

Medications

- ✚ Acetaminophen liquid suspension 500mg PO q 6 hrs. PRN
- ✚ Lovenox 40 mg daily
- ✚ Lactated Ringers 130 mL/hr.
- ✚ Ondansetron 4 mg IVP daily PRN
- ✚ Protonix 40 mg Daily
- ✚ Potassium Chloride 20 mEq/100 mL 20 mL an hr.
- ✚ Carafate 1 g QID
- ✚ Compazine 10 mg q 6 hrs. PRN

Lab Values/Diagnostics

- ✚ AST value of 38
- ✚ ALT value of 57
- ✚ Albumin 3.3
- ✚ Colonoscopy- malignant partial obstruction tumor located 55 cm from anus

Demographic Data

Date of Admission: 3/21/22
Admission Diagnosis/Chief Complaint: Abdominal pain
Age: 81 years old
Gender: Male
Race/Ethnicity: White
Allergies: KNA
Code Status: Full
Height in cm: 180.3
Weight in kg: 91.6
Psychosocial Developmental Stage: Appropriate for age
Cognitive Developmental Stage: Appropriate for age
Braden Score: 21
Morse Fall Score: 8
Infection Control Precautions: Standard precautions

Admission History

O- Started the night before **L-** abdomen **D-**Constant
C-Stabbing Pain with Nausea and Vomiting **A-** Eating
R- NA **T-**NA

Medical History

Previous Medical History: Trigger finger, Obstructive Sleep Apnea,
Prior Hospitalizations:
Previous Surgical History: Dental reconstruction on the upper teeth, Trigger finger release
Social History: Former smoker quit 50 years ago

Pathophysiology

Disease process:

Abnormal polyp begins to grow and becomes cancerous. The tumor then begins to grow and causes a blockage within the bowel toward the end-stage of the cancer

S/S of disease:

Nausea and Vomiting
Abdominal pain
Cessation of bowel movements

Method of Diagnosis:

X-ray of abdomen
CT Scan of the abdomen
Colonoscopy

Treatment of disease:

Radiation and chemotherapy
Bowel reconstructive surgery

Active Orders

- ✚ NPO, ice chips- related to partial obstructive colon
- ✚ NG tube on low suction- related to partial obstructive colon

Physical Exam/Assessment

General: Client is an 81 year-old male, is dressed appropriately for location, appears to be well groomed

Integument: Skin is warm and dry upon palpation. Skin turgor is less than two seconds, normal mobility. Nails are without clubbing. There are no rashes or bruising upon inspection. The client's capillary refill is less than 3 seconds between fingers and toes bilaterally. Client has a stoma present. Stoma is beefy red and moist is located in left lower quadrant of the abdomen. Client also has an IV located in Left forearm (18 gage)

HEENT: The client's head and neck are symmetrical. The trachea is midline and there are non-palpable lymph nodes and lobes. The uvula is midline. There is no visible abnormality of ears or palpable deformities. The sclera is white bilaterally. The client's cornea is clear b/l. Their conjunctiva is pink with no mucus. The client does not wear glasses. Their EOMs are intact and PERRLA. The client's septum is midline. **The client has dentures. Client is hearing impaired in both left and right.** Wears hearing aids and they a working appropriately.

Cardiovascular: Upon auscultation, there are clear S1 and S2 without murmurs. The client's PMI is palpable at the 5th intercostal space at the MCL. There is a normal rate and rhythm. Extremities are pink, warm, and dry. There is no edema, palpated in all extremities. The epitrochlear lymph nodes are nonpalpable b/l. The client's pulses are 2+. Their capillary refill is less than 3 seconds between fingers and toes.

Respiratory: The anterior and posterior breath sounds are clear bilaterally. Nonlabored breathing. Clients chest rises and falls equally.

Genitourinary: The client reports no pain with urination and there is no discharge upon inspection. Client states that his urine is a pale yellow color with no odder when he urinates

Musculoskeletal: The client shows no signs of muscular atrophy in limbs. The client's arm muscle strength is rated at a 5/5. The client has a steady gait and is supervision upon transferring.

Neurological: The patient is alert and relaxed. The client is oriented x4; to person, place, time, and situation. The client presents with coherent speech, and their senses are intact. Client grips are equal and strength rate is 5/5.

Most recent VS (include date/time and highlight if abnormal): Vital signs were recorded at 1230.

B/P 150/74, P- 66, R-16, T-98.6 (F), O2- 96% on room air

Pain and pain scale used: Client denies in pain and states pain is a 0 on a scale of 1-10

<p align="center">Nursing Diagnosis 1</p> <p>Nausea and vomiting related to bowel obstruction as evidenced by colonoscopy results</p>	<p align="center">Nursing Diagnosis 2</p> <p>Risk for imbalance electrolytes related to NG suctioning as evidenced by lab values.</p>	<p align="center">Nursing Diagnosis 3</p> <p>Risk for acute abdominal pain related to bowel obstruction as evidenced by trip to the emergency room</p>
<p align="center">Rationale</p> <p>malignment partial obstruction tumor of the colon</p>	<p align="center">Rationale</p> <p>malignment partial obstruction tumor of the colon</p>	<p align="center">Rationale</p> <p>malignment partial obstruction tumor of the colon</p>
<p align="center">Interventions</p> <p>Intervention 1: Ondansetron 4 mg IVP daily PRN</p> <p>Intervention 2: NPO</p>	<p align="center">Interventions</p> <p>Intervention 1: CMP evaluation daily</p> <p>Intervention 2: Lactated ringers</p>	<p align="center">Interventions</p> <p>Intervention 1: Acetaminophen liquid suspension 500mg PO q 6 hrs. PRN</p> <p>Intervention 2: Protonix 40 mg Daily</p>
<p align="center">Evaluation of Interventions</p> <p>Client currently has no complaints of nausea and vomiting. Client is able to keep nausea and vomiting away with medication.</p>	<p align="center">Evaluation of Interventions</p> <p>Client is CMP and CBC is currently normal.</p>	<p align="center">Evaluation of Interventions</p> <p>Client is able to control pain with acetaminophen. Client is taking protonix to help reduce inflammation of the GI tract</p>

References (3) (APA):

Malignant bowel obstruction in advanced cancer patients: epidemiology, management, and factors influencing spontaneous resolution Albert Tuca,

Ernest Guell, Emilio Martinez-Losada, Nuria Codorniu Cancer Manag Res. 2012; 4: 159–169. Published online 2012 Jun

13. doi: 10.2147/CMAR.S29297

Phelps, L.L. (2020). Sparks and Taylor's Nursing Diagnosis Reference Manual (4th ed.). Wolters Kluwer.

