N321 Care Plan # 2

Lakeview College of Nursing

Name: Jakarrah Dandridge

Demographics (3 points)

Date of Admission 04/19/2022	**Client Initials** G.M	**Age** 66	**Gender** Female
Race/Ethnicity African American (Non-Hispanic)	**Occupation** Not employed	**Marital Status** Single	**Allergies** Aleve **(hives)**
Code Status Full-Code	**Height** 5’6”	**Weight** 126 lbs.	

Medical History (5 Points)

Past Medical: Community-acquired bacterial pneumonia (3/23/2019), Acute Crohn’s disease (5/14/2026), Acute blood loss anemia, Hypertension

Past Surgical History: Appendectomy, Colonoscopy

Family History: Mother (stroke, colon cancer), Father (stroke)

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The patient stated she quit smoking 10 years ago and previously smoked cigarettes 35 packs a year. The patient never used smokeless tobacco. The patient stated she does not use any recreational drug uses. The patient stated there was no alcohol use.

Assistive Devices: None

Living Situation: Lives at home with boyfriend

Education Level: High school diploma

Admission Assessment

Chief Complaint (2 points): Abdominal pain

History of Present Illness – OLD CARTS (10 points): G.M is a 66-year-old female presenting with abdominal pain that started a week ago and has been worsening through the week. The patient describes the pain as a 10/10 with no radiation to any other area. The pain is aggravated by trying to eat and is not relieved by anything. The patient also states there is bright red blood in her stools. She states it is like previous Crohn’s flare-ups. The patient has not been treated for these symptoms.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Crohn’s disease/ w rectal bleeding

Secondary Diagnosis (if applicable): No secondary diagnosis for this admission

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

Crohn's disease is a gastrointestinal condition that lasts a long time (chronic). Crohn's disease most commonly affects the small intestine and the beginning of the large intestine, but it can affect any portion of the digestive tract. Crohn's disease is a type of inflammatory bowel disease that affects many people. Crohn's disease can develop gradually and worsen over time. Symptoms may appear and disappear. They could potentially disappear for months or even years. Crohn's disease starts with crypt inflammation and abscesses, then progresses to aphthoid ulcers. These mucosal lesions can progress to deep longitudinal and transverse ulcers with mucosal edema in between, giving the bowel a cobblestoned appearance. A few things that place you at risk for Crohn’s disease are family members that have had Crohn’s disease or IBD, using products that contain nicotine or tobacco, or having an eastern European ancestry. Some signs and symptoms you can see with Crohn’s disease are diarrhea, cramping pain in the lower abdomen, bloody stools, constipation nausea, unexpected weight loss, fatigue, or a fever. You can diagnose Crohn’s in a few different ways including the patient’s signs/symptoms, a physical exam, blood test, stool test, colonoscopy, or a biopsy. There is no official cure for Crohn’s, and it can affect each person in a different way. There are treatment options to manage your signs/symptoms including resting your bowels (going on a clear liquid diet0, Medicines that reduce inflammation, fight infections, relieve cramps, help with diarrhea, and pain medication. A person with Crohn’s should avoid taking ibuprofen or other NSAID medications because they can make the condition worsen. If a patient is diagnosed with Crohn’s they want to meet with a

dietitian to find the right diet to best benefit the patient. Encourage the patient stay up to date with their vaccinations. Encourage the patient to exercise daily.

Pathophysiology References (2) (APA):

Petagna, L., Antonelli, A., Ganini, C., Bellato, V., Campanelli, M., Divizia, A., ... & Sica, G. S. (2020). Pathophysiology of Crohn's disease inflammation and recurrence. *Biology direct*, *15*(1), 1-10.

Ranasinghe, I. R., & Hsu, R. (2021). Crohn disease. *StatPearls [Internet]*.

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	3.50 – 5.20	4.79	N/A	WNL
Hgb	11.0 – 16.0 g/dL	10.5 v	N/A	Anemia is common in a patient with Crohn's which can result in low hemoglobin (Yueying et al., 2020).
Hct	34.0 – 47.0%	32.4 v	N/A	Anemia is common in a patient with Crohn's which can result in low hematocrit (Yueying et al., 2020).
Platelets	140-400	307	N/A	WNL
WBC	4.00 – 11.00	11.64 ^	N/A	The patient may have a UTI according to the CT scan impression which can elevate the WBCs (Liang et al., 2021).
Neutrophils	2,500-7000	8.85 ^	N/A	The patient may have a UTI according to the CT scan impression which can elevate the neutrophils (Liang et al., 2021).
Lymphocytes	18.0 – 42.0%	28.0	N/A	WNL
Monocytes	4.0 – 12.0%	10.0	N/A	WNL
Eosinophils	0.0 – 5.0%	1.5	N/A	WNL
Bands	0.0 – 10.0%	N/A	N/A	This lab was not charted on the day of my assessment.

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-	136 – 145 mmol/L	136	N/A	WNL
K+	3.5 – 5.1 mmol/L	4.1	N/A	WNL
Cl-	98 – 107 mmol/L	102	N/A	WNL
CO2	22.0 – 29.0 mmol/L	23.0	N/A	WNL
Glucose	74 – 100 mg/ dL	139^	N/A	The patient was experiencing pain 10/10 this causes stress and anxiety which can elevate glucose levels (Pagana, 2018).
BUN	10 – 20 mg/dL	14	N/A	WNL
Creatinine	0.55 – 1.02 mg/dL	0.78	N/A	WNL
Albumin	3.4 – 5.0 g/dL	3.1	N/A	WNL
Calcium	8.9 – 10.6 mg/dL	9.2	N/A	WNL
Mag	1.6 – 2.6 mg/ dL	N/A	N/A	This lab was not charted on the day of my assessment.
Phosphate	N/A	N/A	N/A	This lab was not charted on the day of my assessment.
Bilirubin	0.1 – 1.0 mg/ dL	3.1^	N/A	Crohn's can cause the lack of a functioning ileum supports the theory that bilirubin is cycled between the liver and the intestine (Senatore & Razjouyan 2018)
Alk Phos	46 – 116 U/L	89	N/A	WNL
AST	0 – 37 U/L	16	N/A	WNL
ALT	16 – 62 U/L	8	N/A	WNL
Amylase	40-140 U/L	83	N/A	WNL

Lipase	10-140 U/L	67	N/A	WNL
Lactic Acid	0.50 – 2.20 mmol/L	1.1	N/A	WNL

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	0.9 – 1.1	N/A	N/A	This lab was not charted on the day of my assessment.
PT	11.7 – 13. Sec	N/A	N/A	This lab was not charted on the day of my assessment.
PTT	22.4 – 35.9 Sec	N/A	N/A	This lab was not charted on the day of my assessment.
D-Dimer	45 – 500 ng/mL	N/A	N/A	This lab was not charted on the day of my assessment.
BNP	N/A	N/A	N/A	This lab was not charted on the day of my assessment.
HDL	N/A	N/A	N/A	This lab was not charted on the day of my assessment.
LDL	N/A	N/A	N/A	This lab was not charted on the day of my assessment.
Cholesterol	N/A	N/A	N/A	This lab was not charted on the day of my assessment.
Triglycerides	N/A	N/A	N/A	This lab was not charted on the day of my assessment.
Hgb A1c	N/A	N/A	N/A	This lab was not charted on the day of my assessment.
TSH	0.350 – 4.940 U	N/A	N/A	This lab was not charted on the day of my assessment.

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format. (No urinalysis was collected)

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	N/A	N/A	N/A	This lab was not charted on the day of my assessment.
pH	N/A	N/A	N/A	This lab was not charted on the day of my assessment.
Specific Gravity	N/A	N/A	N/A	This lab was not charted on the day of my assessment.
Glucose	N/A	N/A	N/A	This lab was not charted on the day of my assessment.

Protein	N/A	N/A	N/A	This lab was not charted on the day of my assessment.
Ketones	N/A	N/A	N/A	This lab was not charted on the day of my assessment.
WBC	N/A	N/A	N/A	This lab was not charted on the day of my assessment.
RBC	N/A	N/A	N/A	This lab was not charted on the day of my assessment.
Leukoesterase	N/A	N/A	N/A	This lab was not charted on the day of my assessment.

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format. (No cultures were collected)

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	N/A	N/A	N/A	This lab was not charted on the day of my assessment.
Blood Culture	N/A	N/A	N/A	This lab was not charted on the day of my assessment.
Sputum Culture	N/A	N/A	N/A	This lab was not charted on the day of my assessment.
Stool Culture	N/A	N/A	N/A	This lab was not charted on the day of my assessment.

Lab Correlations Reference (1) (APA):

Liang, T., Schibeci Oraa, S., Rebollo Rodríguez, N., Bagade, T., Chao, J., & Sinert, R. (2021). Predicting urinary tract infections with interval likelihood ratios. *Pediatrics*, *147*(1).

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2018). *Mosby's Diagnostic and Laboratory Test Reference* (14th ed.). Mosby.

Senatore, F., & Razjouyan, H. (2018). Elevated Lipase in Newly Diagnosed IBD: Reluctance or Impetus for Treatment?. *The American Journal of Gastroenterology*, *113*, S1173-S1174.

Yueying, C., Yu Fan, W., & Jun, S. (2020). Anemia and iron deficiency in Crohn's disease. *Expert Review of Gastroenterology & Hepatology*, *14*(3), 155-162.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

CT Scan of ABDOMIN/PELVIS With contrast completed on 4/19/2022

Diagnostic Test Correlation (5 points):

Indication

- Nausea/Vomiting and abdominal pain

Impression

- Chronic cavitation in the right lower lobe. New wall thickening and development of air fluid levels have developed which can be seen with acute superinfection of the preexisting cavity
- Infectious/inflammation colitis of the descending and sigmoid colon
- Bladder wall thickening which may be seen with UTI.

Colonoscopy ordered for 04/21/2022 Test was not completed while student was present.

Diagnostic Test Reference (1) (APA): N/A

Friedman, S., Rubin, P. H., Bodian, C., Goldstein, E., Harpaz, N., & Present, D. H. (2001). Screening and surveillance colonoscopy in chronic Crohn's colitis. *Gastroenterology*, *120*(4), 820-826.

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

Home Medications (5 Required)

Brand/Generic	Albuterol (salbutamol)	Aspirin (acetylsalicylic acid)	Tessalon Perles (benzonatate)	Norvasc (amlodipine)	Pentasa (mesalamine)
Dose	90 mcg	81 mg	100 mg	10 mg	250 mg
Frequency	PRN	Daily	TID	Daily	6 x a day
Route	Inhaler	Oral	Oral	Oral	Oral
Classification	Therapeutic-Bronchodilator Pharmacological-Adrenergic	Therapeutic-NSAID Pharmacological-Salicylate	Therapeutic-Antitussives Pharmacological-Antitussives	Therapeutic-Antihypertensive Pharmacological-Calcium channel blocker	Therapeutic- Anti-inflammatory Pharmacological-Aminosalicylate

Mechanism of Action	Albuterol relaxes the bronchial smooth muscle by acting on beta-2 adrenergic receptors. It also prevents cells, particularly mast cells, from releasing acute hypersensitivity mediators.	Preventing the development of natural chemicals that cause fever, discomfort, edema, and blood clots.	Reduces the sensitivity of vagal afferent fibers and stretch receptors in the bronchi, alveoli, and pleura in the lower airway and lung, acting as a local anesthetic. This decreases the cough reflex and dampens their activity.	It decreases blood pressure by relaxing blood arteries allowing the heart to pump more efficiently. It alleviates chest discomfort by boosting blood flow to the heart.**,**	By inhibiting the activity of cyclooxygenase and lipoxygenase, prostaglandin synthesis is reduced. Prostaglandin production is reduced, which reduces inflammation in the colon and the symptoms of ulcerative colitis.
Reason Client Taking	Wheezing	Pain	Cough	Hypertension	Crohn's
Contraindications (2)	→Diabetes →High blood pressure	→GI bleed →Ulcers	→ Dysphagia → Hypersensitivity to Tessalon Perles	→hypersensitivity to amlodipine	→Hypersensitivity to mesalamine →Hypersensitivity to salicylates
Side Effects/Adverse Reactions (2)	→Headaches →Throat or nasal irritation	→ Stomach pain → Nausea	→ Severe drowsiness → confusion	→weight loss →dizziness	→Fever →Anemia
Nursing Considerations (2)	→Monitor respiratory rate → Monitor lung sounds	→ Don't crush tablets → Take aspirin with food	→Avoid eating or drinking if you feel numbness in your throat →Assess lung sounds	→ Take with food to prevent stomachache → Check B/P	→Do not break outer coating →Use sunscreen when going outdoors on this medication

Hospital medications (5 required)

Brand/Generic	Dulcolax (bisacodyl)	Tylenol (acetaminophen)	Sublimaze (fentanyl)	Prednisone Intensol (prednisone)	diphenhydramine (Benadryl)
Dose	10 mg	1000 mg	50 mcg	40 mg	50 mg
Frequency	Daily	Every 4 hrs PRN	Every 4 hrs PRN	Daily	Every 4 hrs PRN
Route	Oral	IV push	IV Push	Oral	IV Push
Classification	Therapeutic-Laxatives Pharmacological	Therapeutic-Non opioid analgesic	Therapeutic-Opioid analgesic Pharmacological	Therapeutic-Immunosuppressant	Pharm class: Antihistamine Therapeutic class:

	- Stimulant laxative	Pharmacological - Nonsalicylate	-Opioid	Pharmacological- Glucocorticoid	Antianaphylactic adjunct
Mechanism of Action	Peristalsis is induced by activating intestinal neurons. It also acts as a laxative on touch, increasing fluid and salt excretion. Bisacodyl has no effect on the small intestine; stimulant laxatives primarily increase colon evacuation.	It is a fever reducer and pain reliever. It is supposed to treat mild aches and pains by raising the body's overall pain threshold, causing you to experience less discomfort, and it also helps your body expel extra heat, lowering your temperature.	An opiate receptor agonist and analgesic; blocks ascending pain pathways, changing pain response; raises pain threshold. causes sedation, analgesia, and respiratory depression	Reduces inflammation by inhibiting polymorphonuclear leukocyte movement and reversing enhanced capillary permeability. It also lowers the immune system by lowering immune cell activity and volume.	works by preventing your body from producing a natural molecule called histamine during an allergic reaction
Reason Client Taking	Bowel Prep for colonoscopy	Pain	Pain and cough	To help treat inflammation	Allergies
Contraindications (2)	→Acute inflammatory bowel disease →Severe abdominal pain	→Severe hepatic impairment →severe active liver disease	→Respiratory depression → Pain responding to non-opioid drugs	→Hypersensitivity to prednisone → Fungal infections	→High blood pressure →Hypersensitivity to antihistamines
Side Effects/Adverse Reactions (2)	→ Diarrhea → Rectal burning	→Abdominal pain →Diarrhea	→ Seizures → Anorexia	→ Hypernatremia → Hypokalemia	→Constipation →Drowsiness
Nursing Considerations (2)	→ Administer alone for better absorption → Do not take within one hour of antacids or milk	→ Make sure dosed is based off patients' weight →Monitor the end of a parenteral infusion to prevent possibility of air embolism	→Plan to give nonopioid analgesic such as acetaminophen. → Monitor patients' respiratory rate	→Administer first thing in the morning → Take medication with food	→Take with food to avoid stomach upset →Avoid alcohol

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *Nurse's Drug Handbook 2021.* Jones & Bartlett Learning. (Original work published 2021)

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient was alert and oriented x4 She appears to be in no distress Her overall appearance well groomed
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises: 0** **Wounds: 0** **Braden Score: 23** **Drains present: Y☐ N ☒** **Type:**	 Brown Intact Warm, dry Normal turgor No rashes, bruises, petechia, or lesions present No drains present **Braden Score 19**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 The head and neck are symmetrical trachea is midline without deviation Pupils are round and reactive to light and accommodations Conjunctiva not examined Oral cavity not examined Auricles are bilateral (No equipment to look inside the ears) The septum is midline (No equipment to look inside the nose)
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:**	Rate and tempo S1 and S2 have no murmurs, clicks, rubs, or gallops. There are no visible veins in the neck. There is no clubbing or cyanosis. There is no edema in any of the extremities.

Capillary refill: **Neck Vein Distention: Y ☐ N ☒ Edema Y ☐ N ☒** **Location of Edema:**	
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	There is no use of accessory muscles Auscultation of the lungs reveals that they are clean on both sides. There aren't any rhonchi, crackles, or wheezes. Percussion within acceptable parameters
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:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Home diet general Hospital diet clear liquid 5’6’’ 126 lbs Hyperactive bowel sounds LBM 04/21/2022 Abdomen was soft and tender to touch No Ostomy No Nasogastric No feeding tubes
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Color of urine dark yellow (may be a UTI, urinalysis has not been taken at the time) 800 of urine at the time of assessment No pain with urination No dialysis Did not inspect genital area No catheter present
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 21** **Activity/Mobility Status:**	Muscle strength 5/5 throughout bilaterally DTR +2 bilaterally Full range of motion No supportive devises **Fall score 27** Patient is s X1 assist

Independent (up ad lib) ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Equal strength Clear speech Alert and oriented x4 Mental status is appropriate for her age Speech is clear
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Coping method: Getting sleep High school diploma Developmental level is appropriate for her age Christian Lives at home with her boyfriend

Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0745	68	135/86	20	98.6	97 room air
1100	72	130/88	19	98.6	98 room air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	1-10	Abdominal	8.5/10	cramping	The patient received Fentanyl (PRN every 4 hours)
1100	1-10	Abdominal	7.5/10	cramping	The patient will receive Fentanyl In 4 hours from last dose

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV:	18 Gauge
Location of IV:	Left upper arm
Date on IV:	04/19/2022
Patency of IV:	Open
Signs of erythema, drainage, etc.:	None
IV dressing assessment:	Intact, dry, and clean

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
1,440 mL	800 mL

Nursing Care

Summary of Care (2 points)

Overview of care: B/P stable, continue Fentanyl, the patient rates her pain a 7.5/10. Patient is prepping for colonoscopy watch bowel movements, waiting for them to run clear.

Procedures/testing done: Colonoscopy scheduled for later in the afternoon

Complaints/Issues: The patient complains of cramping pain in the lower abdomen

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Clear liquid diet

Physician notifications: None recorded

Future plans for the client: Follow up with primary physician.

Discharge Planning (2 points)

Discharge location: Patient will return home with her boyfriend

Home health needs (if applicable): None recorded

Equipment needs (if applicable): None recorded

Follow up plan: Follow up with the primary physician

Education needs: The patient can be educated on medication adherence and nutritional plans.

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

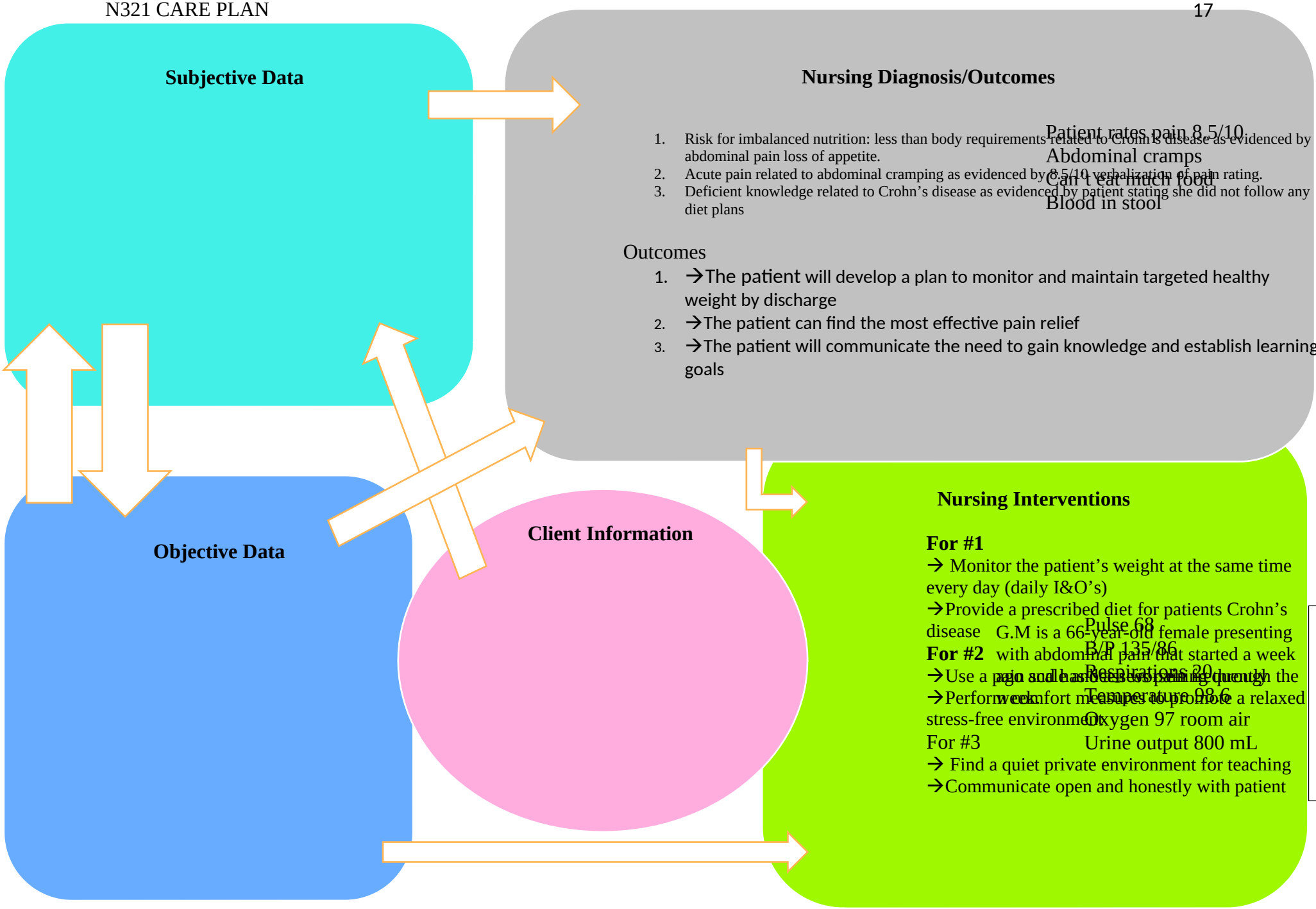
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for imbalanced nutrition: less than body requirements related to Crohn's disease as evidenced by abdominal pain loss of appetite.	The patient stated she couldn't eat much because it would make the pain worse.	→ Monitor the patient's weight at the same time every day (daily I&O's) →Provide a prescribed diet for patients Crohn's disease	→Patient will develop a plan to monitor and maintain targeted healthy weight by discharge	→Patient agrees that is important to maintain a healthy weight →Patient agrees to meet with a dietician
2. Acute pain related to abdominal cramping as evidenced by 8.5/10 verbalization of pain rating.	The patient had a high pain rate.	→Use a pain scale and assess pain frequently →Perform comfort measures to promote a relaxed stress-free environment	→The patient is able to find the most effective pain relief	→The patient appreciated the help to lower her pain →The patient states the Fentanyl is helping lower pain
3. Deficient knowledge related to	The patient was unaware that she	→ Find a quiet private environment for	→The patient will communicate the need to gain	→ The patient is able to concentrate in a quiet room

Crohn's disease as evidenced by patient stating she did not follow any diet plans.	needed to follow a diet.	teaching →Communicate open and honestly with patient	knowledge and establish learning goals	with the door closed → The patient agrees that she needs education on food choices

Other References (APA):

Linda Lee Phelps. (2020). *Sparks & Taylor's Nursing Diagnosis Reference Manual.* Wolters Kluwer Medical.

Concept Map (20 Points):


Subjective Data
Patient rates pain 8.5/10
Abdominal cramps
Can't eat much food
Blood in stool
Nursing Diagnosis/Outcomes
1. Risk for imbalanced nutrition: less than body requirements related to Crohn's disease as evidenced by abdominal pain loss of appetite.
2. Acute pain related to abdominal cramping as evidenced by 8.5/10 verbalization of pain rating.
3. Deficient knowledge related to Crohn's disease as evidenced by patient stating she did not follow any diet plans
Outcomes
1. →The patient will develop a plan to monitor and maintain targeted healthy weight by discharge
2. →The patient can find the most effective pain relief
3. →The patient will communicate the need to gain knowledge and establish learning goals
Objective Data
Client Information
Nursing Interventions
For #1
→ Monitor the patient's weight at the same time every day (daily I&O's)
→Provide a prescribed diet for patients Crohn's disease
For #2
→Use a pain scale to assess pain frequently
→Perform comfort measures to promote a relaxed stress-free environment
For #3
→ Find a quiet private environment for teaching
→Communicate open and honestly with patient
G.M is a 66-year-old female presenting with abdominal pain that started a week ago and has increased in intensity throughout the week.
Pulse 68
B/P 135/86
Respirations 20
Temperature 98.6
Oxygen 97 room air
Urine output 800 mL