

## Medications

### Acetaminophen

- Pharmacologic class: Non salicylate
- Therapeutic class: Antipyretic
- Reason for taking: Pain control **what about fever control?**
- Nursing assessments: pain assessment

### Ceftriaxone

- Pharmacologic class: 3<sup>rd</sup> generation cephalosporin
- Therapeutic class: Antibiotic
- Reason for taking: To prevent infection that are related to the appendicitis
- Nursing assessments: Assess for signs of infection

### Ketorolac

- Pharmacologic class: NSAID
- Therapeutic class: Analgesic
- Reason for taking: Pain control
- Nursing assessments: pain assessment

### Metronidazole

- Pharmacologic class: Nitroimidazole
- Therapeutic class: Antiprotozoal
- Reason for taking: To prevent infection that are related to the appendicitis
- Nursing assessments: Assess for signs of allergic reaction

### Morphine

- Pharmacologic class: Opioid
- Therapeutic class: Opioid analgesic-controlled *substance schedule: II*
- Reason for taking: Pain control
- Nursing assessments: Pain assessment

### Ondansetron

- Pharmacologic class: Selective serotonin (5-HT<sub>3</sub>) receptor antagonist
- Therapeutic class: Antiemetic
- Reason for taking: To prevent nausea and vomiting
- Nursing assessments: Assess for dizziness and drowsiness

## Demographic Data

**Admitting diagnosis:** Acute appendicitis

**Age of client:** 13 years old

**Sex:** Male

**Weight in kgs:** 39.5 kgs

**Allergies:** The patient did not have any known allergies.

**Date of admission:** 09/08/2022

**Psychosocial Developmental Stage:** Identity vs. Confusion

**Cognitive Development Stage:** Formal operational stage

## Admission History

About 36 hours before arriving at the hospital, a 13-year-old boy started experiencing slight abdomen pain. The pain progressively got worse over that time. In the lower right quadrant, there was a constant aching sensation. Twice, the patient vomited. Motion aggravates the pain. The patient didn't try any treatments or remedies to get the pain under control.

## Pathophysiology

**Disease process:** When the appendix inflames and fills with pus, appendicitis results (Capriotti & Frizzell 2020). The appendix is a finger-shaped pouch that emerges on the bottom right side of your abdomen from your colon. Your lower right stomach hurts if you have appendicitis.

**S/S of disease:** Some signs and symptoms that my patient had that coincide with appendicitis are pain/tenderness in the LRQ nausea /vomiting, and a fever.

**Method of Diagnosis:** The patient had a CT scan and blood test to confirm his diagnosis of appendicitis.

**Treatment of disease:** The patient had an open appendectomy to treat his appendicitis.

## Assessment

<b>General</b>	The patient is alert and oriented x4 and well groomed.
<b>Integument</b>	The patient has a fair to light skin tone. His skin is warm, dry, and intact. The patient has a right lower quadrant <b>insision (incision)</b> that is tender and sore. <b>What does the area look like? If not able to see please state that. Bandage intact, no observable s/s of bleeding, drainage, or smell.</b>

Relevant Lab Values/Diagnostics	
<b>C- reactive protein (0.00-0.50)</b>	<b>4.96</b>
-	This can be an indication of inflammation in the body related to the appendicitis.
<b>WBC (3.84-9.84)</b>	<b>19.26</b>
-	This can be an indication of infection due to the appendicitis.
<b>Absolute neutrophils (1.54-7.04)</b>	<b>17.20</b>
-	This can be an indication of infection due to the appendicitis.
<b>Glucose (74-100)</b>	<b>115</b>
-	This can be caused by a stress response related to the appendicitis (Pagana, 2018)
<b>Abdominal/Pelvis CT scan with contrast</b>	
-	This test was completed to diagnose the client's appendicitis.

Medical History
<b>Previous Medical History:</b> Myringotomy with tube insertion when the patient was 18 months old.
<b>Prior Hospitalizations:</b> On 07/12/2012, the patient was hospitalized for left otitis media ear drainage.
<b>Past Surgical History:</b> Myringotomy with tube insertion when the patient was 18 months old.
<b>Social needs:</b> The patient does not have any social needs.

Active Orders
<ul style="list-style-type: none"> <li>• <b>Q4 vitals</b> <ul style="list-style-type: none"> <li>○ The patient needs these vitals completed to make sure there are no complications.</li> </ul> </li> <li>• <b>Incentive spirometer</b> <ul style="list-style-type: none"> <li>○ The I/S will help the patient avoid breathing and pulmonary issues because it will promote deep breaths.</li> </ul> </li> <li>• <b>I&amp;Os</b> <ul style="list-style-type: none"> <li>○ To make sure the patient can urinate and have bowel movements appropriately.</li> </ul> </li> <li>• <b>Increase activity</b> <ul style="list-style-type: none"> <li>○ The patient needs to get up and move to help his healing process and get the bowels moving.</li> </ul> </li> </ul>

<b>Most recent VS (highlight if abnormal)</b>	<p><b>Time:</b> 1634</p> <p><b>Temperature:</b> 98.4 F</p> <p><b>Route:</b> orally</p> <p><b>RR:</b> 20</p> <p><b>HR:</b> 96</p> <p><b>BP and MAP:</b> 102/64 (80)</p> <p><b>Oxygen saturation:</b> 100% on room air</p> <p><b>Oxygen needs:</b> The patient did not have any oxygen needs.</p>
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<b>Pain and Pain Scale Used</b>	The numerical 0-10 scale was used the patient rated his pain a 7.
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<b>Nursing Diagnosis 1</b> Acute pain related to inflamed appendix as evidenced by patient verbally rating his pain a 7/10.	<b>Nursing Diagnosis 2</b> Risk for impaired gas exchange related to decreased activity as evidenced by hypoactive bowel sounds.	<b>Nursing Diagnosis 3</b> Risk for nausea and vomiting related to decreased activity as evidence by the patient having an emesis episode.
<b>Rationale</b> The patient rated his pain high.	<b>Rationale</b> The patient had hypoactive bowel sounds.	<b>Rationale</b> The patient kept stating he feels like he needs to throw up.
<b>Interventions</b> <b>Intervention 1:</b> Administering pain medications on time and as ordered. <b>Intervention 2:</b> Have the patient hold pillow with any sudden movements.	<b>Interventions</b> <b>Intervention 1:</b> I walked with the patient three laps to help activate his bowels. <b>Intervention 2:</b> I moved the patient's position in the bed.	<b>Interventions</b> <b>Intervention 1:</b> Deep breathing exercises <b>Intervention 2:</b> Had the patient avoid foods the smells triggered his nausea. <b>Intervention 3:</b> Administered the patients Zofran.
<b>Evaluation of Interventions</b> The patients pain interventions helped the pain rating go down.	<b>Evaluation of Interventions</b> The Interventions helped the patient, he ended up burping.	<b>Evaluation of Interventions</b> The interventions were beneficial he didn't have any more vomiting episodes and stated he felt less nauseated.

### References (3):

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives*. (2<sup>nd</sup> ed.). F.A. Davis Company.

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

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

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