

Medications

- Acetaminophen 420 mg PO oral Suspension q 4hrs PRN
- o Client takes this medication for pain or a fever greater than 100.4 degrees (F)
 - o Therapeutic Classification: Analgesic/antipyretic
 - o Pharmacological Classification: Nonsalicylate, paramorphine derivative
 - o Nursing assessments: Assess for fever and assess for pain using the faces
- Ondansetron 3 mg IVP q 8hrs PRN
- o Client takes this medication for nausea and vomiting
 - o Pharmacological Classification: Selective Serotonin receptor antagonist
 - o Therapeutic Classification: Antiemetics
 - o Nursing Assessment: Assess for nausea and vomiting and assess for drowsiness
- Adalimumab 40 mg Sub-Q injection q 15 days
- o Client is taking this medication for IBD
 - o Pharmacological Classification: Monoclonal antibody
 - o Therapeutic Classification: Tumor necrosis factor blocker
 - o Nursing Assessment: Assess for signs of possible infection and remove from refrigerator 30 minutes before injection

Relevant Lab Values/Diagnostics

- RBC value of 2.53 (Normal Value of 4-5.2)
 - o Related to Chronic loss of blood in the stool (Capriotti, 2020)
- HGB value of 6.7 (Normal Value of 11.5-14.5)
 - o Related to Chronic loss of blood in the stool (Capriotti, 2020)
- HCT value of 22.7 Normal Value of 35-45)
 - o Related to Chronic loss of blood in the stool (Capriotti, 2020)
- RDW value of 20.4 (Normal Value of 12.2-16.1%)
 - o Related to Chronic loss of blood in the stool (Capriotti, 2020)
- Platelet value of 1011 (Normal Value of 150-450)
 - o Trying to stop bleeding that is occurring in the GI tract (Capriotti, 2020)
- Iron value of 6 (Normal value of 10.74-30.43)
 - o Related to Chronic loss of blood in the stool (Capriotti, 2020)
- Reticulocyte value of 4.72% (Normal Value of 0.98-1.94%)
 - o Related to Chronic loss of blood in the stool (Capriotti, 2020)
- Transferrin value of 123.1 (Normal Value of 169-300)
 - o Related to Chronic loss of blood in the stool (Capriotti, 2020)

Demographic Data

Admitting diagnosis: Iron Deficiency anemia related to

chronic blood loss

Psychosocial Developmental Stage: Industry vs Inferiority

Cognitive Development Stage: Concrete Operational stage

Age of client: 8 years old

Sex: Female

Weight in kgs: 30 Kg

Allergies: NKA

Date of admission: 7/5/2022

Admission History

The client presented to the ED on 7/5/22. Grandmother states that she has had a fever and has been fatigued for two days. Tylenol seemed not to help. Grandmother also says she has just started to have blood in her stools this morning. Grandmother also states that she cannot keep food down without vomiting it back up. Grandmother didn't know what else to do, so she brought her in to be seen.

Medical History

Previous Medical History:

The client was diagnosed with IBD 6 months ago

Previous Surgical History:

Client had an EGD and Colonoscopy

Prior Hospitalizations:

NA

Chronic Medical Issues:

Irritable Bowel Disease

Social needs:

NA

Pathophysiology

Disease process:

Irritable bowel disease (IBD) is a chronic inflammation of gastrointestinal track that can cause irritations throughout the gastrointestinal track (Hinkle & Cheever, 2022). Often thought to be an autoimmune disorder were the body attacks itself (Hinkle & Cheever, 2022).

S/S of disease:

The symptoms of IBD are abdominal pain/cramping, bloating, diarrhea, and or constipation (Hinkle & Cheever, 2022). Patients may experience bleeding due to irritation.

Method of Diagnosis:

Some diagnoses include colonoscopy, EGD, X-Ray, CT, and fecal panel tests (Hinkle & Cheever, 2022).

Treatment of disease:

Diet is one way to manage disease foods high in fiber and increased fluid (Hinkle & Cheever, 2022). Increased exercise will increase bowel motility. Some medications given are laxative, antidiarrhea, anticholinergic, probiotics, and or adalimumab (Hinkle & Cheever, 2022).

Relevant patient Information:

The patient had chronic diarrhea with bleeding. The patient was diagnosed with IBD through EGD and colonoscopy. Colonoscopy showed irritation and edema throughout the colon.

Active Orders

- Diet: Regular diet as tolerated
 - o This diet is ordered for the client because the client is having nausea and vomiting after eating
- Vital signs q 4hrs
 - o This is ordered to monitor for signs of shock or infection
- Activity level: Up as tolerated
 - o This is ordered to try and keep the client active

Assessment

General	Integument	HEENT	Cardiovascular	Respiratory	Genitourinary	Gastrointestinal	Musculoskeletal	Neurological	Most recent VS (highlight if abnormal)	Pain and Pain Scale Used
<p>The client is alert and oriented x 3 (person, place, time). The client appears well-groomed. Answers questions that the nurse asks.</p>	<p>Skin is pale in color, warm, and dry upon palpation. Skin turgor is less than two seconds. Nails are without clubbing. There are no rashes upon inspection. The client's capillary refill is less than 3 seconds between fingers and toes bilaterally.</p>	<p>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 and tonsil size 2+. There is acuity to regular voices. 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 b/l with no mucus. The client does not wear glasses. Their EOMs are intact b/l and PERRLA b/l. The client's septum is midline.</p>	<p>Upon auscultation, there are clear S1 and S2 without murmurs. The client's PMI is palpable in the 5th intercostal space at the MCL. There is a normal rate and rhythm. The client's pulses are 2+ b/l. Their capillary refill is less than 3 seconds between fingers and toes b/l. Edema is located in the feet at a 1+.</p>	<p>The anterior and posterior breath sounds are clear bilaterally throughout.</p>	<p>The client voided yellow straw urine of 574 mL. The client reports no pain with urination, and there is no discharge upon inspection.</p>	<p>Upon inspection, the client's abdomen was round. There are active and normal bowel sounds in all four quadrants. The client complains of abdominal pain upon palpations. The client is having blood mixed in with their stools. The client is also nauseous and has vomited twice.</p>	<p>The client shows no signs of muscular atrophy in The limbs. The client's arm muscle strength is rated at a 5/5, and their leg muscle strength is rated at a 5/5. The client's fall risk score is two, and she has no complaints about the musculoskeletal system.</p>	<p>The patient is alert and relaxed. The client is oriented x3; to person, place, time, and situation. The client presents with coherent speech, and their senses are intact. Upon assessment, PERRLA b/l. The client's strength is equal throughout. The client performed pedal pushes and hand grips with ease.</p>	<p>Time: 0800 Temperature: 99.1 (F) Route: Oral RR: 22 HR: 118 BP and MAP: B/P 92/64 MAP 77 Oxygen saturation: 98% Oxygen needs: No oxygen on, and it is on room air</p>	<p>Faces pain scale used. The patient picked up the smiling faces and stated they were not in pain.</p>

<p align="center">Nursing Diagnosis 1</p> <p>Fatigue-related to decreased hemoglobin as evidenced by a hemoglobin lab of 6.7 (Phelps, 2020).</p>	<p align="center">Nursing Diagnosis 2</p> <p>Chronic bleeding is related to bowel irritation, as evidenced by blood in the stool (Phelps, 2020).</p>	<p align="center">Nursing Diagnosis 3</p> <p>Risk for deficient fluid volume related to frequent diarrhea as evidenced by pale skin color (Phelps, 2020).</p>
<p align="center">Rationale</p> <p>I chose this diagnosis because the patient presented to ED with the symptom of fatigue for two days before coming in.</p>	<p align="center">Rationale</p> <p>I chose this diagnosis because the patient has frequent stools mixed with blood.</p>	<p align="center">Rationale</p> <p>I chose this diagnosis because the patient does experience frequent diarrhea related to her diagnosis of IBD; upon my assessment, she was pale in color.</p>
<p align="center">Interventions</p> <p>Intervention 1: Develop a schedule that allows for rest between activities Intervention 2: Monitor CBC regular</p>	<p align="center">Interventions</p> <p>Intervention 1: Monitor the characteristics of the stool for blood Intervention 2: Monitor CBC regular</p>	<p align="center">Interventions</p> <p>Intervention 1: Monitor intake and output Intervention 2: IV fluids</p>
<p align="center">Evaluation of Interventions</p> <p>The patient understood the importance of allowing rest between activities. The patient's caregivers understood the importance of monitoring CBC regularly.</p>	<p align="center">Evaluation of Interventions</p> <p>The patient understood the importance of reporting blood abnormalities within the stool. The patient's caregivers understood the importance of monitoring CBC regularly.</p>	<p align="center">Evaluation of Interventions</p> <p>The patient intake was approximately the patient's output. The patient was able to tolerate IV fluids in her left forearm. The patient also understood the importance of at least drinking eight glasses of water a day.</p>

References (3):

Capriotti, T. (2020). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives (2nd ed.)*. F.A. Davis.

Hinkle, J.L., & Cheever, K. H. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing (15th ed.)*. Wolters Kluwer Health Lippincott Williams & Wilkins

Jones & Bartlett Learning. (2021). *2021 Nurse's drug handbook (20th ed.)*. Jones Bartlett Learning

Phelps, L.L. (2020). *Sparks and Taylor's nursing diagnosis reference manual (11th ed.)*. Wolters Kluwer.