

N311 Care Plan 2

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N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission 9/25/24	Client Initials DF	Age 62	Gender Male
Race/Ethnicity White	Occupation Electronic Tech	Marital Status Married	Allergies Aspirin, Penicillin
Code Status FULL	Height 5' 11"	Weight 199	

Medical History (5 Points)

Past Medical History: High Serum Cholesterol, Arthritis (Knee) Asthma

Past Surgical History: Appendectomy, Vasectomy, Colonoscopy, Meniscectomy, Hernia repair

Family History: Strong History of Bladder Cancer on the paternal side

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

Never used tobacco, Rarely uses alcohol, Never used Drugs

Admission Assessment

Chief Complaint (2 points): Abdominal pain, Nausea, vomiting, watery stool

History of Present Illness – OLD CARTS (10 points): Patient came in 1 day of diffuse abdomen pain (periumbilical) Pain is intermitted and ranges from 6-4. Relief after vomiting and watery stool. Pain medication (Acetaminophen) was given in E.R. pain was 1/10 after meds

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Small Bowel Obstruction

Secondary Diagnosis (if applicable):

Pathophysiology

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

A Small Bowel Obstruction (SBO) happens when the small intestine is partially or even completely blocked. This block prevents the normal passage of contents through the digestive tract. This obstruction can lead to a surplus of fluids, electrolytes, and gases on a cellular level. This causes an increase in the pressure within the intraluminal, which can cause ischemia. Ischemia is the impaired blood flow in the intestinal wall. Having an appropriate amount of blood flow causes the cells in the bowel wall to become hypoxic (The amount of oxygen reaching the tissues is decreased). The reduced oxygen flow can lead to cells dying, also known as necrosis. (Cappell, 2008). With the ischemic injury, it compromises the integrity of the intestinal barrier, which increases the risk of bacterial translocation into the bloodstream and systemic inflammation. The cells lining the intestine will produce an excess amount of secretion in response to the obstruction. Having an increased fluid buildup and promoting further distention. Eventually, this can result in severe complications like bowel perforation, sepsis, and shock if left untreated (Bannon, 2011)

Pathophysiology References (2) (APA):

Cappell, M. S. (2008). Pathophysiology, clinical presentation, and management of small bowel obstruction. *Medical Clinics of North America*, 92(3), 575-597.

Zielinski, M. D., & Bannon, M. P. (2011). Current management of small bowel obstruction. *Advances in Surgery*, 45(1), 1-29.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0747	84	138/84	16	97.3	96%

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0730	1-10	Abdomen	4/10	Intermitted	Medicine

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
NaCl Solution – 125mL	Urine – 300 mL

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Explain why the nursing diagnosis was chosen 			<ul style="list-style-type: none"> How did the client/family respond to the nurse’s actions? <ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan.
1. Acute pain related to intestinal distention and		1. Encourage patient to try pain relief methods such	1. Patient will feel relief and reduction in pain to a	

<p>obstruction as evidenced by patient reports of severe abdominal pain, restlessness, and rating 8/10</p>		<p>as repositioning, deep breathing exercises and relaxation techniques</p> <p>2.Administer pain medication as prescribed and monitor their effectiveness</p>	<p>manageable level of 3/10</p>	
<p>2. Knowledge Deficit related to lack of information about the disease process, treatment option of small bowel obstruction as evidenced by patient rehospitalization</p>		<p>1. Provide patient with clear, simple explanations about the condition, treatment plan and expected outcomes</p> <p>2.Assess the patients understanding by asking them to explain back key concepts about symptoms to watch for and when medical help needed to be seek.</p>	<p>1. Patient will demonstrate an understanding of his condition and treatment plan by accurately verbalizing key parts of small bowel obstruction</p>	

Other References (APA):

NANDA Nursing Diagnosis List. (n.d.). *NANDA diagnostic list for basic human*

needs. <http://www.nandanursingdiagnosislist.org/nanda-diagnostic-list-for-basic-human-needs/>

Concept Map (23 Points):

Subjective Data

The Patient reports his pain was 8/10
The patient is slightly elevated
Blood Pressure is 140/90 and nausea

Objective Data

Nursing Diagnosis/Outcomes

<p>1. Acute pain related to intestinal distention and obstruction as evidenced by patient reports of severe abdominal pain, restlessness, and rating 8/10</p> <p>Patient will feel relief and reduction in pain to a manageable level of 3/10</p>	<p>1. Encourage patient to try pain relief methods such as repositioning, deep breathing exercises and relaxation techniques</p> <p>2. Administer pain medication as prescribed and monitor their effectiveness</p>
<p>2. Knowledge Deficit related to lack of information about the disease process, treatment option of small bowel obstruction as evidenced by patient rehospitalization</p> <p>Patient will demonstrate an understanding of his condition and treatment plan by accurately verbalizing key parts of small bowel obstruction to watch for and when medical help needed to be seek.</p>	<p>1. Provide patient with clear, simple explanations about the condition, treatment plan and expected outcomes</p> <p>2. Assess the patients understanding by asking them to explain back key concepts about symptoms to watch for and when medical help needed to be seek.</p>

Age :62 year old,
Ethnicity : White
Gender: Male

Client Information

Nursing Interventions

