N431 **CARE PLAN #1**

Bailey McMasters

Lakeview College of Nursing

N431: Adult Health II

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September 28, 2025

Demographics

Date of Admission	Client Initials	Age	Biological Gender
09/22/25	LM	29	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Carle Foundation Hospital Employee	Single	Sulfa (Sulfonamide Antibiotics)
Code Status	**Height**	**Weight**	
Full Code	165.1 cm	53 kg	

Medical History

Past Medical History: Abdominal pain (chronic, right lower quadrant) (2012), Benign neoplasm of bone (05/14/2013) (Right hand), Chronic constipation (since infancy), Constipation (09/06/2012), Ehlers-Danlos Syndrome type IV (vascular), history of Chickenpox, Laceration of the spleen (2nd grade), Ovarian cyst, perforated sigmoid colon (CMS-HCC) (2014).

Past Surgical History: AMB Anal/Rectal Manometry (09/12/2014), Cholecystectomy (open, 01/22/2015), Colostomy Reversal (12/26/2014) (failed Ileostomy loop performed), Colostomy Reversal (04/20/2015), Mouth Surgery (Skin graft), Revision Colostomy (09/2014), Sigmoid Resection (06/2014).

Family History: Blood Disease (Maternal Grandmother), Arthritis (Maternal Grandmother), Diabetes (Maternal Grandmother), Diverticulitis (Mother), Enlarged Heart (Mother), Hypothyroid (Mother), Cancer (Father), Diverticulitis (Father), Colon Polyps (Paternal Grandfather), Diabetes (Paternal Grandfather), Breast Cancer (Paternal Grandfather), Colon Cancer (Paternal side), Migraines (Maternal Uncle), Bladder Cancer (Maternal Uncle), Scoliosis

(Maternal Uncle), Chron's Colitis (Maternal Aunt), Dysautonomia (Maternal Cousin), Hypermobility (Maternal Cousin), Autism (Paternal Cousin).

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): The patient is a former cigarette smoker (0.5 packs/day, 182.5 packs/year, quit 06/2023). The patient has no smokeless tobacco use, no drug use, and drinks alcohol occasionally (since 2017).

Education: The patient has a Bachelors Degree.

Living Situation: The patient lives alone in a house located in Champaign.

Assistive devices: The patient does not use assistive devices.

Admission History

Chief Complaint: Abdominal Pain, nausea, watery diarrhea, and vomiting

History of Present Illness (HPI)– OLD CARTS

The patient presented to the emergency department with abdominal pain, nausea, vomiting, and watery diarrhea. The patient states she has been experiencing abdominal pain, nausea without vomiting, and watery stools for the past week. The patient estimates having watery stools about 15 times a day. The patient states the pain "went away over the weekend", but she still had watery stools. The patient explained her stool as "tea colored and watery". The patient states she woke up the morning of the 22nd to abdominal pain, nausea, and vomiting. The patient states the vomit was "yellow without any blood". The patient rates her abdominal pain as a 7 on a scale of 1/10, 1 being the least amount of pain and 10 being the most amount of pain. The patient states, "I could feel a stabbing pain mainly on the left side of my stomach". The patient states that sitting down would temporarily relieve pain and that no medications were taken to attempt to relieve the pain or nausea. The patient also mentioned that activity increased the pain in the abdomen. The patient was admitted to the hospital on September 22, 2025.

Admission Diagnosis

Primary Diagnosis: Inflammatory Bowel Disease (IBD)

Secondary Diagnosis (if applicable): N/A

Pathophysiology

Inflammatory bowel disease is a long-term inflammatory disease located in the gastrointestinal tract (McDowell et al., 2023). Included in inflammatory bowel disease are Crohn's disease and ulcerative colitis (Capriotti, 2024). The patient did not have a scope completed to be able to determine if she was experiencing either Crohn's disease or ulcerative colitis. At this time, the patient's healthcare team was working to treat the symptoms of inflammatory bowel disease. Inflammatory bowel disease is known as a consistent occurrence of gastrointestinal tract inflammation (McDowell et al., 2023). This is normally caused due to an abnormal response from the immune system to gut microflora (McDowell et al., 2023). The depth of involvement within the bowel wall and location are the determining factors as to whether one has ulcerative colitis or Crohn's disease (McDowell et al., 2023). Ulcerative colitis is when the colonic mucosa is inflamed (McDowell et al., 2023). Crohn's disease is any part of the gastrointestinal tract in which a transmural ulceration occurs (McDowell et al., 2023).

With inflammatory bowel disease, the epithelial layer of the intestines has increased permeability through which pathogens are able to get through into the mucosal layers underneath (Capriotti, 2024). In Crohn's disease, this starts an autoimmune reaction that consistently activates immune cells (Capriotti, 2024). The immune cells produce proinflammatory cytokines, including interleukins and tumor necrosis factor, which cause prolonged tissue destruction and inflammatory response (Capriotti, 2024). In ulcerative colitis, cytotoxic T cells begin to collect in the diseased colonic segment wall (Capriotti, 2024). Crypt abscesses are then formed with the

chronic and acute inflammatory infiltration of the intestinal wall (Capriotti, 2024). The areas that are ulcerated are then covered by connective tissue (Capriotti, 2024). This leads to the protruding growths of inflammatory areas called pseudopolyps (Capriotti, 2024).

Signs and symptoms of Crohn's disease include abdominal pain, nausea, vomiting, fever, and diarrhea (Capriotti, 2024). With ulcerative colitis, the patient experiences episodes of abdominal pain and diarrhea (Capriotti, 2024). My patient presented to the emergency department with abdominal pain, watery diarrhea, nausea, and vomiting. All of these are signs and symptoms of an inflammatory bowel disease. With these signs and symptoms, my patient's healthcare team completed two computed tomography scans in order to give the patient the diagnosis of inflammatory bowel disease. The findings of the CT scans were found to be consistent with inflammatory bowel disease. In order to diagnose my patient with either Crohn's disease or ulcerative colitis, the healthcare team will perform a colonoscopy, which will be used to differentiate between the two (Capriotti, 2024).

My patient was prescribed the following medications: dicyclomine (Protylol), loperamide (Diamode), and methylprednisolone sodium succinate (Solu-Medrol). Protylol, or dicyclomine, is an antispasmodic that allows smooth muscles to relax, while diminishing GI, GU, and biliary secretions (Jones & Bartlett Learning, 2024). Diamode, or loperamide, is an antidiarrheal that slows down intestinal movement, increasing absorption of water and nutrients to stop diarrhea (Jones & Bartlett Learning, 2024). Solu-Medrol, or methylprednisolone sodium succinate, is a corticosteroid that suppresses immune and inflammatory responses (Jones & Bartlett Learning, 2024). The prescribed dicyclomine and methylprednisolone sodium succinate are being used to treat the inflammatory bowel disease symptoms (Jones & Bartlett Learning, 2024). The

loperamide is being used specifically to treat the patient's diarrhea (Jones & Bartlett Learning, 2024).

Pathophysiology References (2) (APA):

2024 Nurse's Drug Handbook, (2024). Jones & Bartlett Learning.

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

McDowell, C., Farooq, U., & Haseeb, M. (2023). *Inflammatory Bowel Disease*. StatPearls [Internet].

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Glucose	**N/A**	**128 mg/dL**	**74-100 mg/dL**	**Hyperglycemia is most likely from the patient's medication, methylprednisolone sodium succinate (Solu-Medrol). This is because corticosteroids increase glucose levels (Pagana et al., 2023).**
Calcium	**N/A**	**8.8 mg/dL**	**8.9-10.6 mg/dL**	**Hypocalcemia is most likely due to the patient's medication,**

				methylprednisolone sodium succinate (Solu-Medrol). This is because this medication reduces calcium absorption (Pagana et al., 2023).
Albumin	**N/A**	**2.4 g/dL**	**3.5-5.0 g/dL**	**Decreased albumin levels are most likely due to the patient's diagnosis of inflammatory bowel disease and diarrhea. This is because inflammatory cytokines reduce albumin production, as well as albumin being lost through the stool (Pagana et al., 2023).**
HGB	**N/A**	**10.7 g/dL**	**11.0-16.0 g/dL**	**Decreased levels of HGB are most likely due to nutritional deficiency (Pagana et al., 2023).**
HCT	**N/A**	**32.4%**	**34.0-47.0%**	**Decreased levels of HCT**

				are most likely due to dietary deficiency (Pagana et al., 2023).
C-reactive protein	**N/A**	**10.07 mg/dL**	**0.00-0.50 mg/dL**	**Increased levels of C-reactive protein are mostly likely due to the patient's diagnosis of inflammatory bowel disease (Pagana et al., 2023).**

Previous diagnostic prior to admission (ER, clinic etc.) if pertinent to admission diagnosis	**Previous diagnostic results and correlation to client admission**	**Current Diagnostic Test & Purpose**	**Clients Signs and Symptoms**	**Results and correlate to client diagnosis and condition**
CT Abdomen/Pelvis with Contrast	**There was abnormal bowel wall thickening and mucosal hyperenhancement**	**CT Abdomen/Pelvis with Contrast: The purpose of this diagnostic**	**The client's signs and symptoms included abdominal**	**Findings remain consistent with inflammatory**

	involving the distal ileum and the majority of the colon. This is consistent with enteritis and colitis and is likely to be infectious or inflammatory. The anastomoses are widely patent and unremarkable. Some segments of the colon are mildly prominent in caliber. No findings of bowel obstruction.	**test was to diagnose any possible pathologic conditions such as cysts, abscesses, tumors, bleeding, obstruction, inflammation, and perforation (Pagana et al., 2023).**	**pain, watery stools, and vomiting. This test was also performed due to concern for IBD.**	**bowel disease. There is a locally dilated loop of small bowel which appears next to an anastomotic site in the mid abdomen anteriorly, which measures up to 44 mm. This previously measured at 37 mm. There is a small volume of free fluid in the peritoneal cavity. No**

				evidence of any abscesses. There is a steady nodular density in the lingula. No other significant changes from the previous diagnostic test.

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2023). *Mosby's Diagnostic & Laboratory Test Reference* (16th ed.). Elsevier.

Active Orders

Active Orders	Rationale
AMB Consult University of Chicago	**This order was placed to allow the patient to receive care from a facility that is not affiliated with their primary provider.**
Diet- Low Fiber and Low Residue	**This order is to help manage the patient's stools due to the inflammatory bowel**

	disease diagnosis.
Vital Signs Q4H	**This order is to have vital signs checked on the patient every four hours, as per hospital protocol.**
O2 at 2 Liters prn via nasal cannula	**This order is to keep the patient's O2 saturation above 90%.**
Pneumatic Compression Stockings	**This order is to help prevent blood clots as the stockings increase blood flow through the veins.**
Intake and Output	**This order was placed to keep track of the patient's intake and output per hospital protocol. Also, with the patient's watery stools, it is important to monitor if they are improving or worsening.**
Ambulate as Tolerated	**This order was placed to allow the patient to ambulate when physically able to.**

Hospital Medications (Must List ALL)

Brand/	**dicyclomine**	**escitalopra**	**loperamide**	**methylprednis**	**pantoprazole**

Generic	**(Protylol)**	**m oxalate (Lexapro)**	**(Diamode)**	**olone sodium succinate (Solu-Medrol)**	**sodium (Protonix)**
Dose, frequency, route	**20 mg, TID, orally**	**5 mg, orally, once a day**	**2 mg, orally, TID, as needed**	**10 mg, IV/injection, Q12H**	**4 mg, orally, daily before breakfast**
Classification (Pharmacological and therapeutic and action of the drug	**Pharmacologic class: Anticholinergic Therapeutic class: Antispasmodic Action of the drug: Allows smooth muscles to relax and diminishes GU, biliary,**	**Pharmacologic class: Selective serotonin reuptake inhibitor Therapeutic class: Antidepressant Action of the drug: Increases serotonin levels to result in**	**Pharmacologic class: Opioid receptor agonist Therapeutic class: Antidiarrheal Action of the drug: Slows down intestinal movement to help**	**Pharmacologic class: Glucocorticoid Therapeutic class: Corticosteroid Action of the drug: Suppresses inflammatory and immune responses.**	**Pharmacologic class: Proton pump inhibitor Therapeutic class: Antiulcer Action of the drug: Inhibits the production of gastric acid.**

	and GI secretions.	**reduced depression or anxiety and elevated mood.**	**treat diarrhea.**		
Reason Client Taking	**The client is taking this medication to help treat inflammatory bowel disease.**	**This client is taking this medication to help treat anxiety.**	**The client is taking this medication as needed for her diarrhea.**	**The client is taking this medication due to the diagnosis of inflammatory bowel disease.**	**The client is taking this medication to help treat erosive esophagitis that is associated with gastroesophageal reflux disease.**
Two contraindications (pertinent to the client)	**1. Ileus 2. GI obstruction**	**1. Hypersensitivity to citalopram or escitalopra**	**1. Stomach pain without diarrhea 2. Diarrhea with a high**	**1. Systemic fungal infections 2. Hypersensitivity to**	**1. Hypersensitivity to pantoprazole 2. Therapies containing**

		m **2. MAO inhibitor therapy within 14 days of use**	**fever**	**methylprednisolone**	**rilpivirine products.**
Two side effects or adverse effects (Pertinent to the client)	**1. Constipation** **2. Ileus**	**1. Abdominal pain** **2. Diarrhea**	**1. Constipation** **2. Nausea**	**1. Easy bruising** **2. Nausea**	**1. Vomiting** **2. Abdominal pain**
List two teaching needs for the medication pertinent to the client	**1. Inform the patient that the medication relieves symptoms, and it does not cure the disorder.** **2. Inform the patient**	**1. This medication increases bleeding risk if taken with NSAIDs, anticoagulants, or aspirin.** **2. Alcohol**	**1. Take this medication with an entire cup of water.** **2. Taking too much of this medication can cause**	**1. Inform the patient not to get vaccinations unless approved by their provider.** **2. Encourage the patient to take vitamin D or calcium**	**1. Inform the patient to swallow the medication whole. Do not crush, break, or chew this medication.** **2. Inform the patient to**

	to take the medication 30 to 60 minutes before eating.	**use is not recommended as it can decrease thinking and performance of motor skills.**	**major heart problems.**	**supplements.**	**contact their provider if prolonged diarrhea occurs.**
Two Key nursing assessment(s) prior to administration	**1. Assess the patient's heart rate, as the medication can increase heart rate.** **2. Assess the patient for fecal impaction and**	**1. Assess the patient's heart rate, as the medication should not be given to patients with bradycardia.** **2. Assess the patient for signs and**	**1. Assess the patient's heart rhythm, as this medication can cause heart rhythm issues.** **2. Assess the patient's**	**1. Assess blood pressure, as this medication can cause hypertension.** **2. Assess the patient's temperature, as fever can be a sign of infection.**	**1. Assess the patient's calcium, magnesium, and potassium levels.** **2. Assess the patient's urine output.**

	constipation.	**symptoms of serotonin syndrome, including confusion, shaking, fever, and diarrhea.**	**hydration status.**		

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. dicyclomine (Protylol)	**This medication was chosen because it helps to treat the patient's diagnosed inflammatory bowel disease.**	**1. Constipation** **2. Ileus**
2. methylprednisolone sodium succinate (Solu-Medrol)	**This medication was chosen because it helps to treat the patient's inflammatory bowel disease.**	**1. Easy bruising** **2. Nausea**
3. loperamide (Diamode)	**This medication was chosen**	**1. Constipation**

	because it helps treat the patient's diarrhea, which can cause dehydration.	**2. Nausea**

Medications Reference (1) (APA)

2024 Nurse's Drug Handbook, (2024). Jones & Bartlett Learning.

Mayo Clinic. (2025). *Loperamide (oral route)*.

https://www.mayoclinic.org/drugs-supplements/loperamide-oral-route/description/drg-20064573

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:** **Infection Control precautions:** **Client Complaints or Concerns:**	**The patient was alert and oriented to time, person, place, and why she was admitted into the hospital. There were no signs of distress, and the patient's overall appearance was appropriate to the situation of being admitted into the hospital. The patient was not on infection control precautions and had no complaints or concerns.**
VITAL SIGNS: **Temp:** **Resp rate:**	**The patient's temperature was 97.7°F, which was taken orally. The patient's respiratory rate was 18 breaths per minute. The patient's pulse was 50 bpm. The patient's B/P was**

Pulse: **B/P:** **Oxygen:** **Delivery Method:**	**98/57. The patient's oxygen saturation was 96% on room air.**
PAIN ASSESSMENT: **Time:** **Scale:** **Location:** **Severity:** **Characteristics:** **Interventions:**	**The patient was not in pain at the time of the assessment. The patient's pain was recorded on a scale from 1-10, 1 being the least amount of pain and 10 being the most amount of pain. On this scale, the patient stated their answer as a 1, since they were not experiencing pain.**
IV ASSESSMENT: **Size of IV:** **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:** **Fluid Type/Rate or Saline Lock:**	**The patient had one 20-gauge IV in place in her left antecubital. The date on the IV was 09/22/25. The IV was patent and saline locked. There were no signs of erythema or drainage, and the IV dressing was clean, intact, and dry.**
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:**	**The patient's skin was cream colored and appropriate for age. The temperature of the skin was warm, and her skin turgor was less than three seconds. There were no rashes,**

Turgor: **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**bruises, or wounds noted on the patient. The patient's Braden score was 23. There were no drains present.**
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head/Neck: The patient has no noted bumps, lesions, or lumps. The patient's head was normocephalic, and her neck was midline. There were no lymph nodes palpable. The patient's neck was without jugular vein distention, her thyroid was non-palpable, and her trachea was midline.** **Ears: The patient's ears were without deformities, lumps, or lesions. The patient's bilateral canals were clear without drainage noted.** **Eyes: The patient's eyes were symmetrical with PERRLA and EOMs intact. The patient's bilateral corneas were clear, the bilateral conjunctivae were pink, and the bilateral sclerae were white. The patient's bilateral lids**

	were pink and moist without discharge or lesions noted. There was no overall discharge or drainage noted. **Nose: The patient's nose was symmetrical, and her septum was midline. There was no drainage noted.** **Teeth/Mouth: The patient's teeth were intact, and her oral mucosa was moist and pink. There were no lesions or sores noted. The patient's tongue was midline.** .
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema: none**	**S1 and S2 heart sounds were present. There were no S3, S4, murmurs, gallops, or rubs heard upon auscultation. The patient had a normal cardiac rhythm, but her cardiac rate was low as her pulse was at 50 bpm. The patient's bilateral pulses were palpable and 2+ throughout. The patient's capillary refill was less than three seconds on toes and fingers bilaterally. The neck was without vein distention. There was no edema noted.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒**	The patient's lung sounds were clear and heard throughout bilaterally. There were no wheezes

Breath Sounds: Location, character	or rhonchi noted. The patient was not showing accessory muscle use. The patient's respirations were at a normal rate and rhythm, symmetrical, and non-labored.
GASTROINTESTINAL: **Diet at home:** **Current Diet:** **Is Client Tolerating Diet?** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒**	The patient stated her diet at home was "normal". The patient's current diet is a low-fiber and low-residue diet. The patient is tolerating the diet well and is eating 100% of her meals. The patient's height is 165.1 cm, and her weight is 53 kg. The patient's bowel sounds were present in all four quadrants and are normoactive. The patient stated her last bowel movement was this morning. There were no masses felt upon palpation. The patient did state her abdomen was slightly tender upon palpation of the lower left quadrant. The patient's abdomen was soft and without distention. There were no noted incisions, drains, or wounds upon inspection. The patient did have two scars located on her abdomen. One was on the right upper quadrant, and the other was on the left upper quadrant. The patient did not have an

Type:	ostomy, nasogastric tube, or a feeding tube.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**The patient's urine was light yellow and clear. Since the patient is independent, there was no quantity of urine recorded. The patient did state she had voided twice before the assessment. The patient denied any pain when urinating. The patient was not on dialysis and did not have a catheter. Inspection of the genitals was not performed.**
Intake (in mLs) **Output (in mLs)**	**Due to the patient being independent, intake and output had not been recorded. The patient states she had a bowel movement and had voided twice the morning of the assessment. The patient ate 100% of her breakfast.**
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒**	The patient's neurovascular status was intact. The patient's nails were without cyanosis or clubbing. The patient's extremities were warm, symmetrical, and dry. The patient's ROM was intact, and she had equal strength during upper and lower extremity pushes and pulls. The

Fall Risk: Y ☐ N☐ **Fall Score:** **Activity/Mobility Status:** **Activity Tolerance:** **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	patient showed good strength with hand grasps, could lift both legs and the knee with resistance, and could bend and straighten arms well. The patient does not use assistive devices. The patient is at a low fall risk, as her fall score is 25. The patient walks around and is active. The patient is independent.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient moves all extremities well, and PERRLA is intact. The patient's strength is equal, as shown through ROM exercises. The patient is alert and oriented to time, place, person, and why she was admitted into the hospital. The patient's speech is controlled and clear. The patient's sensory and mental status are appropriate for age. The patient is aware of her surroundings and fully conscious.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home**	The patient's coping method has been talking with family and friends on the phone. The patient's mother has also been staying with her for support. The patient's developmental level is formal operational and intimacy vs. isolation.

environment, family structure, and available family support):	The patient is not religious.

Discharge Planning

Discharge location: The patient plans to discharge home.

Home health needs: This patient has no home health needs.

Equipment needs: This patient has no equipment needs.

Follow up plan: This patient should follow up with her primary care provider after discharge and continue to take medications as prescribed.

Education needs: Educational needs for this patient include foods to avoid, along with the appropriate diet for Inflammatory Bowel Disease. The patient should also be educated on adverse reactions that should be reported to her provider if found.

Nursing Process

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	**Rationale**	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**
• Include full nursing diagnosis with “related to”	• Explain why the nursing diagnosis			

and “as evidenced by” components • Listed in order by priority – highest priority to lowest priority pertinent to this client	was chosen			
1. Diarrhea related to intestinal irritation and inflammation as evidenced by recurrent loose stools.	This nursing diagnosis was chosen because the patient was experiencing frequent loose stools, which can lead to excessive fluid and nutritional loss.	The patient will be without diarrhea or have reduced amounts by the time of discharge.	1. Monitor amount, consistency, and frequency of stools to assess any improvements or worsening of the condition. 2. Administer prescribed antidiarrheal and anti-inflammatory	The patient will have decreased or the absence of diarrhea. Their stool will be formed, the appropriate color, and will occur normally instead of frequently.

			medications to help improve symptoms.	
2. Imbalanced nutrition: Less than body requirements related to decreased absorption of nutrients as evidenced by lab results.	This nursing diagnosis was chosen because the patient has decreased lab values, which could be caused by decreased absorption due to the patient's frequent diarrhea.	The patient's labs will return to normal values, showing they are meeting nutritional requirements by the time of discharge.	1. Monitor electrolyte levels including potassium, albumin, and sodium. 2. Educate the patient through discussion and printed handouts of foods to avoid, such as spicy foods and caffeine,	The patient's lab values will revert to normal ranges. The patient will also be able to discuss foods to avoid and understand that these foods can cause or worsen diarrhea.

			as these can worsen diarrhea.	
3. Risk for deficient fluid volume related to excessive gastrointestinal losses as evidenced by diarrhea and vomiting.	This nursing diagnosis was chosen because due to the patient's frequent loose stools, which could result in decreased fluid volume if interventions are not implemented appropriately.	The patient will not show signs and symptoms of deficient fluid volume or become hypovolemic throughout the patient's hospitalization.	1. Encourage the patient to increase fluid intake to maintain hydration and replenish fluid loss. 2. Assess for signs and symptoms of dehydration including hypotension, decreased urine output, and dry mucous	The patient's fluid volume levels will remain in the normal ranges. The patient will comply with increasing their fluid intake. The patient will not become hypotensive, have dry mucous membranes, or have a decreased urine output. The patient's skin

			membranes.	turgor will remain less than 3 seconds.
4. Acute pain related to inflammation of the bowel mucosa as evidenced by verbal reports of abdominal pain.	This nursing diagnosis was chosen due to the patient expressing abdominal pain with the diagnosis of inflammatory bowel disease.	The patient's pain will be decreased to a comfortable level and controlled throughout the patient's hospitalization.	1. Assess the patient's signs and symptoms of pain, as well as administer pain medication as prescribed, in order to control pain. 2. Perform comfort interventions such as massages, repositioning, and relaxation techniques to	The patient will report their pain at a comfortable and decreased level. The patient will be able to perform ADLs and ambulate normally. The medications will be able to control the patient's pain. The patient will perform relaxation techniques and other non-pharmacological

			help control and decrease pain.	pain relievers, resulting in being able to decrease and control their pain.

Other References (APA):

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

Nursing Process Prioritization	Rationale
1. Diarrhea related to intestinal irritation and inflammation as evidenced by frequent loose stools.	I chose to prioritize this nursing diagnosis first because due to the frequent loose stools the patient is experiencing, it can result in low fluid volume and decreased nutritional absorption. Deficient fluid and nutritional absorption can cause the patient more health issues and can impair how the body functions.
2. Imbalanced nutrition: Less than body requirements related to decreased absorption of nutrients as evidenced by lab results.	I chose to prioritize this nursing diagnosis second because it is similar to the first. However, it specifically targets nutritional absorption.
3. Risk for deficient fluid volume related	I chose to prioritize this nursing diagnosis

to excessive gastrointestinal losses as evidenced by diarrhea and vomiting.	third because while it is still a “risk for” diagnosis, it is extremely important to ensure adequate hydration within the patient due to the increased fluid loss. It is also similar to the first two prioritized nursing diagnoses.
4. Acute pain related to inflammation of the bowel mucosa as evidenced by verbal reports of abdominal pain.	I chose to prioritize this nursing diagnosis last because while pain can make a patient uncomfortable, it can often be relieved through pharmacologic and non-pharmacologic interventions. This nursing diagnosis also does not put the patient at risk for further health complications, as the previous three do.

Other References (APA):

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