

N311 Care Plan 2

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N311: Foundations of Professional Practice

Professor Dowell

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Demographics

Date of Admission 09 – 14 – 2025	Client Initials GH	Age 64	Biological Gender Male
Race/Ethnicity Caucasian	Occupation Ceader's Collision Repair	Marital Status Married	Allergies No known allergies
Code Status Full Code	Height 5'2"	Weight 127lbs	

Medical History

Past Medical History: No known past medical history.

Past Surgical History: Exploratory Laparotomy

Family History: Client was adopted, no known family history.

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Smoking: None, Tobacco: None,

Drugs: none, Alcohol: drinks a beer occasionally; a couple times a week.

Education: High School Diploma.

Living Situation: Lives in a house with his wife.

Assistive devices: No assistive devices used.

Admission Assessment

Chief Complaint: Pain in stomach

History of Present Illness (HPI) – OLD CARTS: The client came into the hospital presenting with abdominal pain. The client stated that his symptoms started around September 5th, about a week and a half ago. He said the pain is constant. The client stated, “it feels like something is stabbing me on the inside of my stomach.” He described the stomach pain as sharp, aching, and dull. He rated the severity of the pain to be an eight out of ten. He stated he had no other related symptoms. The client also stated he did not have any relieving or related symptoms. The client did not have any aggravating symptoms. The client has been taking pain medication as his form of treatment. The client also has a Nasogastric tube to help with his nutritional status as well as hydration.

Primary Diagnosis

Primary Diagnosis on Admission: Small Bowel Obstruction

Secondary Diagnosis (if applicable): Acute Kidney Injury (AKI), Hyponatremia

Pathophysiology

Pathophysiology of the Disease, APA format:

A Small Bowel Obstruction (SBO) according to Capriotti, is an acute onset disorder that occurs with adhesions or a herniation of the bowel; however, it can also be a chronic disorder that is often seen with a tumor or an inflammatory disease (2024). The client presented with symptoms of stomach pain and said it happened suddenly. The client stated that his pain level was an eight out of ten.

An SBO is either partial or complete as well as mechanical or nonmechanical. A mechanical obstruction is when the bowel is physically blocked due to problems outside of the intestine, in the bowel wall, or in the intestinal lumen. A nonmechanical obstruction does not involve a physical obstruction in or outside the intestine. However, there is no test to confirm whether an obstruction is mechanical or nonmechanical. As per Ignatavicius, white blood cell counts are normal unless there is a strangulated obstruction, in which there may be leukocytosis (2021). Along with an increase in white blood cells, an increase in hematocrit, hemoglobin, and blood urea can be elevated thus indicating dehydration. The client was receiving intravenous fluids through an IV.

An SBO effects both nutrition and elimination. The client's treatment plan consisted of being nothing by mouth (NPO). GH had a foley catheter for elimination and a nasogastric tube for nutrition. As per Capriotti, a nasogastric tube is put in to decompress the bowel and get rid of the excess fluid (2024). The client should be assessed regularly as the NG tube causes risk for aspiration. The client had lost over fifty pounds since his admission date with his admit weight being 180lbs, and his current weight being 127lbs. The client stated that he felt hungry but hadn't had an appetite for about nine days. The client stated having symptoms of sharp, dull, and aching stomach pain. An exploratory laparotomy was performed to take down or lyse the adhesions. The client stated, "I have never been sick a day in my life, not for the past thirty-four years, and now here I am." He is taking pain medication per his treatment plan. As well as medication, he is receiving intravenous fluids for hydration.

According to Ignatavicius, nursing interventions for a client with an intestinal obstruction include monitor vital signs, assess the abdomen, monitor I&O, monitor electrolyte and lab values, assess and monitor the NG tube, and administer medications as prescribed (2021).

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Davis Advantage for pathophysiology (3rd edition): Introductory concepts and clinical perspectives*. F.A. Davis Company.

Ignatavicius, D. D., Workman, M. L., Rebar, C. R., & Heimgartner, N. M. (2021). *Medical-Surgical Nursing: Concepts for Interprofessional Collaborative Care*. Elsevier.

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0725	92 BPM	126/81 mmHg	16 RR	97.3 F	96%

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
0945	Pasero Opioid Induced Sed Scale	Stomach	8	Dull, aching, & sharp	Pain Medication

	(POSS)				
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Intake and Output

Intake (in mL)	Output (in mL)
Client is nothing by mouth (NPO).	Urine 900mL (foley catheter emptied at 0940).

Nursing Diagnosis

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? • Client response, status of goals and outcomes, modifications to plan.
<ol style="list-style-type: none"> 1. Pain related to surgical incision as evidenced by clients reported pain rating of 8/10 and holding onto stomach. 	I chose this nursing diagnosis because the client was seeking care due to stated sharp abdominal pain.	<ol style="list-style-type: none"> 1. Assess pain using Passero Opioid Induced Sed Scale (POSS) 1-10. 2. Administer prescribed pain 	<ol style="list-style-type: none"> 1. Pain level will be reassessed and decreased. 	Client stated that his pain level decreased after pain medication was administered.

		medication and evaluate after for effectiveness of medication.		
2. Impaired nutrition related to dysfunctional gastrointestinal motility as evidenced by significant weight loss.	I chose this nursing diagnosis due to the excessive amount of weight loss the patient underwent, as well as the nasogastric (NG) tube that was inserted.	<p>1. The nurse will monitor nasogastric tube for patency and placement.</p> <p>2. The nurse will educate the importance of nothing per mouth (NPO) status.</p>	<p>1. NG tube is patent, and aspirate is observed and measured.</p> <p>2. Patient should remain NPO to allow for bowel rest to prevent further complications.</p>	The client and family verbalize understanding by repeat back method. The client's nutritional status is adequate for weight maintenance.

Other References (APA):

