N321 Concept Map

Student Name:

Medications

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Metoprolol 5 mg
Q6 PRN
Pharmacological: beta adrenergic blocker
Therapeutic: antihypertensive

Reason for taking: HTN

Nursing Assessment prior: BP and heart rate

Tylenol 650 mg Q4 PRN
Pharm: nonsalicylate
Therapeutic: analgesic
Reason: pain
Assessment: assess patient's pain

TUMS 1,000 mg. Q8
Pharm: calcium salts
Therapeutic: antacid
Reason for taking: heart burn
Assessment: ask if they are experiencing heartburn.

Potassium Chloride
20mEq 2/day
Pharm: electrolyte cation
Therapeutic: electrolyte replacement
Reason taking: electrolyte replacement
Assessment: collect CMP

Demographic Data

Date of Admission: 1-23-2022

CT

Admission Diagnosis/Chief Complaint: Abdominal Pain

Age: 88

Penicillin,

Height in cm: 162.2 cm.

Weight in kg: 62.2 kg.

Psychosocial Develop ility to communicate is appropriate for her age. She a and understands what's going on around her.

Cognitive Developme pmental level is appropriate for her age.

Braden Score: 14

Morse Fall Score: 2

Infection Control Pre

Pathophysiology

Disease process: This patient was diagnosed with a small bowel obstruction. This is when there's a blockage in the small intestine. It can be caused by many things. Some of those being adhesions, hernia, and inflammatory bowel disorders. An obstruction can partly or completely block contents from passing through. This causes waste matter to build up.

S/S of disease: Signs and symptoms include abdominal pain, bloating, vomiting, nausea, dehydration, lack of appetite, severe constipation (Cleveland Clinic Medical Professional, 2019). My patient came in for abdominal pain, nausea, and the inability to keep fluids or food down.

Method of Diagnosis: Abdominal X-rays, blood tests, and CT scans are ways providers diagnose a small bowel obstruction. A CBC and electrolyte analysis will be done. X-rays can show whether the bowel is obstructed. CT scans give more accurate information about the cause and site of obstruction. My patient had a CT of the abdomen done to diagnose their obstruction.

Treatment of disease: Medications can be given to relieve nausea and vomiting. In some cases, surgery will need to be done. The goals of surgery are to identify and treat causes of the obstruction. Sometimes, the diseased segment may need to be re-sectioned and removed. My patient had an ileostomy bag placed.

Lab Values/Diagnostics

Values on Admission	Values on 2/10	Values on 1/31
HGB: 9.4	**HGB**: 9.1	**HGB**: 8.9
HCT:28.0	**HCT**: 27.7	**HCT**: 26.1
Glucose: 110	**Glucose**: 89	**Glucose**: 106
BUN: 28	**BUN**: 11	**BUN**: 12
Creatinine: 1.90	**Creatinine**: 0.62	**Creatinine**: 0.63
Calcium: 8.6	**Calcium**: 8.1	**Calcium**: 7.7

Reason for abnormal labs:
Glucose levels could be high because of stress.

BUN and creatinine levels are increased because of possible dehydration (Ramnarine, 2017).

High HGB and HCT could indicate dehydration (Staff Writer, 2020).

Low calcium can be a result of kidney disorder or certain medications (Lewis, 2021).

Admission History

Patient came in for a complaint of abdominal pain persisting for 2 days. She stated it was a 6 out of 10 pain. She was not able to eat any solids or liquids because it made her nauseous. There were no relieving factors, and she hadn't sought treatment for this recent pain.

Medical History

Previous Medical Histor onic kidney disease, history of colon cancer, high chole all bowel obstruction.

Prior Hospitalizations: O e hospital for cellulitis.

Previous Surgical History valve replacement.

Social History: Never smoke ug use.

Normal lab values:
HGB: 4.40-5.80
HCT: 13-16.5
Glucose: 70-99
BUN: 7-25
Creatinine: 0.50-1.20
Calcium: 8.8-10.2
Diagnostics: CT scans can be done to diagnose bowel obstructions because it creates a visual of the intestines. A CT of the pelvis was done on my patient to diagnose their small bowel obstruction.

Active Orders

Discontinue foley if present and remove IV.

Discharge patient to skilled nursing facility.

Physical Exam/Assessment

General: Patient is alert and oriented times 4. She doesn't appear to be in any acute distress.

Integument: Skin is pink and dry. It is cool upon palpation and there are no lesions, rashes, or bruises upon inspection. Skin turgor is normal, less than 3 seconds. Patient's braden score is 14. Patient has an ileostomy drain present.

HEENT: Head and neck are symmetrical upon inspection and the trachea is midline. There are no noted nodules, and the thyroid is nonpalpable. Bilateral carotid pulses are 2+ upon palpation. Bilateral auricles have no visible deformities or lumps present. Bilateral eyes appear to have white sclera with no visible drainage. Bilateral lids appear to have no lesions upon inspection. PERRLA and EOMs are intact bilaterally. Patient uses glasses as an assistive device. Septum is midline with no notable drainage. Oral mucosa is pink and moist with no noted lesions. Patient has clean and intact teeth.

Cardiovascular: Normal heart sounds with no murmurs present. Rate and rhythm are normal. Presents with a 2+ pulse upon palpation of ulnar and radial pulse sites. 2+ pulse is present in all locations. Capillary refill is less than 3 seconds bilaterally. Edema is noted on lower limbs bilaterally. No neck vein distension noted.

Respiratory: Clear breath sounds noted in all lung fields. Respirations and patterns are non-labored with a normal respiratory rate. Patient doesn't appear to be using accessory muscles when breathing.

Genitourinary: Patient's urine was dark yellow with no odor. The quantity of urine was 200 mL. There was no pain with urination and she's not on dialysis. Was unable to examine genitals. Patient had an external catheter that was set up to suction. She had no trouble with urination.

Musculoskeletal: There was no weakness noted upon demonstration of ROM. Patient had demonstrated strength in all extremities. Patient used a walker and gait belt as assistive devices. Patient completed ADLs with assistance needed. Patient needed help gaining strength to stand and walk. Patient was a high fall risk with a score of 2.

Neurological: Patient is alert and oriented to person, place, and time. Patient is well spoken and answers questions appropriately. PERRLA.

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Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
Risk for impaired skin integrity related to recent placement of ileostomy drain as evidenced by flow of flatus and bowel movements.	Risk for imbalanced nutrition related to recent diagnosis of small bowel obstruction as evidenced by vomiting and diarrhea.	Risk for pain related to recent abdominal surgery as evidenced by pain rating of 8 on a 1-10 scale.
Rationale Patient had a recent placement of an ileostomy bag. This increases her risk for irritated skin and poor skin integrity.	**Rationale** Patient had been vomiting consistently for 2 days which increases her risk for electrolyte imbalances and nutritional deficits.	**Rationale** Patient just had a recent surgery which increases their risk for pain.
Interventions **Intervention 1:** Inspect stoma and skin around it with each pouch change. Note any irritation, bruises, or rashes. **Intervention 2:** Apply appropriate skin barrier and clean with warm water and pat dry. Use only soap if area is covered with stool.	**Interventions** **Intervention 1:** Obtain a nutritional assessment to identify any deficiencies. **Intervention 2:** Resume solid foods slowly to reduce the incidence of nausea and abdominal pain.	**Interventions** **Intervention 1:** Assess pain, noting, location, characteristics, and intensity. **Intervention 2:** Provide comfort measures, repositioning, back rub, and ensure any movements won't injure stoma.
Evaluation of Interventions Client demonstrated proper cleaning technique and was able to identify risk factors.	**Evaluation of Interventions** Client verbalized a nutritional plan to ensure proper nutrients are obtained along with limiting GI disturbances.	**Evaluation of Interventions** Client verbalized that their pain was relieved after administering Tylenol. Patient was able to relax and appeared to be pain free.

References (3) (APA):

Cleveland Clinic Medical Professional (2019). Small Bowel Obstruction. Retrieved from my.clevelandclinic.org/health/diseases/15850-small-bowel-obstruction.

Jones and Bartlett Learning. (2021) *Nurse's Drug Handbook*.

Ramnarine, M (2017). Small-Bowel Obstruction Workup. Retrieved from emedicine.medscape.com/article/774140-workup#:~:text=Serum%20chemistries%3A%20Results%20are%20usually%20normal%20or%20mildly,due%20to%20a%20decreased%20volume%20state%20%28eg%2C%20dehydration%29.

Staff Writer (2020). What Does it Mean When your Hemoglobin Level is High? Retrieved from www.reference.com/world-view/mean-hemoglobin-level-high-c97056240b3a246f.