a heavy 2 or a sit to stand to transfer.

Neurological:

Patient does not move all extremities well and does require moderate assistance. Patients' pupils are equal, round, reactive to light and accommodation. Patients' strength is a 1-2in all extremities. Patient is alert to person, place. Patient had mild cognition impairment due to Parkinson's disease. Speech was unable to be assessed due to patients lethargic state. Sensory: Patient could feel when I assessed all of hi pulses as well as when I palpated his abdomen. Patient was alert to stimuli.

Most recent VS (include date/time and highlight if abnormal):

11/1 @ 8:18 am Temperature: 36.9 degrees Celsius Heart rate: 74 beats per minute Respiration rate: 20 breaths per minute Blood pressure: **182/76 mmHg** Spo2: 99% R/A

Pain and pain scale used:

11/1 @ 8:18 0/10 FLACC scale

<p align="center">Nursing Diagnosis 1</p> <p>Risk for constipation r/t reduced muscle control secondary to Parkinson's disease as evidence by reduced number of bowel movements</p>	<p align="center">Nursing Diagnosis 2</p> <p>Acute pain r/t constipation as evidenced by the passing of very hard stool.</p>	<p align="center">Nursing Diagnosis 3</p> <p>Risk of constipation r/t ignoring urge to defecate as evidenced by straining and passage of hard stools.</p>
<p align="center">Rationale</p> <p>Patient has a Parkinson's disease which can effect the ANS which directs bodily functions such as defecation.</p>	<p align="center">Rationale</p> <p>Passing hard stool can be painful and uncomfortable for the patient.</p>	<p align="center">Rationale</p> <p>Patients to ignore the urge to defecate can become constipated.</p>
<p align="center">Interventions</p> <p>Intervention 1: Assess mobility and level of physical activity Intervention 2: Encourage high fiber diet and oral fluid intact</p>	<p align="center">Interventions</p> <p>Intervention 1: Administer laxatives as prescribed Intervention 2: Administer analgesics as prescribed</p>	<p align="center">Interventions</p> <p>Intervention 1: Provide time to use the toilet Intervention 2: Encourage bowel elimination schedule</p>
<p align="center">Evaluation of Interventions</p> <p>Nursing staff should evaluate the patient's level of mobility. If the patient is unable to preform range of motion, the nursing staff should assist. The dietary team at the LTC facility should be implementing more high fiber foods and fluids into the patient's diet to promote good bowel movements that are easy to pass.</p> <p>The desired outcome is return of normal elimination pattern following managed PD symptoms</p>	<p align="center">Evaluation of Interventions</p> <p>The nursing staff should administer laxatives as soon as the notice the patient is not passing/ passing hard stools. This will help make the process of defecating less painful. The nurse may want to administer analgesics before the patient uses to restroom to promote comfort.</p> <p>The desired outcome is to be pain free while passing stool.</p>	<p align="center">Evaluation of Interventions</p> <p>Nursing staff should allow ample time for the patient to sit in the bathroom to try to defecate. Rushing the patient can result in not passing stool which can lead to constipation. Providing the patient with a bowel elimination schedule (such as after meals and before bed) can promote regular bowel movements</p> <p>The desired outcome is the patient will be able to re-establish return of normal elimination pattern.</p>

References (3) (APA):

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis.

Hinkle, J. L., & Cheever, K. H. (2018). *Brunner & Suddarth's textbook of Medical-Surgical Nursing*. Wolters Kluwer.

Jones & Bartlett Learning. (2020). *Nurse's Drug Handbook*.

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