

Abdominal infection case study

Business



This case relates to an abdominal infection; therefore, purposefully look into the medication use and vocabulary as they relate to abdominal infections.

Vocabulary: Before attempting to work the case study, define each of the vocabulary words. Although the words may have several subheadings, it will give you a place to begin your inquiry. When reviewing the vocabulary words, you might want to ask several questions: who, what, where, when, why and how. This should give you a much broader understanding of each word. Try not to give the shortest or simplest answer.

Instead, use the following example for duodenum: Instead of answering, 'The duodenum is part of the small intestine connecting the rest of the intestine to the stomach,' ask: Why is the duodenum important? What diseases most alter the duodenum? What medications are dissolved in this portion of the small intestine? While defining the remainder of the vocabulary words, ask the following questions: Abdominal wound dehiscence: What causes an abdominal wound dehiscence? Causes of abdominal wound dehiscence is poor surgical techniques such as Improper suturing, over-tightened sutures or inappropriate type of sutures.

Wound dehiscence can also be caused by increased stress to the wound area as a result of strenuous exercise, heavy lifting, coughing, laughing, sneezing, vomiting or bearing down too hard with bowel movement. In some cases, wound dehiscence could be secondary to wound infection or poor healing as seen in patients with chronic diseases, malnutrition or weak immune systems. Secondary wound dehiscence can occur in patients with AIDS, renal

disease, diabetes mellitus and those undergoing chemotherapy or radiotherapy
Colon: Why is the colon important?

What diseases most alter the function of the colon? What medications are dissolved in this portion of the intestine? How is bacteria beneficial and also harmful in the gastrointestinal tract? A healthy colon will rid your body of the leftovers it no longer needs. Your stool is filled with bacteria, so it is important to pass this out of your body. If your colon isn't moving the way it should, you will experience problems such as bloating, gas and pain.

Inflammatory Bowel Disease and Irritable Bowel Syndrome are some diseases that alter the function of the colon the most.

Medications dissolved in the colon are mainly drugs that treat IBS, IBD, or other medications that prevent ulcers in the stomach such as enteric coated. The gastrointestinal tract uses bacteria to digest food and to make certain vitamins. Harmful effects of GI bacteria is infection if its trans located from the gastrointestinal tract to the epithelial tissue following surgery. The process to translation can lead to surgical wounds becoming contaminated with gastrointestinal microbes such as Escherichia coli, Proteus or Klebsiella species. Cetera can also cause severe gastrointestinal infections as a consequence of the ingestion of contaminated food.

Disseminated intravascular coagulation (DIC): What is the pathologically of disseminated intravascular coagulation (DIC)? Who is at risk for DIC?

What medications are used in the treatment of DIC? Disseminated intravascular coagulation is characterized by systemic activation of blood coagulation, which results in generation and deposition of fibrin, leading to
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micro vascular thrombi in various organs and contributing to multiple organ dysfunction syndrome (MOODS).

People who have one or more of the following conditions are most likely to develop DIC is sepsis (an infection in the bloodstream), surgery and trauma, cancer, serious complications of pregnancy, childbirth, and people who are bitten by poisonous snakes (such as rattlesnakes and other vipers), or those who have frostbite or burns, also are at risk for DIC. Treatment of DIC includes anticoagulants (heparin), blood components, and antiabortionists.

Duodenum: Why is the duodenum important? What diseases most alter the It is particularly important because it receives the openings of the bile and pancreatic ducts.

Diseases that alter the duodenum the most is cancer, Croons disease, duodenal ulcers, and Familial Edematous Polyps.

The medications that dissolve in the duodenum are enteric coated drugs.

Jejunum: Why is the Jejunum important? What diseases most alter the Jejunum? What medications are dissolved in this portion of the small intestine? Ere Jejunum is important because it is the site where nutrients are absorbed more in the small intestine. It is also relatively leaky, allowing free and rapid flux of water and electrolytes to and from the blood vessels.

Celiac and croons disease are diseases that alter the Jejunum the most.

Medications that are dissolved in the Jejunum are enteric coated and medications through tube feedings. Ileum: Why is the ileum important? What diseases most alter the ileum? What medications are dissolved in this portion

of the small intestine? Where are enteric-coated medications dissolved? The ileum is an important part of the small bowel.

It has several functions like for example the absorption of vitamin B12 or enzyme cleavage. Diseases that alter the ileum the most are Crohn's disease.

Medications that dissolve in the ileum are medications for BID and enteric-coated drugs, which are dissolved in the small intestines. What causes morbid obesity? What medications are used to treat morbid obesity? What are the parameters for classing someone as morbidly obese? Causes of morbid obesity are excessive caloric intake, thyroid disorders, and lack of physical activity. Medications that are used to treat morbid obesity are Beta-methyl-phenylalanine (Fasting) ? This is a stimulant that increases fat metabolism.

Royalist (Conical) ? This drug works by blocking about 30 percent of dietary fat from being absorbed. All is a lower-dose, over-the-counter formula of the same medication. Epinephrine ? Epinephrine, an appetite suppressant, has been available for many years. It is half of the "fen-peen" combination that remains available for use. The use of epinephrine alone has not been associated with the adverse health effects of the fen-peen combination.

Submarine Meridian) ? This is an appetite suppressant approved for long-term use.

The parameters for classing someone as morbidly obese is the body mass index. Peptic ulcer disease: What is the pathophysiology of peptic ulcer

disease? Where are peptic ulcers located? What medications are used to treat this disease? Peptic ulcers are open sores that develop on the inside lining of your esophagi, stomach and the upper portion of your small intestine. Peptic ulcers that occur on the inside of the stomach are called gastric ulcers. Peptic ulcers that occur inside the hollow tube (esophagi) where food travels from your throat to your stomach are called esophageal ulcers.

Peptic ulcers that affect the inside of the upper portion of {Our small intestine (duodenum) are called duodenal ulcers.

Medications used to treat peptic ulcer disease is typically antibiotics to kill the H. Pylori bacterium and other medications to reduce the level of acid in your digestive system to relieve pain and encourage healing
Pulmonary embolism: What causes a pulmonary embolism? What medications are used in the treatment of a pulmonary embolism? Who is at risk for a pulmonary embolism?

Causes of pulmonary embolism is commonly a blood clot in a vein, especially a vein in the leg or in the pelvis that dislodges and travels to the lungs.

Medications used to treat this are anticoagulants and thrombosis. Those at risk for this are those on bedsores, DTV, smoking, age, and obesity. Sepsis: What is the pathologically of sepsis? Who is at risk for sepsis? What medications are used in sepsis? Sepsis results when an infectious insult triggers a localized inflammatory reaction hat then spills over to cause systemic symptoms of fever or hypothermia, tachycardia, tachyon, and either leukocytes or leukemia.

Those who are at risk for sepsis are those who recently had bowel surgery, very young/old, wounds or Injuries, and patients with invasive devices. Case: You are attempting to do an assessment on a 63-year-old female brought to the emergency room by ambulance. Her husband arrived home from work and found her confused, short of breath, and complaining of severe abdominal and chest pain. Recent History: The patient underwent abdominal surgery 6 weeks ago. She has experienced nausea and vomiting over the past few days.

She visited the emergency room 3 days ago and complained of fever (100.1 OF), cough, and general malaise. No other labs were drawn. She was prescribed morphine. She informed her husband this morning that she was feeling better. He found his wife "Just like this," pointing to her lying on the stretcher. Home Medications: Per the patient's husband: Acetaminophen and propofol (Tylenol-N 100 MG) orally as needed for pain Morphine (Morphine) 500 MG orally as needed for pain Digoxin (Value) 5 MG orally as needed for pain Lasix (Lasix) 40 MG daily orally

Morphine (Morphine) 50 MG daily orally Multivitamin with Folate Maypole (Profiles) 20 MG daily orally reorganized (Snaffle) 2 MG orally 3 times a day Toremide (Ultras) 50 MG orally 3 times a day Using a drug book or pharmacology text that contains the mechanism of action, unlabeled uses, and pharmaceuticals or medications, answer the following questions.

Make your answers specific to this scenario. Do you know about these medications? Do you know the recommended dose of, the recommended

route for, and the best time of day to give these medications? Do you know what lab results you need regarding each medication?

Do you know the approved use of each medication? Do you know the most common diseases treated by the listed medications? Are any off-label uses approved for each drug? Patient's Allergies: Codeine Illusionist (Principal) Sulfa Do you know which sulfa medication was most likely prescribed in the patient's past? Do you know the classification to sulfa, and can you name a common sulfa drug? Do you know the signs and symptoms of an adverse reaction to sulfa? Do you know why each of the following medications was most likely prescribed in the past? Do you know the signs and symptoms of an adverse reaction to each medication?

Do you know the classification of each medication? Illusionist Neat is codeine's most common side effect? In relation to codeine, are there other medications in this classification that are more likely to cause an allergy? Eddy Systems e prepared to defend your answers: Can you place each medication under the body system that it commonly affects? Neurological Acetaminophen and proponent reorganized usually associated with sedation Digamma usually associated with sedation Cardiovascular Fireside Meteorology Homological Pulmonary Monoclinic Gastrointestinal Maypole Nutrition Genitourinary/renal

None specific Musculoskeletal reorganized Digamma Endocrine Integument Immune Pain/comfort Toreador Mechanism of Action: the individual's medical history have an effect on the pharmaceuticals of each Neat contraindications do you need to address regarding the medications and medical history?

Nursing Process: Neat nursing assessments will need to be performed regarding each of the patient's medications? What planning and implementation do you need to do for each medication? How do you evaluate each medication's effectiveness? Do you need to be concerned about geriatric considerations with this individual?

Most likely. Yes. Physical Assessment Findings: Neurological Assessment: Pupils equal, round, and sluggishly reactive to light. Responsive to verbal stimuli but not appropriate. Cardiovascular and Homological Assessment: SSL and SO.

Monitor reveals sinus tachycardia 112 BPML. 10th pressure 210/100, extremities pale, 3+ pitting edema. Capillary refill at 3 seconds. No JIVED; no murmurs, rubs or gallops. NP 973; KC-MBA 3. 3; potassium 6.

0; platelets 100, 000. Pulmonary Assessment: Decreased lung sounds throughout, respiratory rate 24 per minute. Oxygen ALL min; sat 94%. Symmetrical chest movements.

Gastrointestinal and Nutrition Assessment: Large, separating abdominal wound Night presently 136 keg, hypoactive bowel sounds.

Mouth with poor dentition, crusted food to roof of mouth Labs: alkaline phosphate 276; albumin 1 . 1; GOT 50; ESP. 40; blood glucose 400

Genitourinary/Renal Assessment: Foley inserted; 100 ml of dark, concentrated urine returned. AH acculturates Assessment: Husband reports history of arthritis. Able to move all extremities. Endocrine Assessment: No exostulates; no goiters.

Integument Assessment: Open wound to mid-abdominal area, noted dark necrotic tissue around wound.

Foul smelling drainage from wound. IV site to right intellectual 0.9% INS infusing at 100 Mohr. Immune Assessment: No palpable lymph nodes.

Pain/Comfort Assessment: Moaning and groaning when entire abdominal area is palpated. Physician Orders: Before transfer to the critical care unit, the emergency room physician writes the following: Assessment impression: Sepsis r/t large abdominal wound Acute renal failure Hyperglycemia Hyperglycemia Anemia Elevated liver enzymes Malnutrition Transfer to critical care with the following orders: Nothing by mouth and discontinue home meds Transfuse 2 units packed RBCs

Insulin drip per protocol; titrate to keep blood glucose between 80 and 110.

Paraphernalia and toccata (Zones) 3. 375 g every 6 hours IV Pantomimic

2000 MGM every 8 hours IV Albumin 5% IV every 24 hours Allowable

(Anymore) 200 MGM slow IV push NH were the packed RBCs ordered? Neat

are the signs and symptoms of a transfusion reaction, and what actions

should How take if your patient develops one? Neat are the nursing

interventions regarding the insulin drip? Nat are the classifications to the two

antibiotics, and why were boot prescribed Neat is the reason for the albumin,

and what is its classification?

NH was allowable ordered? How will you know that each medication has

worked? Neat are the nursing interventions related to allowable? During the

second blood transfusion, the patient developed respiratory failure and Nas

initiated. She was in septic shock, and unfortunately did not survive the sepsis.

This patient had undergone abdominal surgery on her gallbladder. There was a small laceration in the bowel, and it was not discovered until the patient was home and began to recover. The incision did not heal properly because of several factors...

Can you think what those factors were? Please list three possible reasons and discuss.