IHUMAN CASE STUDY - DOROTHY JONES, 54YRS OLD FEMALE - CC: ABDOMINAL PAIN

PATIENT NAME – Dorothy Jones

AGE - 54 YEARS

SEX - Female

HEIGHT – 5’6” (168 cm)

WEIGHT - 165.0 lb (75 Kg)

CHIEF COMPLAINT – Abdominal Pain

• Feedback: the patients presentation w/ acute mid-abdominal pain, distention, nausea/vomiting, constipation and inability to pass gas is consistent with SBO. An abdominal series confirms the present of multiple dilated loops of small bowel. Her history of 2 prior abdominal surgeries significantly increases the likelihood of her bowelobstruction being secondary to postsurgical adhesions. Approximately 93% of all patients who have had prior abdominal surgery have adhesions; of whom 14% will require intervention for adhesion-related sequelae within 10 years of their surgery. Problem statement:

Dorothy Jones is a 54 year old female that presents with acute, progressive abdominalpain for 3 days. She complains of absence flatus, emesis and abdominal distention. Past medicalhistory includes hysterectomy removal 2 years ago, cholecystectomy 15 years ago,hyperlipidemia and constipation. Upon assessment, patient noted to be tachycardic, obese, absent bowelsounds, periumbilical discomfort to palpation, distended abdomen and tympany noted onpercussion.

Ms. Jones is awake, alert and oriented x4. No acute distress. Patient is age appropriateand looks uncomfortable. Her vital signs are as follows: blood pressure 128/72, pulse 100beats per minute, 37 degrees Celsius (98.6 degrees Fahrenheit), respiration rate is 18 andoxygen level is
98%. Upon assessment, her HEENT/Neck is normal. PMI is in the 5th intercostal spaceat the midclavicular line. Normal jugular venous pressure but is noted to have tachycardia. Herchest is symmetrical and no use of accessory muscles are noted while breathing. All superficialthoracic lymph nodes are non-palpable, of normal size and consistent throughout. Anterior lungfields are resonant. The left anterior chest and right lower chest are dull. The rest of lungfields are resonant. Lung sounds bilaterally are normal. The abdomen is atraumatic, mildly obese, symmetrical, slightly taut and distended. Surgical scars noted. No visible peristalsis,mass or organomegaly. Mild discomfort throughout abdominal palpation and occasional palpable peristalsis. No involuntary guarding or rebound tenderness noted. Upon percussion,moderately tympanitic noted. Normal girth. Absent bowel sounds. Patient has no problem with her genitourinary or rectum. She has noted however that her urine is darker than normal. She has
normal and equal ROM bilaterally. Her gait is steady. All reflexes are intact. Skin iswarm and dry.
Diagnosis: Small Bowel Obstruction

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Step-by-step explanation

- First, I would ask Dorothy whether she is suffering any pain or discomfort. I would perform an x-ray if there were any clear evidence of inflammation, such as rednessor swelling examination of the area. My first reaction if there were was to deal with the inflammation like an emergency. That was followed by a palpation of the abdomen in which I would be searching for any regions that were tender or felt like they were expanding. Additional to that, I would undertake an abdominal percussionexamination to look for areas of dullness or tympany.
- Upon closer inspection, I discovered that Dorothy's abdomen was swollen and unpleasant to the touch over the course of my examination. In addition, the right sideof her body had a particularly boring region.
- I'll need to get more testing done to learn more about Dorothy's abdomen. Abdomen ultrasound or CT scans can be included in the evaluation. In addition, I'll need to know more about her eating habits, medication use, and bowel movements.

According to my assessment of Dorothy's condition, the following nursing diagnoses would be appropriate for her:

- A disruption in the normal flow of gas between the lungs and the abdominal cavity,which can result in abdominal bloating.
- Experiencing pain in the region of the abdomen that is coupled with a sense ofaching there.
- The potential for imbalances in fluid and electrolytes as a result of bloating thatoccurs in the abdominal region as a result of gas.

There is a chance that Dorothy might gain something from each of the following types of intervention:

- Providing Appropriate Medication for the Management of Pain and Other Ailments
- Monitoring vital signs in addition to tracking the amount of fluids taken in and expelled from the body.
- Providing food choices that are low in salt and high in fiber as part of a diet plan.
- Instruction on various techniques for relaxing, including slowing down and deepeningone's breathing.

It is strongly suggested that Dorothy and her family participate in the educational opportunities described in the following list:

- The relevance of ensuring that one consumes the amount of food that is suggested.
- Signs and symptoms that may indicate a fluid or electrolyte imbalance in one's bodyneed to be closely monitored.

- The relevance of engaging in activities that promote relaxation, such as taking slow,deep breaths and practicing relaxation techniques.

- For this reason, it would be a good idea to make an appointment with Dorothy'sprimary care physician to monitor her condition and discuss whether or not sheneeds more tests or treatment. To see if Dorothy requires additional testing or treatment, this would be done.

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