Medications

mesalamine
- Pharmacologic class- aminosalicylate (Jones & Bartlett Learning, 2022)
- Therapeutic class- anti-inflammatory (Jones & Bartlett Learning, 2022)
- The client is taking this medication to treat her ulcerative colitis (Jones & Bartlett Learning, 2022)
- Make sure the patient is hydrated before giving this medication (Jones & Bartlett Learning, 2022).
- Assess renal function prior to giving medication because the drug can cause renal issues (Jones & Bartlett Learning, 2022).

amlodipine
- Pharmacologic class- calcium channel blocker (Jones & Bartlett Learning, 2022)
- Therapeutic class- antihypertensive (Jones & Bartlett Learning, 2022)
- The patient is taking this medication to control her hypertension (Jones & Bartlett Learning, 2022).
- The patient's blood pressure and heart rate need to be checked prior to administration to avoid hypotension (Jones & Bartlett Learning, 2022).

atorvastatin
- Pharmacologic class- HMG-CoA reductase inhibitor (Jones & Bartlett Learning, 2022)
- Therapeutic class- antihyperlipidemic (Jones & Bartlett Learning, 2022)
- The patient is taking this medication to control their high lipid levels (Jones & Bartlett Learning, 2022).
- The nurse needs to administer this medication at the same time everyday (Jones & Bartlett Learning, 2022).
- Monitor the patient's blood glucose levels prior to

Lab Values/Diagnostics

Calcium
- Patient value - 8.2
- Normal value – 8.5-10
- The patient's calcium level is low due to the large amount of diarrhea this patient is having. This causes a loss of electrolytes through the diarrhea (Hinkle & Cheever, 2022)

Sodium
- Patient value – 134
- Normal value – 136-145
- The patient's sodium is also low due to the dehydration that the patient is experiencing (Hinkle & Cheever, 2022). The patient is having a large amount of output that is not being evened out by the amount of input they are receiving. This causes the sodium level to be below the normal range (Hinkle & Cheever, 2022).

The patient had a CT of the abdomen/pelvis completed. This was completed due to the abdominal pain the patient was having. The CT could show if there were any visual problems within the patient's abdomen that could be causing the pain (Hinkle & Cheever, 2022). The CT scan came back negative.

The patient also had a flexible sigmoidoscopy completed. This was completed to view the lower part of the colon (Hinkle & Cheever, 2022). This could show the doctor the inside of the patient's colon to see any abnormalities. When the doctor was completing this procedure, he found that the patient had ulcerative colitis.

Demographic Data

Date of Admission: October 22, 2024
Admission Diagnosis/Chief Complaint: diarrhea; rectal bleeding
Age: 82
Gender: Female
Race/Ethnicity: Caucasian
Allergies: Bactrim, nitrofurantoin, penicillin
Code Status: full
Height in cm: 152
Weight in kg: 46.7
Psychosocial Developmental Stage: Integrity vs. Despair
Cognitive Developmental Stage: Formal operational stage
Braden Score: 21
Morse Fall Score: 35
Infection Control Precautions: standard

Admission History

The patient was admitted to the hospital after having diarrhea and some rectal bleeding. The patient said it started on 10/18/24 and she was admitted on 10/22/24. The patient said she was having some abdominal pain with the other symptoms. The patient said the abdominal pain and diarrhea would come randomly at any time during the day. The patient has never had a history of any of these signs and symptoms in the past. The patient said nothing helped relieve the diarrhea. The patient has not been treated for any of this in the past.

Medical History

Previous Medical History: high cholesterol, hypertension
Prior Hospitalizations: 10/22/2024- patient came into the ED on this day related to the diarrhea and rectal bleeding, they sent her home with some medications; 10/25/2024- patient came back to the ED after symptoms did not subside and she was admitted to the hospital
Previous Surgical History: cataracts, back restructuring, ligation of fallopian, restructure for carpal tunnel, hysterectomy
Social History: denies alcohol or substance abuse; patient says she was a cigarette smoker for 40 years but has been clean for 10 years; patient said she would smoke less than half a pack a day

Pathophysiology
Ulcerative Colitis

Disease process: Ulcerative colitis is an inflammation of the intestines (Capriotti & Frizzel, 2020). This causes the intestines to become red and swollen (Capriotti & Frizzel, 2020). Once the inflammation has continued for so long, the intestines can then start to produce ulcers (Capriotti & Frizzel, 2020). This causes a high risk of bleeding (Capriotti & Frizzel, 2020). With inflammation in the intestines, they are unable to absorb the nutrients properly which can lead to bowel disfunction (Capriotti & Frizzel, 2020).
S/S of disease: Some signs and symptoms of this disease include rectal bleeding, abdominal pain, diarrhea, and dehydration (Capriotti & Frizzel, 2020). My patient presented with all these signs.
Method of Diagnosis: Ulcerative colitis is diagnosed by colonoscopies and biopsies (Capriotti & Frizzel, 2020). My patient had a sigmoidoscopy completed.
Treatment of disease: The treatment for ulcerative colitis is medication (Capriotti & Frizzel, 2020). The patient could be prescribed NSAIDs, enemas, and glucocorticoids to help with the treatment of this disease (Capriotti & Frizzel, 2020). These medications can help decrease the inflammation and limit the bowel movements the patient has (Jones & Bartlett Learning, 2022).

Active Orders

Fiber restriction diet
- The patient was placed on this diet to lessen the amount of bowel movements they are having (Hinkle & Cheever, 2022). A low fiber diet will help slow down the intestines (Hinkle & Cheever, 2022).

Intake & Output
- The patient has this ordered to monitor their fluid balance (Hinkle & Cheever, 2022). The patient is having excessive diarrhea, so it is important for the nurse to keep a close eye on extreme dehydration.

Contact Precaution
- The patient has this ordered due to their history of MRSA. This will prevent the risk of a healthcare worker receiving this infection by wearing a gown and gloves during care (Hinkle & Cheever, 2022).

CBC
- This is ordered to monitor the patient's fluid balance and electrolyte levels (Hinkle & Cheever, 2022). The patient is at risk for dehydration and decreased electrolyte levels, so it is important to obtain a CBC (Hinkle & Cheever, 2022).

Physical Exam/Assessment

General: Patient is alert and oriented times 4; patient is showing no distress or nonverbal signs of pain

Integument: Patient's skin is the appropriate color for ethnicity; no abnormalities or rashes; patient has blanchable reddening on the bottom from constant diarrhea; skin is warm to touch

HEENT: Patient's facial features are symmetrical; hearing and eyesight are intact; no complaints of any abnormalities; no drainage from eyes, ears, nose

Cardiovascular: S1 and S2 present; no heart murmurs or abnormal sounds; cap refill less than 3 seconds

Respiratory: lung sounds are clear bilaterally; no adventitious sounds; no accessory muscle use; patient respirations are even and unlabored

Genitourinary: no problems or burning with urination; blanchable reddening around the patient's anus due to constant diarrhea; no other abnormalities

Gastrointestinal: bowel sounds active in all four quadrants; patient complained of lower abdominal pain rating it at a 5 on the numeric scale; no scars or skin abnormalities; no masses felt during palpation

Musculoskeletal: patient moves all extremities well; patient is up independently; patient has good range of motion in all four extremities

Neurological: patient is alert and oriented to time, place, and person; patient's pulses are all palpable; equal strength bilaterally; cap refill and skin turgor less than 3 seconds

Most recent VS (include date/time and highlight if abnormal): temperature- 36.2 degrees Celsius; heart rate- 83; respirations- 16; oxygen- 97%; blood pressure- 125/71

Pain and pain scale used: Patient rated their pain as a 5 on a 0-10 pain scale (zero = no pain, ten = a lot of pain). The patient was given acetaminophen for the pain.

Nursing Diagnosis 1	**Nursing Diagnosis 2**	**Nursing Diagnosis 3**
Risk for fluid volume deficit related to excessive diarrhea as evidenced by decreased urine output.	Imbalanced nutrition related to a lowed absorption of nutrients through the intestines as evidenced by weight loss.	Acute pain related to inflammation in the intestines as evidence of patient reporting abdominal pain at a 5 on a scale of 0-10.
Rationale I chose this nursing diagnosis because it is important for the patient's health. If the patient loses enough fluid through diarrhea, it can cause severe complications. This can include shock, dysrhythmias, and altered mental status (Hinkle & Cheever, 2022).	**Rationale** I chose this nursing diagnosis due to the patient complaining of losing weight. The patient made many comments about how much weight she lost. I thought it was important to have this nursing diagnosis to prevent an extreme amount of weight loss.	**Rationale** I chose this nursing diagnosis because we want the patient to be comfortable and have a limited amount of pain if possible. My patient presented with pain, so it was important to complete interventions to decrease that pain level.
Interventions **Intervention 1:** Encourage oral hydration for the patient (Swaringen & Wright, 2019). **Intervention 2:** Monitor the patient's vital signs every four hours to assess for any signs and symptoms of dehydration (Swaringen & Wright, 2019).	**Interventions** **Intervention 1:** Monitor the patient's weight daily to assess for any weight loss (Swaringen & Wright, 2019). **Intervention 2:** Encourage oral intake of nutrient dense food (Swaringen & Wright, 2019).	**Interventions** **Intervention 1:** Assess the patient's pain level every four hours to know when to intervene (Swaringen & Wright, 2019). **Intervention 2:** Administer pain medication to the patient as ordered by the provider (Swaringen & Wright, 2019).
Evaluation of Interventions I was unable to see the outcome of these interventions, but as a nurse, I would want to see vital signs within the normal ranges and no complaints of signs of dehydration.	**Evaluation of Interventions** I was unable to see the result of these interventions, but as a nurse, I would hope to see little to no weight loss.	**Evaluation of Interventions** I was able to see the result of the intervention and the outcome was positive. The patient's abdominal pain decreased after they were administered acetaminophen.

References (3) (APA):

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

Hinkle, J. L., & Cheever, K. H. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer Health Lippincott Williams & Wilkins

Jones & Bartlett Learning. (2022). 2023 Nurse's drug handbook (22nd ed.). Jones & Bartlett Learning.

Swaringen, P. L., & Wright, J. D. (2019). All-in-one nursing care planning resource: medical surgical, pediatric, maternity, and psychiatric-mental health. St. Louis, MO: Elsevier