

N311 Care Plan 5

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Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Linda Scribner

November 17, 2024

Demographics (5 points)

Date of Admission November 11, 2024	Client Initials AS	Age 18	Gender Female
Race/Ethnicity White	Occupation Student at SIUE	Marital Status Single	Allergies NSAIDS and Chlorhexidine
Code Status Attempt CPR/Full Treatment	Height 162.6 cm	Weight 49.7 kg	

Medical History (5 Points)

Past Medical History: Chron's Disease. Other than that, no significant past medical history.

Past Surgical History: EGD/colonoscopy 2X

Family History: No family history on file.

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

She has never smoked but has been exposed in the past. She stated that she would be with her dad every other weekend and he smoked but not inside the house. She does not vape. She does not use smokeless tobacco. She has never used drugs or drank alcohol.

Admission Assessment

Chief Complaint (2 points): Abdominal pain

History of Present Illness – OLD CARTS (10 points): Patient presented to the emergency room on November 9th, 2024, because of her abdominal pain. She complained of lower right abdominal pain. She stated that it would be super severe and then would radiate to her back. She did experience nausea but no vomit or bloody stools. Nothing aggravated it. She did take some pain kills that she had.

Primary Diagnosis**Primary Diagnosis on Admission (3 points):** Crohn's flare**Secondary Diagnosis (if applicable):** N/A

Crohn's Disease

Crohn's disease is a chronic inflammatory disease that can affect any part of the GI tract. Unfortunately, the exact cause of Crohn's is unknown. Some risk factors include people who smoke, have genetic changes, or have family who have it. While it is not confirmed, they have found that there are those with Crohn's who have genetic changes which may cause it (Capriotti, 2024, pg. 763)

In this particular condition, pathogens that should not be absorbed get absorbed which causes a chain reaction. It is like an autoimmune disorder because white blood cells are activated. As a matter of fact, most people with these conditions often absorb E. coli, which is what can cause this reaction (Capriotti, 2024, pg. 763-764).

People living with Crohn's may experience abdominal tenderness, nausea, vomiting, weight loss. It can cause arthritis and even skin problems. Bile duct inflammation can occur. Another serious sign and symptom are malabsorption. Those who have Crohn's lack the ability to absorb vitamins A, B12, K, C, D, and E. They cannot absorb calcium, iron, fats, or folic acid. On top of having this painful disease, their body is not able to absorb the proper nutrients. Because of this, they lose lots of weight, can become anorexic, and anemic. They may also get anal fistulas and have blood in their stool (Mayo Clinic Staff, 2024). Overall, this is a very serious and painful condition (Capriotti, 2024, pg. 764).

To diagnose, a colonoscopy and discussing the sign and symptoms is usually all that is needed. They will also run different blood panels as well. There is no cure for this. However, with science, there have been advancements made to help control the symptoms significantly to suppress the symptoms and help the patient be in remission. Patients can take glucocorticoids, immunomodulators, and different biological therapies. They are told to also drink lots of fluids,

have a balanced diet, and take lots of supplements. Some might even take anti-diarrheal medications (Capriotti, 2024, pg. 765).

References

Capriotti, Theresa. (2024). *Pathophysiology: Introductory concepts and Clinical Perspectives*.

F.A. Davis.

Mayo Clinic Staff. (2024, October 29). *Crohn's disease*. Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/crohns-disease/symptoms-causes/syc-20353304>.

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

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	3.50-5.20 (Epic, 2023)	3.84 (Epic, 2023)	3.90 (Epic, 2023)	N/A
Hgb	11.0-16.0 (Epic, 2023)	10.4 (Epic, 2023)	11.0 (Epic, 2023)	Patients with Crohn's often experience mild GI bleeding, which can lower the hemoglobin in the blood (Pagana et al., 2023, pg. 480)
Hct	34.0-47.0 (Epic, 2023)	33.0 (Epic, 2023)	33.6 (Epic, 2023)	Patients with Crohn's often experience mild GI bleeding, which can lower the hematocrit (Pagana et al., 2023, pg. 478).
Platelets	140-400 (Epic, 2023)	375 (Epic, 2023)	328 (Epic, 2023)	N/A
WBC	4.00-11.00 (Epic, 2023)	11.24 (Epic, 2023)	9.55 (Epic, 2023)	Because of her inflammation she was experiencing with her Crohn's, this explains why her white blood cell count was high (Pagana et al., 2023, pg. 949).
Neutrophils	1.60-7.70 (Epic, 2023)	9.57 (Epic, 2023)	6.03 (Epic, 2023)	Because Crohn's is an inflammatory disorder, neutrophils rise because of this (Pagana et al., 2023, pg. 950).
-Lymphocytes	1.00-4.90 (Epic, 2023)	1.35 (Epic, 2023)	2.51 (Epic, 2023)	N/A
Monocytes	0.00-1.10 (Epic, 2023)	0.25 (Epic, 2023)	0.75 (Epic, 2023)	N/A
Eosinophils	0.00-0.50 (Epic, 2023)	0.00 (Epic, 2023)	0.14 (Epic, 2023)	N/A
Bands	N/A	N/A	N/A	N/A

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 (Epic, 2023)	134 (Epic, 2023)	135 (Epic, 2023)	Crohn's can cause malabsorption. Her intestines may not absorb sodium very well (Pagana et al., 2023, pg. 806).
K+	3.5-5.1 (Epic, 2023)	4.0 (Epic, 2023)	3.8 (Epic, 2023)	N/A
Cl-	98-107 (Epic, 2023)	103 (Epic, 2023)	103 (Epic, 2023)	N/A
CO2	22.0-29.0 (Epic, 2023)	22.0 (Epic, 2023)	25.0 (Epic, 2023)	N/A
Glucose	74-100 (Epic, 2023)	193 (Epic, 2023)	72 (Epic, 2023)	Her glucose was high initially because of all the stress that she was experiencing (Pagana et al., 2023, pg. 453). It decreased later because she is not really eating or drinking (Pagana et al., 2023, pg. 453).
BUN	8-21 (Epic, 2023)	7 (Epic, 2023)	4 (Epic, 2023)	A decrease can be caused by malnutrition and malabsorption. This explains why her BUN was low initially and has continued to decrease (Pagana et al., 2023, pg. 151).
Creatinine	0.55-1.02 (Epic, 2023)	0.68 (Epic, 2023)	0.70 (Epic, 2023)	N/A
Albumin	3.5-5.0 (Epic, 2023)	2.9 (Epic, 2023)	3.3 (Epic, 2023)	Albumin decreases with chronic inflammatory which explains why her levels have been low (Pagana et al., 2023, pg. 730).
Calcium	8.9-10.6 (Epic, 2023)	9.4 (Epic, 2023)	8.5 (Epic, 2023)	Malabsorption can cause calcium levels to lower (Pagana et al., 2023, pg. 181).
Mag	1.6-2.6 (Epic, 2023)	2.2 (Epic, 2023)	2.0 (Epic, 2023)	N/A
Phosphate	N/A	N/A (Epic, 2023)	N/A (Epic, 2023)	N/A

Bilirubin	0.2-1.2 (Epic, 2023)	0.1 (Epic, 2023)	0.3 (Epic, 2023)	Her levels were low because she was excreting it out through her urine (Pagana et al., 2023, pg. 906).
Alk Phos	40-150 (Epic, 2023)	78 (Epic, 2023)	70 (Epic, 2023)	N/A

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	Amber yellow; clear (Pagana et al., 2023, pg. 905)	Clear; dark yellow (Epic, 2023)	N/A	A dark yellow color of urine can be caused by the presence of bilirubin. This makes sense because her bilirubin levels were low, which might mean her body was not absorbing it (Pagana et al., 2023, pg. 906).
pH	4.6-8 (Pagana et al., 2023, pg. 905)	5.5 (Epic, 2023)	N/A	N/A
Specific Gravity	1.005-1.030 (Pagana et al., 2023, pg. 905)	1.020 (Epic, 2023)	N/A	N/A
Glucose	Negative (Epic, 2023)	Negative (Epic, 2023)	N/A	N/A
Protein	Negative (Epic, 2023)	Trace (Epic, 2023)	N/A	According to the Mayo Clinic, protein might be in the urine if a patient is dehydrated (Mayo Clinic staff, 2022).
Ketones	Negative (Epic, 2023)	80 (Epic, 2023)	N/A	Because her sugar was elevated when she came in, the ketones spill over in the body because the sugar is too high (Pagana et al. 2023, pg. 910).
WBC	N/A	N/A	N/A	N/A
RBC	N/A	N/A	N/A	N/A
Leukoesterase	N/A	N/A	N/A	N/A

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	N/A	N/A	N/A	N/A
Blood Culture	N/A	N/A	N/A	N/A
Sputum Culture	N/A	N/A	N/A	N/A
Stool Culture	N/A	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Mayo Clinic Staff. (2022, May 5). *Protein in urine (proteinuria)*.

<https://www.mayoclinic.org/symptoms/protein-in-urine/basics/causes/sym-20050656>.

Pagana, et al. (2023). *Diagnostic & Laboratory Test Reference*. Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (10 points): A colonoscopy is a visual diagnostic procedure that is done when the patient is sedated. They insert a camera into the rectum to look at the intestines. In the case of the patient, it showed that her intestines were inflamed. She had the cobblestone like appearance and blood in her GI tract.

Diagnostic Imaging Reference (1) (APA):

McMillen, Matt. (2024, May 17). *Colonoscopy*. WebMD. <https://www.webmd.com/colorectal-cancer/colonoscopy-what-you-need-to-know>.

Current Medications (10 points, 2 points per completed med) *5 different medications must be completed*

Medications (5 required)

Brand/ Generic	Amoxicillin trihydrate/amox	Enoxapari n	Prochlorperaz ine/Compro	Ondansetro n	Oxycodone hydrochloride/Ro
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	ycillin (Jones and Bartlett, 2024, pg. 72)	sodium/Lo venox (Jones and Bartlett, 2024, pg. 459)	(Jones and Bartlett, 2024, pg. 1116)	hydrochloride/zofran (Jones and Bartlett, 2024, pg. 1020)	xicondone(Jones and Bartlett, 2024, pg.1041)
Dose	875 mg (Epic, 2024)	30 mg (Epic, 2024)	2.5 (Epic, 2024)	4 mg (Epic, 2024)	5 mg (Epic, 2024)
Frequency	Every 12 hours (Epic, 2024)	Daily at 1300 (Epic, 2024)	Every four hours as needed (Epic, 2024)	As needed twice daily (Epic, 2024)	Every four hours as needed (Epic, 2024)
Route	Oral (Epic, 2024)	Subcutaneous (Epic, 2024)	IV push (Epic, 2024)	IV push (epic, 2024)	Oral (Epic, 2024)
Classification	Pharmacologic: Aminopenicillin /Therapeutic: Antibiotic (Jones and Bartlett, 2024, pg. 72)	Pharmacologic: Low-molecular-weight-heparin/Therapeutic: Anticoagulant (Jones and Bartlett, 2024, pg. 459)	Pharmacologic: piperazine/Therapeutic: Antiemetic (Jones and Bartlett, 2024, pg. 1116)	Pharmacologic: selective serotonin receptor antagonist/therapeutic: antiemetic (Jones and Bartlett, 2024, pg. 1020).	Pharmacological: opioid/Therapeutic: Opioid analgesic (Jones and Bartlett, 2024, pg. 1041)
Mechanism of Action	This kills the bacteria by binding the medication to the cell wall, which kills the bacteria (Jones and Bartlett, 2024, pg. 72).	It stops the action of antithrombin, which stops coagulation. This in turn stops blood clots from forming (Jones and Bartlett, 2024, pg. 460).	It blocks the dopamine receptors by blocking the vagus nerve in the GI tract (Jones and Bartlett, 2024, pg. 1118)	It blocks the serotonin receptors from releasing in the small intestine, which is what causes the nausea (Jones and Bartlett, 2024, pg. 1021).	It alters the perception of pain by blocking neurotransmitters (Jones and Bartlett, 2024, pg. 1042).
Reason Client Taking	It is given to treat her infection that is	Because she has been pretty	She is taking this medication	She takes this as needed	She takes this to help with the pain she is

	in her intestines.	much bedridden and hospitalized for her flare ups, she takes this to reduce the risk of a blood clot (Jones and Bartlett, 2024, pg. 459).	for nausea and vomiting.	whenever she gets nauseous.	experiencing because of her Crohn's flare up.
Contraindications (2)	Do not take if allergic to amoxicillin or the other ingredients in that medication (Jones and Bartlett, 2024, pg. 72).	Do not take if there is an active major bleed or if allergic to the medication and its components (Jones and Bartlett, 2024, pg. 460).	Do not take this medication if under two years old or weigh less than twenty pounds (Jones and Bartlett, 2024, pg. 1118).	Do not take if also taking apomorphine or allergic to Zofran and its other ingredients (Jones and Bartlett, 2024, pg. 1022).	Do not take if patient is experiencing significant respiratory distress or allergic to oxycodone and its ingredients (Jones and Bartlett, 2024, pg. 1042)
Side Effects/Adverse Reactions (2)	Taking this medication can cause aseptic meningitis or seizures (Jones and Bartlett, 2024, pg. 73).	Taking this medication can cause confusion or liver injuries (Jones and Bartlett, 2024, pg. 460).	Side effects may include hypotension or blurred vision (Jones and Bartlett, 2024, pg. 1118).	Side effects include hypotension or Steven Johnson Syndrome (Jones and Bartlett, 2024, pg. 1022).	Side effects include may include seizures or bradycardia (Jones and Bartlett, 2024, pg. 1043).

Assessment

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

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Patient is alert and oriented x person, place, and time. No acute signs of distress and is poorly groomed. He did not quite understand why he was there.
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: 13 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	He had tan skin. He had lots of dark spots, especially on his arms and legs. His lower legs, around his shin area, were consistently darker than the rest of his skin. His skin was warm. His skin turgor did show that he is dehydrated. There were no rashes, but there were those dark spots over his body. He did have a scar on his chest. He said it was from a four-way bypass. He did score thirteen on the Braden Scale because of his current state of condition. He did not have any drains present.
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	His head and neck were all normal and symmetrical. His lymph nodes were not palpable. His trachea was midline without any deviations. Bilateral carotids were palpable and 2+. His ears were normal. They were symmetrical and had no deformities. His nose was midline. He had a ton of nose hairs hanging out so it was difficult to analyze the inside of it. His eyes were clear. Cornea was clear. Sclera was white. Conjunctiva was pink. There were no lesions or discharge. PERRLA bilaterally. EOMs intact bilaterally. He did not really open his mouth when asked. However, with the little he did, it appeared that he was missing some teeth. Tongue was midline with no deviation.
CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	His heart presented with no murmurs or gallops. S3 and S4 were not heard. Normal rate and rhythm. Radial pulse was 2+ bilaterally. Dorsalis pedis was 2+ bilaterally. Capillary refill was normal bilaterally. No jugular vein distention and no noted edema.

Location of Edema:	
RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character	Normal rate and patterns of breathing. No accessory muscles used. Lungs sounds were diminished on the front side of his body. They were heard more clearly in the back. No rhonchi, crackles, or wheezes 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 <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Size: Feeding tubes/PEG tube Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type:	When asked about his diet at home, he told me that he eats foods he probably should not like, hamburgers. Up until the head to toe, he was solely getting food through his NG tube. However, with him eating regular food now, he was eating nutritious meals, like ensures, hamburgers, etc. Because the other two patients either were discharged or refused the head-to-toe, I was stuck with Mike at the last minute. His height and weight were not noted. Bowel sounds were normoactive in all four quadrants. Last bowel movement was that morning. It was a normal brown color. It was very soft. No pain or masses noted upon palpation. His abdomen was clear. No noted distention, incisions, scars, drains, or wounds. He did not have an ostomy, but he did have a NG tube. The size was not noted. His NG tube was his feeding tube as well. Size was not noted.
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:	His urine was yellow and clear. Gauging his amount of urine was impossible as he accidentally peed all over the floor and then was able to pee a little more in the hand help urinal. No pain with urination. No dialysis. His genitals were normal with no irritation. He did not have a catheter.
MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 18 Activity/Mobility Status:	Neurovascular status was normal. Capillary refill was less than three seconds. Pulses were palpable. ROM was normal except for his back. Because he has been hunched over for so long, he has a very hard time sitting up straight. The gait belt and walker are his supportive devices. He did have a weak pedal push. He can eat on his own, but everything else, like brushing hair is

Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/>	done by someone else. He is not very active or mobile because he is a fall risk. He does need support to stand. He scored an 18 on the fall risk, which means he is considered a high fall risk.
NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:	He does move all extremities well. PERRLA was intact. His strength was equal except his pedal pushes. This might also be explained because he is missing all five of his toes on his right foot. He was alert and oriented times person, place, and time. He was confused. He did keep saying how "he was going to go home later." His speech was clear. He was able to respond to his environment. He did not experience any loss on consciousness.
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):	For coping methods, he said that he is close to his brother Mark and his cousin Keith. Intimacy and isolation describe the stage of life he is in. He did say that he is religious and goes to church once in a while. As stated, he is close with his cousin and his brother.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
07:46	115	113/73 (left upper arm)	10	98.1 °F (oral)	96% (room air)

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
07:55	Number scale	None	None	None	Continue to monitor

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
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<ul style="list-style-type: none"> - <236 ml (she used milk for her cereal but did not drink all the milk) - Ate a small bowl of cereal 	<ul style="list-style-type: none"> - Did not use the bathroom while she was here
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Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis <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 	Rationale <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation <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. Imbalanced nutrition related to malabsorption of the intestine as evidenced by abnormal CBC, urinalysis, and chemistry panel (Phelps, 2023, pg. 444).	This diagnosis was picked because not achieving the required nutrients and vitamins affects the body negatively, including risk for death.	1. Make sure to take supplements and drink lots of fluids. 2. Eat and drink high protein and calorie foods.	1. By the time the patient is discharged, she will repeat back her instructions to take supplements and eat foods that are high in nutritional value.	She understood the instructions and planned to follow through. She was also put on an antibiotic, so understood the need to take the rest of it.
2. Deficient fluid volume related to insufficient fluid intake as evidenced by protein in the	This diagnosis was picked because dehydration causes a tremendous	1. Set a timer and drink every set amount of time, like every thirty minutes.	1. By the time she is discharged, she will understand the need to drink lots of water and recognize the	She understood the need to drink lots of fluids and drink lots of water. She understood why she needed to

urine and increase heart rate (Phelps, 2023, pg. 259-260).	amount of issues with the body.	2.Administer IV fluids.	symptoms of dehydration.	drink lots of fluids due to her Cronh's.
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Other References (APA):

Concept Map (23 Points):

Subjective Data

- Abdominal pain
- CBC was abnormal
- Severe pain that radiated to back
- Nausea but no vomit or bloody stools
- Nothing good on antibiotics
- Took pain pills for the pain

Objective Data

Nursing Diagnosis/Outcomes

Nutrition

- Imbalanced nutrition related to malabsorption of the intestine as evidenced by abnormal CBC, urinalysis, and chemistry panel (Phelps, 2023, pg. 444).

Outcome: She understood the instructions and planned to follow through. She was also put on an antibiotic, so understood the need to take the rest of it.

Dehydration

- Deficient fluid volume related to insufficient fluid intake as evidenced by protein in the urine and increased heart rate (Phelps, 2023, pg. 259-260).

Outcome: She understood the need to drink lots of fluids and drink lots of water. She understood why she needed to drink lots of fluids due to her Crohn's.

Client Information

- Admission: 11/11/24
- Initials: AS
- 18 y/o white female
- Student and SOB to take the rest of it.
- Single
- Allergies: NSAIDs and Chlorhexidine
- Attempt GPR reduced treatment
- Height: 162.6 cm
- Weight: 49.1 kg

Nutrition

- Make sure to take supplements and drink lots of fluids.
- Eat and drink high protein and calorie foods.

Fluids

- Set a timer and drink every set amount of time, like every thirty minutes.
- Administer IV fluids.

