Medications

Enoxaparin 40mg subcutaneous daily – This is a low molecular weight heparin taken for prophylaxis against DVT. Key assessments before administration involve assessing for bleeding and knowing Pt/INR.

Famotidine 20mg IV BID – This is a histamine h2 antagonist given to prevent ulcers and prevent reflux in this patient. Assessing the patient for renal impairment and using caution before giving is key.

Glucagon 1mg IM PRN – This is a pancreatic medication used to stimulate glucose production in case of hypoglycemia. A key assessment before giving this medication is knowing the blood glucose level.

Hydralazine 10mg IV PRN q 4 hrs – This is a vasodilator used in moderate to severe HTN. CBC, BMP, blood pressure, and pulse are key labs to assess before administration.

Hydromorphone 0.2mg IV PRN q 3 hrs – This is an opioid agonist that is indicated for severe pain control. It is key to assess pain, BP, pulse, and respirations before administration.

Insulin lispro sliding scale – This pancreatic medication is indicated for controlling hyperglycemia in this type II DM patient. Key assessment is to use the sliding scale to determine the amount to give if any.

Labetalol 10mg IV q 2hrs PRN – This beta blocker is used to decreased blood pressure in this patient. Key assessments are blood pressure, blood glucose (in this patient with type II DM), and heart rate.

Ondansetron 4mg IV q 6 hrs PRN – This five ht3 antagonist is indicated for nausea and vomiting in this patient. Assessing for N/V, abdominal distention, and bowel sounds prior to administration is key.

Cefepime 2g IV every 12 hours. – This fourth-generation cephalosporin is indicated for small bowel obstruction in this patient. A key assessment would be to assess for allergy to penicillin or cephalosporins and a culture/sensitivity before administration (Jones & Bartlett Learning, 2021).

Lab Values/Diagnostics

Glucose was 130 (high) with normal being 74 – 106; the high value is due to type II DM.

Calcium was 8.0 (low) normal being 8.6 - 10.3; the low value corresponds to this patient being malnourished from NPO status (Lab Tests Online, 2021).

11/14/21 CT with contrast performed on abdomen due to abdominal pain and vomiting. A small bowel obstruction was found.

11/14/21 X-ray (KUB) for confirmation of NG tube placement for decompression; it was found coiled.

11/14/21 X-ray (KUB) for confirmation of NG tube placement for decompression; placement in stomach.

11/15/21 X-ray (KUB) for small bowel obstruction; dilated loops of bowel found and getting worse (small bowel obstruction).

11/16/21 X-ray (KUB) for small bowel obstruction; dilated loops of bowel still abnormal indicating small bowel obstruction (Capriotti, 2020).

Demographic Data

Date of Admission: 11/14/2021
Admission Diagnosis/Chief Complaint: Small bowel obstruction
Age: 76
Gender: Female
Race/Ethnicity: Caucasian
Allergies: Piroxicam, amoxicillin, doxycycline, methocarbamol
Code Status: Full code status
Height in cm: 167.6 cm
Weight in kg: 87.2 kg
Psychosocial Developmental Stage: Generativity vs. Stagnation
Cognitive Developmental Stage: Formal Operational stage
Braden Score: 18 Low Risk
Morse Fall Score: 75 High Risk
Infection Control Precautions: Standard precautions

Admission History

O – The patient's symptoms started 11/13/21.
L – The patient had abdominal pain.
D – The duration of symptoms was constant.
C – The patient declares abdominal pain was cramping.
A – The associating symptoms were nausea and vomiting with nothing making the pain worse.
R – The patient stated nothing relieved her symptoms.
T – The patient sought no treatment besides this visit.
S – The patient stated her pain was a 10/10.

Medical History

Previous Medical History: HTN, dyslipidemia, DM II, rectal and vaginal prolapse.

Prior Hospitalizations: Vaginal prolapse 2018 x1, total hip replacement 2019 x1, right knee surgery in 2021 x1.

Previous Surgical History: Appendectomy, hysterectomy, colon surgery, rectal surgery, right knee surgery, total hip replacement.

Social History: N/A (no alcohol, drugs, or tobacco).

Pathophysiology

Disease process: A small bowel obstruction is a mechanical blockage of the small intestine. The intestine will twist causing distention behind the blockage and emptying on the side of the anus. This process causes a blockage in the veins, leading to inflammation. The inflammation can cause ischemia and bacterial infection of the peritoneal space via *Escherichia coli* infection. As this pathology progresses, the arteries may be cut off, causing ischemia and perforation.

S/S of disease: Vomiting, abdominal pain, nausea, and distended abdomen. Small bowel obstruction can be with or without flatulence and loose bowel movements. Dehydration and sepsis may occur in these patients.

Method of Diagnosis: The gold standard for diagnosis is a CT with contrast if possible although it can be diagnosed with only a physical exam.

Treatment of disease: These patients may require urgent surgery. IV or oral rehydration, pain management, antibiotics and NG decompression are in the treatment plan (Schick & Kashyap, 2021).

Active Orders

NPO status – complete bowel rest is indicated.

Strict I/O – Fluid status should be monitored for N/V relating to dehydration.

NG tube placement - decompressing the bowel.

Bilateral SCDs - preventing DVT.

IV placement – for administration of fluids and medications.

Incentive spirometer – reduces post-surgery pulmonary complications.

Pt to be up ad lib TID – Mobilizing the patient can help peristalsis return and promote better recovery.

Daily Braden score – this is to assess for skin impairment relating to the patient's impaired mobility status (Capriotti, 2020).

Physical Exam/Assessment

General: The patient is AAOx3 and is in no acute distress.

Integument: The patient has an abdominal scar horizontally on both upper quadrants. Abdominal wound from surgery in between both lower abdominal quadrants due to surgery. A foley catheter is present due to surgery and an IV to provide access for medications and hydration.

HEENT: HEENT intact without deformity, drainage, bruising, or abnormality.

Cardiovascular: S1 and S2 present without rubs, murmurs, or gallops.

Respiratory: Normal versicular breath sounds were heard in this patient.

Genitourinary: Bowel sounds are present, yet hypoactive due to post-surgical recovery.

Musculoskeletal:

Neurological: Patient has full ROM with a weak gait. The patient has been NPO since admission due to the small bowel obstruction which can contribute to weakness.

Most recent VS (include date/time and highlight if abnormal): @1218 BP: 148/76 P: 77 T: 98.0 O2: 97% R: 20

Pain and pain scale used: @ 1218 The patient reports a 6.5/10 pain on the numeric scale. The patient was repositioned for additional comfort.

Nursing Diagnosis 1 Acute pain related to abdominal wound as evidenced by self-report of pain.	Nursing Diagnosis 2 Risk for infection related to surgery as evidenced by abdominal wound.	Nursing Diagnosis 3 Risk for falls related to patient ambulation as evidenced by morse fall score
Rationale This patient has fluctuating pain levels which can contribute worsening outcomes if uncontrolled.	Rationale This patient has recently had surgery, which can put the patient at risk for infection.	Rationale This patient has a high morse fall score and is to ambulate TID per provider order.
Interventions Intervention 1: Assess the patient using a numeric pain scale. Intervention 2: Administer pain medication as ordered by the provider.	Interventions Intervention 1: Utilize proper hand hygiene. Intervention 2: Administer antibiotics as ordered by the provider.	Interventions Intervention 1: Assess for mental status changes. Intervention 2: Assist the patient when ambulating.
Evaluation of Interventions The patient's pain level does not move above a manageable level of 6.5 set by the patient (Phelps, 2020).	Evaluation of Interventions The patient will not manifest signs of infection (Phelps, 2020).	Evaluation of Interventions The patient has zero falls during her stay at the hospital (Phelps, 2020).

References (3) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis Company.

Jones & Bartlett Learning. (2021). *2021 nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Lab Tests Online. (2021). *Patient education on blood, urine, and other lab tests*. Retrieved October 3, 2021, from https://labtestsonline.org/

Phelps, L. L. (2020). *Sparks & taylor's nursing diagnosis pocket guide* (4th ed.). Wolters Kluwer.

Schick, M., & Kashyap, S. (2021, July 22). *Small bowel obstruction*. StatPearls. Retrieved November 19, 2021, from https://www.statpearls.com/ArticleLibrary/viewarticle/26081