

Long Term Case Study Diverticulitis 1

NUR 394 Adult Health Alterations 2 Long Term Case Study

Diverticulitis

Genney C Ekwerekwu

Nyack College School of Nursing

Doctor Rexi Thomas

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Patient history

Patient is a 32-year-old African American female who is 5'5 who weighs 247.8 pounds. The patient has a BMI of 41 which falls into the range of obese. Patient has a history of constipation and abdominal pain related to chronic duodenal ileus. Patient presented to the emergency room with severe abdominal pain in her left quadrant and reports not having a bowel movement for a week. Patient has a history of muscular atrophy due to her being wheel chair bound. She also has a history of mental retardation and schizophrenia. Due to the patients' mental condition she resides in a group for adults. The patient reports she works as a cashier at dollar tree, her highest level of education is 11th grade however she reports she is currently in school to become a nurse. She has never been married and has no children. She denies smoking, drinking and using recreational drugs. She admits to drinking 1 red bull a day to stay energized. She admits she is not adherent to her diet. She admits to eating out at least 3 times a week and usually snacks on chips, popcorn or cookies throughout the day. A diet high in fat is a contributing factor to the patient diagnosis. Patient denies having hobbies but enjoys watching reality television.

Assessment

Patient was alert and oriented times 3. Her vitals were temperature 98.9, pulse 62, respiration rate 17, blood pressure 128/67, oxygen saturation 99 and pain level 4/10. The patient had a 22 gauge IV in her right wrist with Zosyn running at 25 ml/hr. The patient pupils are round equal and react to light with accommodation. Her skin is warm to touch and free of lesions and bumps the patient has striae on abdomen, upper and lower extremities. The patient has wheezing on expiration in her lower lung bases, S1, S2 heard no extra heart sounds. No heaves or lift or thrills. Abdomen is protuberant and distended, normoactive sounds heard in left lower quadrant,

left upper quadrant and hypoactive bowel sounds heard in right upper and right lower quadrant.

Patient had limited range of motion in legs and full range of motion in upper extremities.

Capillary refills less than 2 seconds and +2 pedal pulses equal bilaterally.

Overview of Disease

Diverticulosis occurs when pockets (diverticula) form in the wall of the large bowel.

Diverticulum is a small bulging sac pushing outward from the colon wall. Diverticulitis results from food and bacteria retained in the diverticulum produce infection and inflammation. Tiny pockets form when the mucosa and submucosal layers of the colon herniate through the muscular wall. Diverticula of the colon are herniations through the colonic wall, due to its weakness, an alteration in intracolonic pressure or a combination of these factors. It is a condition with an increasing incidence in Western societies, mainly due to certain alimentary habits, with the lack of fiber having a central role (Dawson, B 2016). The symptoms of diverticular disease include constipation, cramps, bloating, and painless bleeding from rectum. Symptoms of diverticulitis include pain that is usually on the left side of the abdomen, fever, nausea, cramps, and constipation. Diverticulitis postulates that the narrow neck of the diverticulum leads to bacterial overgrowth and tissue ischemia (Rabinovici, R., Frankel, H., & Kirton, O. (2010).

Interventions

The interventions for diverticulitis range from antibiotics, change in diet and in some cases surgery. According to a nursing journal surgical intervention may be laparoscopic or open. Potential contraindications to a laparoscopic approach include hemodynamic instability, suspected feculent peritonitis, distended abdomen, obesity, and known extensive adhesions (Young -Fadok, Tonia 2018). The patient WBC count was 17.3 and after the administration of Zosyn, it decreased to a 16.2. The patient was then sent down to have a peripherally inserted

central catheter placed. One of the most important things when inserting a PICC line is hand hygiene to prevent infection. According to the article “Hand hygiene serves many purposes in the health care setting.¹ It prevents both endogenous and exogenous infections in patients, contamination of the hospital environment with potential pathogens, and cross-transmission of microorganisms between patients.” (Longtin, Yves, M.D., et al., 2011). The patient is not a candidate for surgery because of her weight, she had a change on diet to help prevent future episodes of diverticulitis, . According to this nursing journal “fiber-rich diet, with or without long-term suppressive therapy with oral antibiotics, may be recommended to reduce intracolonic pressure and reduce the risk of recurrence. Epidemiologic data and the results of a small, randomized, controlled trial involving 18 patients suggest that a high-fiber diet is beneficial” (Jacobs, D 2014).

Evaluating

After the PICC line was inserted the patient the patient was monitored for bleeding, it is also important it is changing once a week to prevent infections. The use of stool softener, enemas and laxatives can be used for patient with diverticular to help soften the stool but can be a contraindication if there is already an obstruction. During the patient hospital stay the patient WBC count reduced to 14.4 after the insertion of the PICC line. The patient’s diet was then switched to clear liquid diet. The patient remained free of infection at the PICC line site and site did not bleed.

Long Term Plan of Care

Plan of care for this patient is preventing infections in the PICC line as well adhering to the diet. Approximately one-third of patients will experience recurrence of diverticulitis following an initial episode of uncomplicated diverticulitis (Jacobs, D 2014). Patient will return to hospital or primary care provider for the removal of PICC line. The patient will be taught how to choose healthy nutritional alternatives to incorporate into diet. Educate patient on the importance of weight loss and how it can reduce further episodes of diverticulitis. Educating the patient of adhering to medication regimen and when knowing the signs of complicated diverticulitis and when to seek care.

Challenges Identified

Some challenged identified is the patient is not adherent to her diet. She also has mental disabilities which can lead to her being noncompliant. Patient need to make sure she takes her medication both antibiotics and psych medications. The client also resides in a group home for adults with mental disabilities, this can also hinder the client from adhering to the diet. Patient does not exercise and needs to lower her BMI. Another challenge is the client understanding the need for change in lifestyle.

Summary

Patient is a 32-year-old female admitted for diverticulitis. The patient has a history of constipation and abdominal pain related to chronic duodenal ileus. Because the patient is morbidly obese, she is not a candidate for surgery, the patient received a PICC line when IV antibiotics were not as effective as shown by lab values. The patient living situation and mental disabilities are factor that can lead to the patient not remaining compliant with medication and

diet. Plan of care is education to keep PICC line clean and change lifestyle habit to prevent future episodes if diverticulitis.

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