

Medications

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.

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

Reason for taking: HTN

Nursing Assessment prior: BP and heart rate

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

Admission Diagnosis/Chief Complaint: Abdominal Pain

Age: 88

Gender: Female

Race/Ethnicity: White

Allergies: Amoxicillin, Demerol, Naproxen, Norco, Oxycodone, Penicillin, Propoxyphene, sulfa antibiotics

Code Status: Full

Height in cm: 162.2 cm.

Weight in kg: 62.2 kg.

Psychosocial Developmental Stage: Patient's ability to communicate is appropriate for her age. She answers questions appropriately and understands what's going on around her.

Cognitive Developmental Stage: Patient's developmental level is appropriate for her age.

Braden Score: 14

Morse Fall Score: 2

Infection Control Precautions: NA

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).

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.

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 History: UTI, atrial fibrillation, CHF, chronic kidney disease, history of colon cancer, high cholesterol, hypertension, edema, small bowel obstruction.

Prior Hospitalizations: On 8-17-21 she was admitted to the hospital for cellulitis.

Previous Surgical History: small bowel obstruction, aortic valve replacement.

Social History: Never smoked, no alcohol consumption, or drug use.

Active Orders

Discontinue foley if present and remove IV.

Discharge patient to skilled nursing facility.

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the student to draw a concept map related to the course N321.

