N321 Care Plan #2

Lakeview College of Nursing

Camryn Studer

Demographics (3 points)

Date of Admission 03/18/2020	**Client Initials** D.J.	**Age** 45 years old	**Gender** Male
Race/Ethnicity African American	**Occupation** Paramedic	**Marital Status** Single	**Allergies** Penicillin (PCN)
Code Status Full code	**Height** 5’ 10”	**Weight** 180 lbs	

Medical History (5 Points)

Past Medical History:

- Irritable Bowel Syndrome (IBS)
- Gastroesophageal reflux disease (GERD)

Past Surgical History:

- None

Family History:

- Mother:
  - IBS
- Father:
  - GERD
  - Hypertension
- Sister:
  - Obesity
  - Diabetes Mellitus Type 2

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):

- One pack a day smoker for 20 years
- States he drinks “a few beers on the weekends”

Assistive Devices:

- N/A

Living Situation:

- Lives at home with significant other

Education Level:

- High school diploma
- Formal Paramedic Training 1995

Admission Assessment

Chief Complaint (2 points): Abdominal pain for two days with nausea and vomiting

History of Present Illness – OLD CARTS (10 points):

The patient is a 45-year-old male who presented to the Emergency Department for chronic abdominal pain, nausea, and vomiting for two days. Famotidine, lidocaine oral suspension, and ondansetron was provided with little relief. A kidney, ureter, and bladder X-ray (KUB) was performed to reveal a small bowel obstruction. A nasogastric tube (NG) was placed to decompress the abdomen. He will be admitted to the medical-surgical unit for further evaluation.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Small Bowel Obstruction

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points):

“A bowel obstruction can be a mechanical or functional blockage of the small or large intestine” (Smith et al., 2021). Bowel obstructions are typically caused by intestinal adhesions,

colon cancer, hernias, inflammatory bowel diseases, diverticulitis, or impacted feces (Smith et al., 2021). Untreated bowel obstructions can cause tissue death which causes an infection that can lead to sepsis or even death. If the intestines can swollen from the obstruction, it will be harder for them to absorb fluid which can lead to dehydration or even kidney failure.

Some signs and symptoms of a bowel obstruction are as follows:

- Constipation
- Nausea
- Vomiting
- Abdominal pain and cramping
- Loss of appetite
- Abdominal distention
- Inability to pass gas
- Dehydration
- Malaise
    - (Smith et al., 2021).

The patient presented to the emergency department with abdominal pain, nausea, and vomiting for two days which indicated that they may have a bowel obstruction. The patient was put on NPO status with a NG tube for bowel rest. Since the patient had multiple gastrointestinal issues, testing needed to be done to identify the issue at hand.

The patient received a KUB to identify if there were any bowel obstructions and an EKG to ensure there was not any cardiac issues. A small bowel obstruction was identified in the lower left quadrant of the abdomen. Gas was seen throughout the abdomen without sign of perforation or free air in the abdominal cavity. According to the National Institute of Diabetes and Digestive

and Kidney Diseases, some expected lab findings for a patient with a bowel obstruction are increased BUN/creatinine levels, elevated white blood cells, and increased serum lactate levels. This patient had increased BUN levels most likely due to dehydration from lack of absorption from the intestines and recurrent vomiting. They also had increased white blood cells most likely due to inflammation of the intestines or the beginning of an infection.

A small bowel obstruction does not require surgery unless the intestine is completely blocked or strangulated. In this patient's case, the obstruction is being treated with other non-invasive methods. The most common treatment for a small uncomplicated bowel obstruction are as follows:

- Intravenous fluids
- NPO status (nothing by mouth)
- NG tube insertion
- Bowel rest
- Anti-emetics
    - (Smith et al., 2021).

These treatments are all done to give the bowels enough rest to dislodge or pass the obstruction. This patient received all of these treatments and will be monitored until bowel sounds return and the patient is passing gas.

Pathophysiology References (2) (APA):

Smith, D. A. (2021, August 6). *Bowel obstruction*. StatPearls [Internet]. Retrieved April 1, 2022, from https://www.ncbi.nlm.nih.gov/books/NBK441975/

U.S. Department of Health and Human Services. (2021). *Diagnosis of intestinal pseudo-obstruction*. National Institute of Diabetes and Digestive and Kidney Diseases. Retrieved April 1, 2022, from

https://www.niddk.nih.gov/health-information/digestive-diseases/intestinal-pseudo-obstruction/diagnosis

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	F: 4.5-5 M: 4.5-6	N/A	N/A	N/A
Hgb	F: 12-15 M: 14-16	13.1	N/A	GERD can cause anemia and ulcers which may cause hemoglobin levels to decrease (Van & Bladh, 2017).
Hct	F: 42-52 M: 35-47	42.1	N/A	N/A
Platelets	150,000-400,000	N/A	N/A	N/A
WBC	4,500-11,000	12.4	N/A	The increase in white blood cells is most likely due to inflammation from the patients bowel obstruction (Van & Bladh, 2017).
Neutrophils	45-75%	N/A	N/A	N/A
Lymphocytes	20-40%	N/A	N/A	N/A
Monocytes	1-10%	N/A	N/A	N/A
Eosinophils	<7%	N/A	N/A	N/A
Bands	<1%	N/A	N/A	N/A

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	135-145	130	N/A	The low sodium levels is most likely due to the lack of hydration from vomiting and decreased intestinal absorption (Van & Bladh, 2017).
K+	3.5-5.0	4.2	N/A	N/A

Cl-	97-107	N/A	N/A	N/A
CO2	20-30	N/A	N/A	N/A
Glucose	70-110	97	N/A	N/A
BUN	10-20	9	N/A	The low BUN level is most likely due to the lack of nutrition from the patient not being able to eat or for multiple days (Van & Bladh, 2017).
Creatinine	0.7-1.4	1.01	N/A	N/A
Albumin	3.5-5	N/A	N/A	N/A
Calcium	8.6-10.2	N/A	N/A	N/A
Mag	1.3-2.1	N/A	N/A	N/A
Phosphate	2.5-4.5	N/A	N/A	N/A
Bilirubin	0.3-1	0.4	N/A	N/A
Alk Phos	30-120	N/A	N/A	N/A
AST	0-35	15	N/A	N/A
ALT	4-36	52	N/A	Increased ALT levels are due to infection, liver diseases, or cirrhosis (Van & Bladh, 2017).
Amylase	30-220	N/A	N/A	N/A
Lipase	0-160	N/A	N/A	N/A
Lactic Acid	0.5-1	N/A	N/A	N/A

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal

INR	0.8-1.1	N/A	N/A	N/A
PT	11-12.5	N/A	N/A	N/A
PTT	30-40	N/A	N/A	N/A
D-Dimer	<0.4	N/A	N/A	N/A
BNP	<100	N/A	N/A	N/A
HDL	>60	N/A	N/A	N/A
LDL	<130	N/A	N/A	N/A
Cholesterol	<200	N/A	N/A	N/A
Triglycerides	<150	N/A	N/A	N/A
Hgb A1c	4-5.9%	N/A	N/A	N/A
TSH	0.4-4.0	N/A	N/A	N/A

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	5.0-8.0	N/A	N/A	N/A
pH	1.005-1.035	N/A	N/A	N/A
Specific Gravity	Negative	N/A	N/A	N/A
Glucose	Negative	N/A	N/A	N/A
Protein	Negative	N/A	N/A	N/A
Ketones	<5	N/A	N/A	N/A
WBC	0-3	N/A	N/A	N/A
RBC	Negative	N/A	N/A	N/A
Leukoesterase	5.0-8.0	N/A	N/A	N/A

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Van, A. M., & Bladh M. L. (2017). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications.* F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- KUB:
  - A small bowel obstruction can be identified in the lower left quadrant of the abdomen.
  - Gas can be seen throughout the abdomen.
  - No sign of perforation or free air within the abdominal cavity.
- KUB status post NG tube insertion:
  - The tip of the NG/OG is coiled within the stomach.
  - All other findings are unchanged from previous films and interpretations.
- Electrocardiogram (EKG)
  - Normal sinus rhythm without ectopy

Diagnostic Test Correlation (5 points):

The patient had an X-ray of the kidneys, ureter, and bladder or KUB to assess the abdominal area and GI system for possible issues. An X-ray uses a small dose of radiation to produce pictures of the organs inside the abdominal area. This diagnostic imaging is one of the

most frequently done labs and can diagnose cardiac, pulmonary, and skeletal issues (Van & Bladh, 2017). The KUB showed a small bowel obstruction in the lower left quadrant of the abdomen. There is gas seen throughout the abdomen and there are no signs or perforation or free air within the abdominal cavity.

The patient has an electrocardiogram or EKG done to check the heart's electrical activity. Having an EKG done ensures that the heart is strong and beating normally (Van & Bladh, 2017). The patient most likely had an EKG done to ensure there was no underlying issues before administering medications that may influence the heart. The patients EKG showed signed of normal sinus rhythm, and ST without ectopy.

Diagnostic Test Reference (1) (APA):

Van, A. M., & Bladh, M. L.(2017). *Davis's comprehensive handbook of laboratory & diagnostic tests with nursing implications.* F.A. Davis Company.

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	B: Pepcid AC G: Famotidine	B:Loperamide G: Imodium A-D	B: Calcium Carbonate G:Tums	N/A	N/A
Dose	20 mg	4 mg	**750 mg**	N/A	N/A
Frequency	Once daily	Every 6 hours as needed	**Every 4 hours as needed**	N/A	N/A
Route	Oral	Oral	**Oral**	N/A	N/A
Classification	T: Antiulcer agents P: Histamine h2 antagonist	T: Antidiarrheal P: N/A	T: Mineral and electrolyte replacement/ supplement P: N/A	N/A	N/A

Mechanism of Action	Inhibits the action of histamine at the H2 – receptor site located primarily in gastric parietal cells, resulting in inhibition of gastric acid secretion. (Vallerand & Sanoski, 2021).	Inhibits peristalsis and prolongs transit time by a direct effect on the nerves in the intestinal muscle wall. (Vallerand & Sanoski, 2021).	Replacement of calcium deficiency states. Acts as an activator in the transmission of nerves impulses and contraction of cardiac, skeletal, and smooth muscle cells. (Vallerand & Sanoski, 2021).	N/A	N/A
Reason Client Taking	GERD	Diarrhea	Heartburn	N/A	N/A
Contraindications (2)	Hypersensitivity Phenylketonuria (chewable tablets only) (Vallerand & Sanoski, 2021).	Hypersensitivity Patients with constipation (Vallerand & Sanoski, 2021).	Hypercalcemia Renal calculi (Vallerand & Sanoski, 2021).	N/A	N/A
Side Effects/Adverse Reactions (2)	Arrhythmias Aplastic anemia (Vallerand & Sanoski, 2021).	Cardiac arrest Ventricular arrhythmias (Vallerand & Sanoski, 2021).	Headache Arrhythmias (Vallerand & Sanoski, 2021).	N/A	N/A
Nursing Considerations (2)	Take the full course of therapy, even if feeling better. Advise patient to avoid alcohol, NSAIDS, and asprin. (Vallerand & Sanoski, 2021).	Caution patient to avoid using alcohol and other CNS depressants. Monitor for fever, abdominal pain, or distention. (Vallerand & Sanoski, 2021).	Do not take with concurrently with foods containing large amounts of oxalic acid. Advise patients to avoid excessive use of tobacco or	N/A	N/A

			beverages containing alcohol or caffeine. (Vallerand & Sanoski, 2021).		

Hospital Medications (5 required)

Brand/Generic	B: Ondasteron G: Zofran	B: Promethazine G: Histantil	B: Morphine G: Mitigo	B: Acetominophen G: Tylenol	B: G:
Dose	20 mg	12.5 mg	2 mg	1,000 mg	
Frequency	Every 6 hour as needed	Every 8 hours as needed	Every 4 hours as needed	Every 8 hours as needed	
Route	IV push	IV push	IV push	IV injection	
Classification	T: Antiemetics P: Five ht3 antagonists	T: Antiemetics Antihistamine Sedative P: Phenothiazines	T: Opioid analgesic P: Opioid agonist	T: Antipyretic Nonopioid analgesic P: N/A	
Mechanism of Action	Blocks the effects of serotonin at 5-HT3 receptor sites. (Vallerand & Sanoski, 2021).	Blocks the effects of histamine. Produces CNS depression by indirectly decreased	Binds to opiate receptors in the CNS. Alters the perception of and response to painful stimuli while	Inhibits synthesis of prostaglandins that may serve as mediators or pain and fever, primarily in	

		stimulation of the CNS reticular system. (Vallerand & Sanoski, 2021).	producing generalize CNS depression (Vallerand & Sanoski, 2021).	the CNS (Vallerand & Sanoski, 2021).	
Reason Client Taking	Nausea	Nausea refractory to Ondansetron	Pain	Fever > 38.0˚C	
Contraindications (2)	Hypersensitivity Hepatic impairment (Vallerand & Sanoski, 2021).	Hypersensitivity Prostatic hypertrophy (Vallerand & Sanoski, 2021).	Hypersensitivity Significant respiratory depression (Vallerand & Sanoski, 2021).	Chronic alcohol use/abuse Hepatic and renal disease (Vallerand & Sanoski, 2021).	
Side Effects/Adverse Reactions (2)	Serotonin syndrome Torsade de pointes (Vallerand & Sanoski, 2021).	Neuroleptic malignant syndrome Blurred vision (Vallerand & Sanoski, 2021).	Respiratory depression Hypotension (Vallerand & Sanoski, 2021).	Hepatotoxicity Steven-Johnson syndrome (Vallerand & Sanoski, 2021).	
Nursing Considerations (2)	Monitor ECG Monitor for signs and symptoms of serotonin syndrome (Vallerand & Sanoski, 2021).	Monitor for signs and symptoms of neuroleptic malignant syndrome Assess level of sedation after administration (Vallerand & Sanoski, 2021).	Assess level on consciousness, blood pressure, pulse, and respirations before, during, and after administration. Assess pain type, location, and intensity, prior and 1 hour following administration. (Vallerand & Sanoski, 2021).	Assess overall health and alcohol abuse before administering Assess for rash periodically during therapy. (Vallerand & Sanoski, 2021).	

Medications Reference (1) (APA):

Vallerand, A. H., & Sanoski, C. A. (2021). Davis's drug guide for Nurses. F.A. Davis Company

Assessment

Physical Exam (18 points) – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is A&Ox4. Oriented to person, place, date, and time. Patient shows no signs of distress. Patient is well groomed, maintains personal hygiene.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	Skin color is appropriate for ethnicity. Skin is pink, warm, day and intact. The patient's temperature is 37.5 degrees Celsius. The patients skin turgor is elastic with no signs of rashes, bruises, or wounds. The Braden score is not applicable and there are no drains present.
HEENT: **Head/Neck:** **Ears:** **Eyes:**	Normocephalic, neck is supple, no signs of masses, no deviated trachea. Denies facial numbness or tingling. Ears are symmetrical, no

Nose: **Teeth:**	signs of cerumen. Eyes are equal, round, reactive and accommodate to light. No deviated septum, nares are patent and shows no signs or polyps. Oral mucosa is pink and moist, and the patients' teeth are intact.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	.S1 and S2 heart noted and dually paced. Patient is in normal sinus rhythm with a heart rate of 76 beats per minute. Peripheral pulse are 2+ bilaterally. Capillary refill is less than 3 seconds and there is no signs of neck vein distention or edema.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds anterior and posterior are clear bilaterally. Airway is patent with no signs of change in clinical course.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☒ N ☐** **Size:** 65 cm **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Patient is on a regular diet at home and is NPO (nothing by mouth) status at the hospital until bowel sounds return or the patient passes gas. The patient is 5' 10" and 180 pounds. Bowel sounds are absent in the right lower quadrant and hypoactive in all other quadrants. The last bowel movement is unknown. There are no signs of distention, incisions, scars, drains, and wounds upon inspection. Abdomen is soft but is tender to the touch. The patient does not have an ostomy bag or feeding tube but does have a nasogastric tube. The NG tube is connected to
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒**	The patient's urine is clear and yellow with no foul odor. The patient voided 450 mL in 4 hours. Patient denies pain upon urination. They patient is not on dialysis and does not have a catheter. Genitals were not assessed.

Dialysis: Y ☐ N ☐ **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	The patient shows active range of motion with strength equal bilaterally in upper and lower extremities. The patient can ambulate unassisted. No assistive devices necessary and fall score is not applicable.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient can move all extremities equally without weakness. Eyes are equal, round, reactive, and accommodation to light. The patient is oriented to time, date, place, and situation. Speech is clear and A&Ox4.
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Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	75 bpm	133/76 mmHG	16	37.5˚C	98% room air
1100	69 bpm	124/68	18	36.9˚C	97% room air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric	Generalized abdominal pain	8/10	Dull	Morphine administered
1100	Numeric	Generalized abdominal pain	4/10	Dull	Morphine administered

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	18G left antecubital inserted on 3/18/2020⇒D5NS at 100 mL/hr infusing without difficulty 18G right wrist inserted on 3/18/2020⇒ no complications, patent, dressing is clean, dry, and intact

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
D5NS 400 mL	Urine 450 mL Stool x0

Nursing Care

Summary of Care (2 points)

Overview of care:

The patient presented to the Emergency Department for chronic abdominal pain, nausea, and vomiting for two days. Famotidine, lidocaine oral suspension, and ondansetron was provided with little relief. A kidney, ureter, and bladder X-ray (KUB) was performed to reveal a small bowel obstruction. A nasogastric tube (NG) was placed to decompress the abdomen. A full body assessment was done, and he was put on NPO status bowel rest.

Procedures/testing done:

A kidney, ureter, and bladder X-ray (KUB) was performed to reveal a small bowel obstruction. A nasogastric tube (NG) was placed to decompress the abdomen. He will be admitted to the medical-surgical unit for further evaluation.

Complaints/Issues:

The patient complained of generalized abdominal pain at an 8/10 and a 4/10. Both times he was given morphine for the pain,

Vital signs (stable/unstable):

The patient's temperature, pulse, and respirations were stable. The patients blood pressure at 0700 was slightly evaluated.

Tolerating diet, activity, etc.:

The patient is tolerating the bowel rest by being NPO status.

Physician notifications:

The physician should be alerted if the patients fever is above 38.0°C despite administration of acetaminophen.

Future plans for client:

Future planning will be prepared upon relief of small bowel obstruction.

Discharge Planning (2 points)

Discharge planning will be initiated upon relief of small bowel obstruction.

Discharge location:

The patient will return home with his significant other.

Home health needs (if applicable):

N/A

Equipment needs (if applicable):

N/A

Follow up plan:

A follow up plan will be initiated upon relief of small bowel obstruction.

Education needs:

The patient will need education on the following:

- Bowel rest/NPO status
- Blood glucose monitoring
- IV fluids

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.

this client				
1. Risk for infection due to bowel obstruction as evidence by increased white blood cells.	The patient is experiencing a bowel obstruction which can lead to infection if not treated in time.	1.Ensuring the patients bowel obstruction is treated in a timely fashion. 2.Ensure that the patient is complying with treatment and is educated on the risks of a bowel obstruction.	1.Treatment of the bowel obstruction without further infection.	• The patient responded well to the nurses' actions. • The patient is complying with treatment and knows the risks of infection. • Goals met.
1. Risk for imbalanced fluid volume due to bowel obstruction as evidence by lack of intestinal absorption, vomiting, and increased BUN levels.	The patient is experiencing dehydration from vomiting for two days and lack of intestinal absorption from the obstruction.	1.IV fluids to ensure the patient is not dehydrated. 2.Nutrition through a NG tube to ensure the patient is not becoming malnourished.	1.The patient remains hydrated.	• The patient responded well to the nurses' actions. • The patient is getting IV fluids to ensure proper hydration. • Goals met.
2. Risk for disturbed sleep patterns due to bowel obstruction as evidence by a pain	The patient is experiencing severe abdominal pain due to the bowel obstruction which can cause sleep disturbances.	1.Utilization of prescribed opioid analgesics to relieve pain. 2.Calm, quiet environment, bedtime routine, dim	1.The patient gets an appropriate amount of sleep at night.	• The patient is responding well to the nurses' actions. • The patient is expressing when he is

rating of 8/10.		lights, reading and other comfort measures.		feeling pain and needed opioid analgesics. • Goals met.

Other References (APA):

Concept Map (20 Points):

Subjective Data

The patient came in to the ER with severe abdominal pain, nausea, and vomiting for two days. He is allergic to penicillin antibiotics. He is a 1 pack a day smoker for the last 20 years and drinks a few beers on the weekends. He lives at home with his significant other and has received a high school diploma and formal paramedic training.

Nursing Diagnosis/Outcomes

Risk for infection due to bowel obstruction as evidence by increased white blood cells

- The patient responded well to the nurses' actions.
- The patient is complying with treatment and knows the risks of infection.
- Goals met

Risk for imbalanced fluid volume due to bowel obstruction as evidence by lack of intestinal absorption, vomiting, and increased BUN levels.

- The patient responded well to the nurses' actions.
- The patient is getting IV fluids to ensure proper hydration.
- Goals met.

Risk for disturbed sleep patterns due to bowel obstruction as evidence by a pain rating of 8/10.

- The patient is responding well to the nurses' actions.
- The patient is expressing when he is feeling pain and needed opioid analgesics.
- Goals met.

Risk for infection due to bowel obstruction as evidence by increased white blood cells
- The patient responded well to the nurses' actions.
- The patient is complying with treatment and knows the risks of infection.
- Goals met
- Risk for imbalanced fluid volume due to bowel obstruction as evidence by lack of intestinal absorption, vomiting, and increased BUN levels.
- The patient responded well to the nurses' actions.
- The patient is getting IV fluids to ensure proper hydration.
- Goals met.

Risk for imbalanced fluid volume due to bowel obstruction as evidence by lack of intestinal absorption, vomiting, and increased BUN levels.
- The patient responded well to the nurses' actions.
- The patient is getting IV fluids to ensure proper hydration.
- Goals met.

Risk for disturbed sleep patterns due to bowel obstruction as evidence by a pain rating of 8/10.
- The patient is responding well to the nurses' actions.
- The patient is expressing when he is feeling pain and needed opioid analgesics.
- Goals met.

Objective Data

-Vitals:

0700 = P-76, BP-133/76, R-16, T-37.5, O2-98% Room Air

1100 = P-69, BP-124/63, R-18, T-36.9, O2-97% Room Air

-Diagnostics:

KUB: IMPRESSION – a small bowel obstruction can be identified in the lower left quadrant of the abdomen. Gas can be seen throughout the abdomen. No sign of perforation or free air within the abdominal cavity.

KUB s/p NG insertion: The tip of the NG/OG is coiled within the stomach. All other findings are unchanged from previous films and interpretations.

EKG = NSR without ectopy

-Abnormal labs:

Client Information

The patient is a 45-year-old male who presented to the Emergency Department for chronic abdominal pain, nausea, and vomiting for 2 days. He was diagnosed with a small bowel obstruction. He has a PMH of IBS and GERD. No past surgical history. Allergic to penicillin antibiotics. The patient is a 1 pack a day smoker and drinks beer on the weekend.

Nursing Interventions

1.Ensuring the patients bowel obstruction is treated in a timely fashion.

2.Ensure that the patient is complying with treatment and is educated on the risks of a bowel obstruction.

1.IV fluids to ensure the patient is not dehydrated.

2.Nutrition through a NG tube to ensure the patient is not becoming malnourished.

1.Utilization of prescribed opioid analgesics to relieve pain.

2.Calm, quiet environment, bedtime routine, dim lights, reading and other comfort measures.