N431 Care Plan 2

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 11/21/2022	**Client Initials** D.J.	**Age** 45 years old	**Gender** Male
Race/Ethnicity African American	**Occupation** Paramedic	**Marital Status** Single	**Allergies** Penicillin
Code Status Full Code	**Height** 177.8 cm	**Weight** 81.6 kg	

Medical History (5 Points)

Past Medical History: irritable bowel syndrome and gastroesophageal reflux disease

Past Surgical History: N/A

Family History:

Mother: Irritable bowel syndrome

Father: Gastroesophageal reflux disease and hypertension

Sister: Obesity and type 2 diabetes mellitus

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

The patient admitted smoking one pack of cigarettes per day for the last twenty years. The patient also admitted to drinking alcohol; he said he drinks “a few beers on the weekends.” The patient denies any substance use.

Assistive Devices: N/A

Living Situation: The patient lives at home with his spouse.

Education Level: The patient is a high school graduate and received formal paramedic training in 1995.

Admission Assessment

Chief Complaint (2 points): The patient complained of abdominal pain persisting for two days, accompanied by nausea and vomiting**.**

History of Present Illness – OLD CARTS (10 points): The patient presented to the Emergency Department for chronic abdominal pain, nausea, and vomiting; these symptoms have persisted for the past two days per the patient. The patient took Famotidine, Lidocaine oral solution, and ondansetron, which provided minimal relief. A Kidney, Bladder, and Ureter scan revealed a small bowel obstruction. The patient currently has a nasogastric tube to decompress his abdomen. The patient is now in 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 small bowel obstruction (SBO) is a typical surgical emergency due to bowel blockage (Schick & Meseeha, 2018). Common causes of SBOs include intra-abdominal adhesions, incarcerated hernias, Crohn's disease, and stool impaction (Schick & Meseeha, 2018).

Twisting of the intestine leads to proximal bowel distention and distal bowel decompression, which may result in vomiting (Schick & Meseeha, 2018). The twisted bowel will cut off venous blood flow and lead to bowel wall edema and inflammation (Schick & Meseeha, 2018). The thickened and inflamed bowel wall is at risk for ischemia and bacterial translocation (Schick & Meseeha, 2018). Bacterial translocation can cause peritonitis and bacteremia, most commonly from *Escherichia coli* (Schick & Meseeha, 2018). As the bowel further twists, the arterial flow will be cut off, leading to bowel ischemia and eventually perforation, peritonitis, and death if untreated (Schick & Meseeha, 2018).

The most common manifestations of an SBO include abdominal pain, distention, nausea, vomiting, constipation, obstipation, loose bowel movements, reduced or high-pitched bowel

sounds, and abdominal tenderness (Schick & Meseeha, 2018). The patient presented with abdominal pain, nausea, vomiting, and reduced bowel sounds. Expected findings related to SBO include increased temperature, severe fluid, electrolyte imbalance (hyponatremia and hypokalemia), leukocytosis, and metabolic alkalosis (Hinkle et al., 2022). The patient presented with leukocytosis, hyponatremia, and a low-grade fever this shift. Common diagnostic studies to identify an SBO include a complete blood cell count (CBC), arterial blood gasses, comprehensive metabolic panel (CMP), X-ray, CT scan, endoscopy, and laparoscopy (Hinkle et al., 2022). The patient received a kidney, ureter, bladder X-ray, CBC, CMP, and an electrocardiogram. Initial treatment of an SBO includes fluid restrictions, pain control, antibiotics, and nasogastric decompression (Schick & Meseeha, 2018). Surgical intervention is typically only warranted in incarcerated external hernia, strangulation, gangrene, or perforation (Schick & Meseeha, 2018). The patient received a nasogastric tube to decompress the stomach and help prevent aspiration and has a strict nothing-by-mouth diet. The patient also received medications to help manage his symptoms. These medications include famotidine, ondansetron, morphine, acetaminophen, and pantoprazole.

Pathophysiology References (2) (APA):

Hinkle, J. L., Cheever, K. H., & Kristen, O. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (Fifteenth). Wolters Kluwer.

Schick, M. A., & Meseeha, M. (2018, November 14). *Bowel, obstruction small*. Nih.gov; StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK448079/

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	3.8-5.41	N/A	N/A	N/A
Hgb	11.3-15.2	N/A	13.1	N/A
Hct	33.2-45.3	N/A	42.1	N/A
Platelets	149-393	N/A	N/A	N/A
WBC	4-11.7	N/A	12.4	The patient was diagnosed with a small bowel obstruction. In this disease process, the bowel thickens and becomes inflamed (Schick & Meseeha, 2018). The body's inflammatory responses are activated when an organ becomes inflamed, and WBC production increases (Capriotti, 2020).
Neutrophils	45.3-79	N/A	N/A	N/A
Lymphocytes	11.8-45.9	N/A	N/A	N/A
Monocytes	4.4-12	N/A	N/A	N/A
Eosinophils	0-6.3	N/A	N/A	N/A
Bands	0.2-1.6	N/A	N/A	N/A

*All lab values from (Sarah Busch Lincoln Health System, n.d.)

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	N/A	130	The patient is receiving low intermittent NG suctioning. Serum sodium is in the gastric contents (NurseLabs, 2019). Therefore, sodium leaves the body via NG suctioning, which is why the patient is hyponatremic (NurseLabs, 2019). The patient may also be experiencing hyponatremia due to the sodium lost when the patient vomits (NurseLabs, 2019).

K+	3.5-5.1	N/A	4.2	N/A
Cl-	98-107	N/A	N/A	N/A
CO2	21-31	N/A	N/A	N/A
Glucose	74-109	N/A	97	N/A
BUN	7-25	N/A	9	N/A
Creatinine	0.6-1.2	N/A	1.01	N/A
Albumin	3.5-5.2	N/A	N/A	N/A
Calcium	8.6-10.3	N/A	N/A	N/A
Mag	1.8-2.6	N/A	N/A	N/A
Phosphate	2.7-4.6	N/A	N/A	N/A
Bilirubin	0.3-1	N/A	0.4	N/A
Alk Phos	34-104	N/A	N/A	N/A
AST	13-39	N/A	15	N/A
ALT	7-52	N/A	52	N/A
Amylase	0-90	N/A	N/A	N/A
Lipase	0-70	N/A	N/A	N/A
Lactic Acid	4.5-19.8	N/A	N/A	N/A
Troponin	0-0.04	N/A	N/A	N/A
CK-MB	3-5	N/A	N/A	N/A
Total CK	22-198	N/A	N/A	N/A

*All lab values from (Sarah Busch Lincoln Health System, n.d.)

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	1-2	N/A	N/A	N/A
PT	10-12	N/A	N/A	N/A
PTT	30-45	N/A	N/A	N/A
D-Dimer	Less than 0.5	N/A	N/A	N/A
BNP	Less than 100	N/A	N/A	N/A
HDL	60 and greater	N/A	N/A	N/A
LDL	Less than 100	N/A	N/A	N/A
Cholesterol	Less than 200	N/A	N/A	N/A
Triglycerides	Less than 150	N/A	N/A	N/A
Hgb A1c	Less than 5.7%	N/A	N/A	N/A
TSH	0.5-5	N/A	N/A	N/A

*All lab values from (Sarah Busch Lincoln Health System, n.d.)

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	Clear to yellow	N/A	N/A	N/A
pH	5-8	N/A	N/A	N/A
Specific Gravity	1.005-1.034	N/A	N/A	N/A
Glucose	Normal	N/A	N/A	N/A
Protein	Less than 150	N/A	N/A	N/A
Ketones	Negative	N/A	N/A	N/A
WBC	Less than 5	N/A	N/A	N/A

RBC	0-3	N/A	N/A	N/A
Leukoesterase	Negative	N/A	N/A	N/A

*All lab values from (Sarah Busch Lincoln Health System, n.d.)

Arterial Blood Gas 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
pH	7.35-7.45	N/A	N/A	N/A
PaO2	75-100	N/A	N/A	N/A
PaCO2	35-45	N/A	N/A	N/A
HCO3	22-26	N/A	N/A	N/A
SaO2	95-100	N/A	N/A	N/A

*All values from (Capriotti, 2020).

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

*All values from (Capriotti, 2020).

Lab Correlations Reference (1) (APA):

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

NurseLabs. (2019, March 3). *Risk for electrolyte imbalance nursing care plan*. Nurseslabs. https://nurseslabs.com/risk-for-electrolyte-imbalance/

Sarah Busch Lincoln Health System. (n.d.). *Tests and procedures: Sarah bush lincoln health system*. Library.sarahbush.org. https://library.sarahbush.org/Library/TestsProcedures/Encyclopedia.pg?page=2&pagesize=50&letter=A

Schick, M. A., & Meseeha, M. (2018, November 14). *Small bowel obstruction*. Nih.gov. https://www.ncbi.nlm.nih.gov/books/NBK448079/

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Additional diagnostic tests that the patient received included a Kidney, ureter, bladder (KUB), X-ray, and an electrocardiogram (ECG). A KUB X-ray assesses the abdominal area to determine the cause of abdominal pain or to assess the organs and structure of the gastrointestinal (GI) system (Johns Hopkins Medicine, 2022). X-rays use electromagnetic energy beams to produce images of internal tissues, bones, and organs for diagnostic purposes (Johns Hopkins Medicine, 2022). A KUB X-ray helps to determine basic information such as the size, shape, and position of the kidneys, ureters, and bladder (Johns Hopkins Medicine, 2022). A KUB X-ray can also help to diagnose abdominal masses, perforations, or obstructions (Johns Hopkins Medicine, 2022). An ECG records the electrical signals in the heart and is commonly used detect heart problems and assess heart health (Mayo Clinic Staff, 2022). An ECG is a common way to help diagnose many common heart problems (Mayo Clinic Staff, 2022). Patients with chest pain, dizziness, heart palpations, rapid pulse, shortness of breath, weakness, or fatigue may require an ECG (Mayo Clinic Staff, 2022).

Diagnostic Test Correlation (5 points): A KUB X-ray was initially done on the patient to investigate the cause of his abdominal pain. KUB X-rays can identify masses, perforations, and

obstructions. The patient's KUB X-ray results revealed a small bowel obstruction in the left lower quadrant of the abdomen. The patient's abdomen contained gas throughout the entire cavity, but there were no signs of perforation or free air within the abdominal cavity. A second KUB X-ray verified the patient's NG tube placement. The results showed that the NG tube coiled within the stomach, and there were no new findings within the abdominal cavity. The patient has a known history of heartburn and takes calcium carbonate to help manage his symptoms. The ECG helped to ensure that a cardiac issue did not cause his epigastric pain. The patient's ECG revealed normal sinus rhythm with no ectopy.

Diagnostic Test Reference (1) (APA):

Johns Hopkins Medicine. (2022). *Kidney, ureter, and bladder x-ray*. https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/kidney-ureter-and-bladder-xray

Mayo Clinic Staff. (2022). *Electrocardiogram (ECG or EKG)*. Mayo Clinic. https://www.mayoclinic.org/tests-procedures/ekg/about/pac-20384983#:~:text=An%20ECG%20may%20be%20helpful

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

Home Medications (5 required)

Brand/Generic	Pepcid/ Famotidine	Imodium/ Loperamide	Calcarb/ Calcium Carbonate	N/A	N/A
Dose	20 mg	4 mg	750 mg	N/A	N/A
Frequency	Daily	Q6h PRN	Q4h PRN	N/A	N/A
Route	PO	PO	PO	N/A	N/A
Classification	Pharmacologic class: H_2-	Pharmacologic class: Piperidine	Pharmacologic class: Calcium	N/A	N/A

	histamine receptor antagonist Therapeutic class: Antiulcer agent	derivative Therapeutic class: Antidiarrheal	Product Therapeutic class: Antacid, calcium supplement		
Mechanism of Action	Competitively inhibits histamine at histamine H_2-receptor site, thus decreasing gastric secretion while famotidine remains stable.	Loperamide provides direct action on intestinal muscles to decrease GI peristalsis. Loperamide also reduces the volume, increases the stool's bulk, and spares electrolytes.	Neutralizes gastric acidity.	N/A	N/A
Reason Client Taking	Gastroesophageal reflux disease	Diarrhea	Heartburn	N/A	N/A
Contraindications (2)	Hypersensitivity to famotidine Renal Disease	Vomiting GI bleeding, obstruction, or perforation	Hypercalcemia Hypersensitivity to calcium carbonate	N/A	N/A
Side Effects/Adverse Reactions (2)	Constipation Nausea	Nausea Constipation	Constipation Nausea	N/A	N/A
Nursing Considerations (2)	Assess for epigastric pain or abdominal pain. Monitor for any occult blood in emesis and stools. Monitor the patient's renal function because patients with decreased renal function are at risk for prolonged QT intervals.	Assess the patient's stool by inspecting the volume, color, characteristics, and frequency. Assess the patient's electrolytes if they are receiving long-term therapy.	Assess for abdominal pain, indigestion, and heartburn before and after administration. Assess for signs and symptoms of hypercalcemia, such as headache, nausea, vomiting, and confusion.	N/A	N/A
Key Nursing	Before	Before	Assess for	N/	N/

Assessment(s)/Lab(s) Prior to Administration	administering famotidine, the nurse must inspect the client's skin for any skin lesions, perform an abdominal exam, and assess the patient's output. Labs that must be drawn before administering Pepcid include renal and liver function tests, including AST, ALT, bilirubin, Cr, and BUN.	administering loperamide, the nurse must assess the patient's bowel function and fluid and electrolyte status. To assess the patient's electrolyte status, a CMP should be drawn.	abdominal pain, indigestion, and heartburn before and after administration. Assess calcium levels weekly; serum calcium should be 8.5-10.5 mg/dL.	A	A
Client Teaching Needs (2)	Teach the patient that famotidine must be continued for the prescribed time in the prescribed method to be effective. Educate the patient about the possibility of decreased libido and that this is reversible with the discontinuation of therapy.	Teach the patient to avoid OTC medication unless directed by the provider. Teach the patient not to operate machinery if drowsiness occurs. Drowsiness is a known adverse effect of loperamide.	Teach the patient to increase fluids to 2 L unless contraindicated. The patient should notify the provider of constipation. Teach the patient to avoid excessive use of alcohol, caffeine, and tobacco. Teach the patient to maintain vitamin D levels.	N/A	N/A

Hospital Medications (5 required)

Brand/ Generic	Zofran/ Ondansetron	Phenergan/ Promethazine	Doloral/ Morphine	Tylenol/ Acetaminophen	Protonix/ Pantoprazole
Dose	4 mg	12.5 mg	2 mg	1,000 mg	40 mg
Frequency	Q6h PRN	Q8h PRN	Q4h PRN	Q8h PRN	Daily PRN
Route	IVP	IVP	IVP	IV	IV
Classification	Pharmacologic class: 5-HT_3 antagonist therapeutic class: Antiemetic	Pharmacologic class: H_1-receptor antagonist Therapeutic class: Antiemetic, antihistamine	Pharmacologic class: Alkaloid Therapeutic class: Opioid analgesic	Pharmacologic class: Nonsalicylate, paraaminophenol derivative Therapeutic class: Nonopioid analgesic, antipyretic	Pharmacologic class: Proton Pump Inhibitor Therapeutic class: Proton Pump Inhibitor
Mechanism of Action	It prevents nausea and vomiting by blocking serotonin peripherally, centrally, and in the small intestines.	Acts on blood vessels, GI, and respiratory systems by competing with histamine for H_1-receptor sites. It decreases allergic responses by blocking histamine.	Depresses pain impulse transmission at the spinal cord by interacting with opioid receptors.	It may block pain impulses peripherally that occur in response to the inhibition of prostaglandin synthesis. Acetaminophen does not contain anti-inflammatory properties. Antipyretic action results from the inhibition of prostaglandins in the CNS.	Suppresses gastric secretion by inhibiting hydrogen and potassium ATPase enzyme system in gastric parietal cells. This is characterized as a gastric acid pump inhibitor because it blocks the final step of acid production.
Reason Client Taking	Nausea	Nausea refractory to ondansetron	Pain	Fever > 38℃	Indigestion
Contraindicat	Torsades de	Reye’s	MAOI	Hypersensitivit	Hypersensitiv

ions (2)	pointes Phenylketonuric hypersensitivity	syndrome Jaundice	therapy Shock	y to acetaminophen Hypersensitivity to aspartame	ity to pantoprazole Hypersensitivity to benzimidazole
Side Effects/ Adverse Reactions (2)	Constipation Abdominal pain	Constipation Nausea	Nausea Vomiting	Nausea Vomiting	Diarrhea Abdominal pain
Nursing Considerations (2)	Assess for a hypersensitivity reaction. Manifestations include a rash and bronchospasm. Assess for extrapyramidal side effects (EPS) such as shuffling gait, tremors, grimacing, and rigidity.	Assess for nausea and vomiting before and after the dose. Assess intake and output; Phenergan can cause urinary retention.	Assess the location, intensity, type, and character of pain. Reassess in 20 minutes to assess effectiveness. Assess for constipation, as this is a common adverse effect of morphine.	Assess for diaphoresis and fever. Assess BUN, urine creatinine, occult blood, and albumin if the patient is on long-term therapy.	Assess bowel sounds, abdominal pain, swelling, and anorexia. Assess for vitamin B12 deficiency in patients receiving long-term treatment.
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Dilute the dose in 50 mL of D5W or NS. Monitor fluid and electrolyte status. A CMP should be done before giving ondansetron as it can further deplete electrolytes.	Assess B/P before and after the administration of promethazine and report any changes in B/P. A CMP should be taken before administering Phenergan to assess liver function. AST, ALT, and bilirubin are liver function tests that	Assess LOC, B/P, pulse, and respirations before administering morphine. Assess the risk for opioid addiction, abuse, or misuse before administration. Assess for	Assess AST, ALT, bilirubin, and creatinine before therapy if long-term use is anticipated.	A baseline assessment is required before administering pantoprazole, including vital signs, neurological status, respiratory status, and gastrointestinal symptoms. CBC, hepatic function, electrolytes, and vitamin

		should be assessed before administration.	morphine injection for any particulate matter and discoloration before administration. ABGs, arterial lactate, Hbg, Hct, BUN, Cr, glucose, AST, and ALT values should be assessed before administering morphine.		B12 levels must all be assessed before administering pantoprazole.
Client Teaching Needs (2)	The client needs to report diarrheas, constipation, rash, changes in respirations, discomfort at the insertion site, serotonin symptoms, and EPS symptoms. The client should be aware that headaches requiring analgesia	Phenergan may cause photosensitivity. Therefore, the patient should avoid prolonged exposure to sunlight. The patient should notify the provider of any confusion, sedation, hypotension, jaundice, or fever.	The patient should know the signs and symptoms of withdrawal. These symptoms include nausea, vomiting, cramps, fever, faintness, and anorexia. The patient should avoid using alcohol	The patient should not use excessive alcohol, herbals, or OTC medications without approval from the provider. The patient should notify the provider if the fever lasts longer than 3 days.	The patient should report severe diarrhea, black tarry stool, and abdominal pain. The patient should avoid alcohol, salicylates, and NSAIDs because they can cause GI irritation.

	are common.		and other CNS depressants while taking morphine.		

*All medication information obtained from (Skidmore-Roth, 2022)

Medications Reference (1) (APA):

Skidmore-Roth, L. (2022). *Mosby's 2023 nursing drug reference.* Mosby.

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient was awake, alert, and oriented to person, place, time, and situation (x4), with no acute distress, well developed, hydrated, and nourished. Patient appears stated age.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	The patient's skin color was pink. The skin was warm and dry bilaterally throughout upon palpation. There were no rashes, bruising, or lesions present. Good quantity, texture, and distribution of hair throughout the body. Skin turgor had good mobility; no tenting was present. Nails were without cyanosis and clubbing. Capillary refill was less than 3 seconds in fingers and toes bilaterally. There was no edema inspected nor palpated bilaterally throughout the body. No drains are present. The patient's Braden score was 18
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	The patient's Head and neck are symmetrical. The patient's trachea is midline with no deviation. The patient's thyroid is nonpalpable, and no nodules noted. The patient's carotid pulses were examined asynchronously. Carotid pulse 2+ bilaterally. The patient's sclera white bilaterally, cornea clear bilaterally, conjunctiva pink and moist with no drainage bilaterally. Eyelids moist and dry with no lesions or discharge. PERRLA intact bilaterally. EOMs intact bilaterally. The patient's auricles have no lesions, deformities, or lumps bilaterally. The ear canals are clear

	bilaterally. The patient's septum is midline with no deviation. The nares have no signs of bleeding or polyps. Bilateral sinuses nontender upon palpation (frontal and maxillary sinuses assessed). The patient's posterior pharynx and tonsils are pink and moist, with no exudate noted. Tonsil grades 2+ bilaterally. The uvula was midline, the soft palate rose and fell symmetrically. The hard palate was intact. Dentition good. Overall oral mucosa was pink and moist with no lesions.
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:**	The patient had a normal rate and rhythm for heart sounds. The patient's PMI at the 5th intercostal space at the MCL was palpable. The patient had clear S1, and S2 heart sounds with no murmurs, gallops, or rubs. Peripheral pulses 2+ bilaterally. Cap refill was less than 3 seconds in fingers and toes bilaterally. No edema noted throughout the body. No JVD noted.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	The patient has a normal rate and pattern for respirations. The patient had symmetrical and nonlabored breathing. The patient had clear lung sounds anteriorly/posteriorly throughout bilaterally, with no wheezes, crackles, or rhonchi noted.
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:**	The client has a regular diet at home. His current diet is NPO. His height is 177.8 cm, and his weight is 81.6 kg. The abdomen is soft and tender, with no organomegaly and no masses noted upon palpation in all four quadrants. Bowel sounds are absent in the RLQ and hypoactive in the 3 remaining quadrants. Last bowel movement is unknown. The client is not passing flatus. No CVA tenderness noted bilaterally. No abdominal distention, incisions, scars, drains, or wounds on the abdomen. No ostomy or PEG tube. The patient has an NG tube that has remained in place, measuring 65 cm at the nares. The NG tube is connected to low intermittent suction with bile-green colored return.

GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	The patient reports no hematuria or an increase in the frequency of urinating. The color of her urine was a light yellow with no sediments. The patient urinated 240 mL. No abnormalities were noted when inspecting genitals. The genitals were clean and intact with no lesions present. The patient is not on dialysis is does not have a urinary catheter.
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 ☐**	All extremities have full ROM. Hand grips and pedal pulses are normal and equal in strength. No motor deficits noted, with muscle strength 5/5 bilaterally. Deep tendon reflexes all locations 2+ bilaterally. The patient is up ad-lib with no assistive devices and his gait and posture was overall smooth. The patient morse fall scale score was 45
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	.All extremities have full ROM. Hand grips and pedal pulses are normal and equal in strength. Patient is alert and orientated to time, person, place, and situation with normal speech. No motor deficits noted, with muscle strength 5/5 bilaterally. Patient moves are extremities well. Memory is normal, and thought process is intact. PERRLA bilaterally. Deep tendon reflexes all locations 2+ bilaterally. intact. The patient denies any numbness or tingling.
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):**	The patients coping methods, religion, and family data were not assessed. The patient is in the generativity vs. stagnation phase of Erik Erikson's developmental stages. The patient lives at home with this spouse.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

0700	76 bpm	133/76 mm Hg	16 breathes per minute	37.5℃	98% on Room air
1100	69 bpm	124/63 mm Hg	18 breathes per minute	36.9℃	97% on Room air

Vital Sign Trends:

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	numeric	abdomen	8 out of 10	Generalized	Morphine administered
1100	numeric	abdomen	4 out of 10	Generalized	Morphine administered

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
First IV **Size of IV:** **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:** **Second IV** **Size of IV:** **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	18 gauge Left antecubital 11/21/2022 Patent No signs of erythema, drainage, phlebitis, or infiltration IV dressing is clean, dry, and intact 18 gauge Right wrist 11/21/2022 Patent No signs of erythema, drainage, phlebitis, or infiltration IV dressing is dry, clean, and intact

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
D5NS: 400 mL Total: 400 mL	Urine: 450 mL Total: 450 mL

Nursing Care

Summary of Care (2 points)

Overview of care: The client was admitted to the hospital due to a small bowel obstruction. During the clinical shift, the patient complained of generalized abdominal pain with an intensity of 8 out of 10 at 0700. To treat his abdominal pain, he was administered morphine. When the patient's pain was reassessed at 1100, his pain had improved significantly. At 1100 the patient rated his pain a 4 out of 10 and received another dose of morphine at this time. The patient urinated once during the clinical shift for a total of 240 milliliters. The patient has not yet had a bowel movement nor passed flatus. The patient's vital signs were stable throughout the clinical shift. The patient could move all his extremities well and up ad-lib. The client is NPO for bowel rest and will remain NPO until bowel sounds return or the patient passes flatus. Therefore, the client will continue to need IV fluids. The patient does not have any home health needs at this time. Before discharge, the patient must receive education on why he is NPO, why he is receiving blood glucose monitoring, and why he needs IV fluids.

Procedures/testing done: The patient received a nasogastric (NG) tube to decompress his stomach. Blood work the patient received included a CMP and CBC. The patient received a KUB to help confirm his diagnosis of small bowel obstruction and, after NG tube insertion, to verify placement. The patient also received an ECG to rule out any cardiac-related issues.

Complaints/Issues: The patient complained of generalized pain in his abdomen at 0700. He reported the pain to be an 8 out of 10 on the numeric pain scale, so he was administered morphine to help relieve his pain. The patient complained of generalized abdominal pain again at 1100. The patient rated his pain at a 4 out of 10, and again morphine was administered to help alleviate his pain.

Vital signs (stable/unstable): The patient's vital signs were stable and within normal limits throughout the clinical shift.

Tolerating diet, activity, etc.: During my clinical shift, the patient was NPO, and the order states that he must remain NPO until the return of bowel sounds or upon the passing of flatulence.

Physician notifications: No physicians were notified during my clinical shift; however, the provider must be notified if the patient's temperature is greater than 38℃ despite the administration of antipyretic medications such as acetaminophen.

Future plans for client: Discharge planning was not initiated during my clinical shift and will not be initiated until the patient's small bowel obstruction is relieved.

Discharge Planning (2 points)

Discharge location: N/A

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: N/A

Education needs: The patient needs to receive education on the importance of bowel rest and NPO status. The patient also needs education on why his blood glucose is monitored every

six hours. The patient also needs to be educated on why he is on IV fluids. Finally, the patient needs to receive education on all the new medications he is taking in the hospital.

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. Acute pain related to inflammation of scare tissue as evidenced by reports of chronic abdominal pain reporting pain an 8/10	I chose this nursing diagnosis because my patient's main complaint was that he had been experiencing constant abdominal pain for the past two days.	1. Provide measures to relieve pain before it becomes severe such as administering morphine (Wayne, 2019). 2. Provide nonpharmacologic pain management, including physical, cognitive-behavioral strategies and lifestyle pain management (Wayne,	1. Goal: Patient will report decreased cramping and pain and display a relaxed appearance within 30 minutes of administering pharmacological and nonpharmacological pain management strategies.	Goal Met: The patient has reported decreased pain and cramping in his abdomen. When his pain level was reassessed after the interventions provided, his pain level decreased to a 4/10, and the client appeared more relaxed.

		2019).		
2. Impaired nutrition: Less than body requirements related to NPO diet as evidenced by abnormal electrolyte levels	I chose this nursing diagnosis because before my patient was admitted, he reported having nausea and vomiting for 2 days, and now he is on an NPO diet.	1. Maintain NPO status as ordered to help the bowel rest and decrease vomiting episodes (Wayne, 2022). 2.Take daily weights to help evaluate the patient for malnutrition (Wayne, 2022).	1. Goal: The patient will maintain nutritional and electrolyte lab values within normal range and will not experience further weight loss while in the hospital.	Goal Met: The patient's serum sodium increased within normal limits and, all other lab values were maintained within their normal ranges and, the patient did not lose any additional weight while in the hospital.
3. Constipation related to narrowing of the lumen as evidenced by the infrequent passage of stool	I chose this nursing diagnosis because my patient had not passed stool during my clinical shift, and he had complaints of abdominal pain.	1. Provide a warm sitz bath as appropriate (Wagner, 2022). 2 Encourage physical activity, such as walking around the unit, because a sedentary lifestyle can contribute to constipation (Wagner, 2022).	1. Goal: The patient will verbalize having a bowel movement without straining and will be able to implement strategies to relieve constipation by the time he is discharged.	Goal Met: The patient had a bowel movement that did not require straining, and he verbalized that his abdominal pain had decreased before discharge.
4. Deficient knowledge related to information misinterpretation of the disease process as evidenced by	I chose this nursing diagnosis because my patient has a preexisting GI	1. Discuss common triggers that cause small bowel obstructs with the patient and encourage the patient to	1. Goal: The patient will better understand small bowel obstruction and irritable bowel disease. The patient will also	Goal Met: The patient can verbalize the causes of small bowel obstruction and irritable bowel syndrome and

the development of preventable complications	disorder. Yet, he still smokes one pack of cigarettes daily and drinks alcohol on the weekends, both irritating to the GI system.	verbalize concerns and identify some of his triggers (Gil, 2018). 2. Recommend smoking cessation as smoking may worsen current symptoms (Gil, 2018).	understand the common triggers of both disease processes. The patient will also accept resources to help him quit smoking by discharge.	identify what triggers his IBS. The patient also decides that he is going to try to quit smoking.

Other References (APA):

Gil, W. (2018, September 29). *Knowledge defict nursing care plan*. Nurseslabs. https://nurseslabs.com/deficient-knowledge/#:~:text=Deficient%20Knowledge.%20This%20is%20where%20nurses%20get%20in

Wagner, M. (2022, April 27). *Small bowel obstruction nursing diagnosis & care plan*. NurseTogether. https://www.nursetogether.com/small-bowel-obstruction-nursing-diagnosis-care-plan/

Wayne, G. (2019). *Acute pain nursing care plan*. Nurseslabs. https://nurseslabs.com/acute-pain/

Wayne, G. (2022). *Imbalanced nutrition: Less than body requirements nursing care plan*. Nurseslabs. https://nurseslabs.com/imbalanced-nutrition-less-body-requirements/

Concept Map (20 Points):

Subjective Data

The patient stated that he had generalized abdominal pain throughout the shift.
At 0700, his pain was an 8 out of 10, and at 1100, his pain was a 4 out of 10.
The patient stated he smoked a pack of cigarettes daily for twenty years.
The patient stated he "drinks a few beers on the weekend."

Nursing Diagnosis/Outcomes

Acute pain related to inflammation of scare tissue as evidenced by reports of chronic abdominal pain reporting pain an 8/10
Goal: Patient will report decreased cramping and pain and display a relaxed appearance within 30 minutes of administering pharmacological and nonpharmacological pain management strategies.
Impaired nutrition: Less than body requirements related to NPO diet as evidenced by abnormal electrolyte levels
Goal: The patient will maintain nutritional and electrolyte lab values within normal range and will not experience further weight loss while in the hospital.
Constipation related to narrowing of the lumen as evidenced by the infrequent passage of stool
Goal: The patient will verbalize having a bowel movement without straining and will be able to implement strategies to relieve constipation by the time he is discharged.
Deficient knowledge related to information misinterpretation of the disease process as evidenced by the development of preventable complications
Goal: The patient will better understand small bowel obstruction and irritable bowel disease. The patient will also understand the common triggers of both disease processes. The patient will also accept resources to help him quit smoking by discharge.

Objective Data

Braden score: 18
Morse Fall score: 45
Labs: WBC: 12.4, Na: 130
KUB: Small bowel obstruction in the left lower quadrant, gas in the abdominal cavity
Physical Exam: Abdominal tenderness, absent bowel sounds in the right lower quadrant, hypoactive bowel sound in remaining quadrants.
NG Tube: Remains in place with bile-green colored return.
VS: 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

Client Information

The patient is a 45-year-old African American male with a medical history of irritable bowel syndrome and gastroesophageal reflux disease. The patient has been a tobacco user for twenty years. The patient was diagnosed with a small bowel obstruction, is currently NPO, and has a nasogastric tube in place.

Nursing Interventions

Nursing Diagnosis 1:
- Provide measures to relieve pain before it becomes severe such as administering morphine (Wayne, 2019).
- Provide nonpharmacologic pain management, including physical, cognitive-behavioral strategies, and lifestyle pain management (Wayne, 2019).

Nursing Diagnosis 2:
- Maintain NPO status as ordered to help the bowel rest and decrease vomiting episodes (Wayne, 2022).
- Take daily weights to help evaluate the patient for malnutrition (Wayne, 2022).

Nursing diagnosis 3:
- Provide a warm sitz bath as appropriate (Wagner, 2022).
- Encourage physical activity, such as walking around the unit, because a sedentary lifestyle can contribute to constipation (Wagner, 2022).

Nursing Diagnosis 4:
- Discuss common triggers that cause small bowel obstructs with the patient and encourage the patient to verbalize concerns and identify some of his triggers (Gil, 2018).
- Recommend smoking cessation as smoking may worsen current symptoms (Gil, 2018).