N311 Care Plan 2

Bailey McMasters

Lakeview College of Nursing

N311: Foundations of Professional Practice

Travis Whisman

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Demographics (5 points)

Date of Admission 09/25/24	**Client Initials** DF	**Age** 62	**Gender** Male
Race/Ethnicity White/Caucasian	**Occupation** Electronic Technician	**Marital Status** Married	**Allergies** Aspirin Penicillin
Code Status Full Code	**Height** 5'11"	**Weight** 199 lbs.	

Medical History (5 Points)

Past Medical History: High serum cholesterol, Arthritis (knee), Asthma

Past Surgical History: Appendectomy, Vasectomy, Colonoscopy, Meniscectomy (Left knee), Colonoscopy (06/22/18), Hernia repair (Left, 2021)

Family History: History of predominate bladder cancer, paternally

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): No tobacco, no smokeless tobacco, does not currently drink alcohol (rarely), no drug use, is not currently sexually active

Admission Assessment

Chief Complaint (2 points): Abdominal pain, nausea, vomiting, and watery stools

History of Present Illness – OLD CARTS (10 points): Arrived at hospital with diffused abdominal pain around belly button. Patient severity of pain was intermitted. Pain was relieved through vomiting and watery stools. Received pain medication in the emergency room (Tylenol). Pain severity was rated a 1/10 after medication.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Small bowel obstruction

Secondary Diagnosis (if applicable): None

Pathophysiology

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

A small bowel obstruction, SBO, is caused by adhesions, bands of connective tissue, that are formed within the body's organs and tissues. These adhesions are normally formed by an injury that occurs during a surgery. Within the abdomen, adhesions are known to cause segments of intestines to bond together. This causes an obstruction and causes contents inside the intestine to not be able to continue through and out of the body. With the intestinal contents not being able to move, there is an increase in peristalsis and accumulation of mucus at the site of the obstruction. The increased measures the body activates causes the blockage to worsen. Some other causes of a small bowel obstruction include Chron's disease, hernias, and malignancy, Capriotti (2024).

Small bowel obstructions have different levels of severity. There are chronic or acute obstructions and complete or partial obstructions. Chronic obstructions are known to be causes of tumors and inflammatory diseases, while acute obstructions are caused by adhesions or hernias within the bowel. Acute obstructions also have sudden onsets. Complete obstructions is thought as a surgical emergency as it stops all movement of intestinal contents, whereas partial obstruction only decreases the movement of contents and fluids through the intestine, Capriotti (2024).

Signs and symptoms differentiate depending on acuteness of the obstruction. For example, when dealing with large obstructions symptoms are found to be more dramatic. However, common symptoms include diarrhea, nausea, vomiting, pain, abdominal distention, and sounds of hyperactive bowels when auscultating. Vomiting and nausea can cause a patient to

become dehydrated or lead to hypovolemic shock and hypotension. Pain that is intermittent and sharp is caused by increased peristalsis. However, severity is known to be increased if the pain is steady and continuous as it is a sign of strangulation of the intestine. Due to the possibility of necrosis or ischemia, emergency surgery is required, Capriotti (2024).

According to Schick et al. (2023), a small bowel obstruction is able to be diagnosed through a physical examination. However, technologies such as radiographs, ultrasounds, and tomography scans can be used to provide more accuracy during diagnosis.

Treatment for SBOs includes fluid resuscitation, medications, and nasogastric decompression, Schick et al. (2023). Using IVs provides electrolyte and fluid balance to combat dehydration. Medications such as antibiotics and antiemetic medications are usually necessary to help pain control and kill or stop bacteria from growing. Nasogastric decompression is when a nasogastric tube is applied to a patient to decompress and remove excessive amounts of fluids from the bowel. As previously mentioned, surgery is also a treatment for obstructions of higher severity, Capriotti (2024).

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Pathophysiology Introductory Concepts and Clinical Perspectives* (3rd ed.). F.A. Davis

Schick, M. A., Kashyap, S., & Meseeha, M. (2023). *Small Bowel Obstruction.* StatPearls. https://www.ncbi.nlm.nih.gov/books/NBK448079/

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
07:30	84	138/84	16	97.3 F	96%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
07:30	1-10	Abdomen	4	Intermitted	Pain medication

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
NaCl solution 125 ml	300 ml

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

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 physical injury agent as evidence by sudden onset of intermitted affliction.	Patient stated to have intermitted pain and problem was found to be acute compared to chronic.	**1.**Give pain medications. **2.**Put patient on an IV.	**1.** Have pain level decrease to 2 or below by the end of the day.	Patient was livelier and was more comfortable after receiving medication.
2. Deficient knowledge related too inadequate information as	Patient stated to not have enough resources and understanding	**1.** Educate the patient verbally on how problem is caused	**1.** Have the patient be able to restate education given by	Patient was content with knowing what was causing the issue to occur

evidence by patient not understanding causes to rehospitalization.	to why problem keeps occurring.	**2.** Provide patient with pamphlets and websites to allow them to do any research they may want.	discharge.	and was eager to do more research on their own once discharged.

Other References (APA):

Phelps, L. L. (2022). *Nursing Diagnosis Reference Manual: Twelfth Edition*. Wolters Kluwer.

Concept Map (23 Points):

Subjective Data

Pain that comes and goes with a severity of 4 on a scale of 1-10

Pain was a 1/10 on a scale of 1-10 after receiving pain medication

Nursing Diagnosis/Outcomes

1. Acute Pain related to physical injury agent as evidence by sudden onset of intermitted affliction. Have pain level decrease to 2 or below by the end of the day.
2. Deficient knowledge related too inadequate information as evidence by patient not understanding causes to rehospitalization. Have the patient be able to restate education given by discharge.

1

Objective Data

Blood pressure: 138/84

Pulse: 84

Respirations: 16

Temperature: 97.3 F

Client Information

Age: 62

Gender: Male

Marital Status: Married

Occupation: Electronic Technician

Height: 5"11"

Weight: 199 lbs.

Nursing Interventions

1. Give pain medications.

2. Put patient on an IV.

3. Educate the patient verbally on how problem is caused.

4. Provide patient with pamphlets and websites to allow them to do any research they may want.