

I chose to discuss the inflammation of appendix. Appendicitis is inflammation of the appendix vermiformis, a finger like, hollow anatomical structure that is attached to cecum. Inflammation and complications in this anatomic area of small intestine is very common cause of acute abdomen. Pathophysiology of appendicitis usually starts with obstruction of the lumen which compromises blood supply to the area. Bacteria start to grow there and that produce swelling and inflammation of the wall of appendix. Further on, the wall becomes necrotic and all infected content is released in to the peritoneum. Infection spreads and peritonitis develops. This process manifests at the beginning as a vague pain around umbilicus and then the pain migrates to the RLQ. Later the pain increases in intensity especially on deep palpation in the McBurney's point, between right anterior superior iliac spine and umbilicus. Other signs and symptoms are N/V, diarrhea, loss of appetite, low grade fever, abdominal pain with coughing and taking deep breath. If peritonitis develops, it is surgical emergency and appendix has to be taken out. Nurse will prepare patient for surgery. Expecting orders will be for IV infusion to promote renal function. Antibiotic will be given for infection. Patient needs to be in high Fowler position after surgery to decrease pressure on the incision and reduce pain. Oral fluids can be given when patient is able to swallow. Before discharge patient needs teaching about removal of the sutures, when and where. Patient has to avoid heavy lifting and even normal physical work up to 2-4 weeks after the surgery . Patient needs good care of the wound and to learn to recognize signs of wound infection.

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