Patients info label here

Crohn's disease

Nr. Nursing Diagnosis	Date Nursing Intervention/s and tasks Si
Diarrhea Related factors: Inflammation Symptoms / Risk factors: At least 3 loose liquid stools per day Abdominal pain Hyperactive bowel sounds Urgency Outcome / Goal: Reduction in frequency of stools	Diarrhea Management Observe and record stool frequency Identify foods and fluids that precipitate diarrhea Start oral fluid (only) intake gradually. Offer clear liquids Observe for fever, tachycardia, lethargy and leukocytosis Adm. medications: such as Antidiarrheals, Anti-inflammatories and Steroids,
Risk for deficient fluid volume Related factors: Diarrhea Inadequate intake of food and liquids Vomiting Symptoms / Risk factors: Electrolyte imbalance Lowered blodpressure and tachycardia Outcome / Goal: Patient will maintain balanced fluid intake and output	Fluid Management Measure intake and output;weigh Monitor Lab tests such as electrolytes Monitor vital signs
Imbalanced nutrition: Insufficient Related factors: Altered absorption of nutrients Hypermetabolic state Symptoms / Risk factors: Hyperactive bowel sounds Lack of interest in food Weight loss Outcome / Goal: Verbalize understanding of nutritional needs	Nutrition Therapy Assess overall nutritional status and history Assess weight, age, body mass, strength, and activity and rest levels Inspect oral mucosa and client's appetite Resume or advance diet as indicated—clear liquids - high-protein, high-calorie Weigh frequently. Record intake and changes in symptomatology. Consult a dietitian Promote client participation in dietary planning as possible Assess current timing and content of meals. Encourage bedrest or limited activity during acute phase of illness Keep client nothing-by-mouth (NPO) status, as indicated Administer enteral or parenteral feedings, as indicated Administer medications as indicated
Anxiety Related factors: Health status Threat to self concept Stress Role status Symptoms / Risk factors: Anxious Expressed concerns due to change in life events Outcome / Goal: Will experience a reduction in anxiety	Anxiety reduction Assess reasons for anxiety Reduce unnecessary externa stimuli Spend time talking with patient. Allow to express feelings Provide accurate, concrete information about what is being done Teach relaxaiton exercises techniques to promote sleep and reduce anxiety Administer medications as ordered and monitor for side effects, effectiveness.
Acute pain Related factors: Inflamed bowel Symptoms / Risk factors: Crampy pain Guarding behavior Verbal or coded report Outcome / Goal: Patient verbalizes relief of pain	Pain Management Encourage client to report pain Assess reports of abdominal cramping or pain Note factors that aggravate and relieve pain Investigate changes in characteristics of pain. Instruct patient to relax and rest Optimize the patient's comfort in bed Administer medication as prescribet Obs. pain (effectivnes of medication)

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Crohn's disease

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	Ineffective coping Related factors: Inadequate resources available Uncertainty Pain Symptoms / Risk factors: Fatigue Poor concentration Situational crisis Outcome / Goal: Patient performs self-care behaviors Assess the current situation accurately		Coping Enhancement Assess current functional capacity (coping, defense mechanisms) Determine outside stressors, such as family, relationships, and social Provide opportunity for client to discuss how illness has affected relationships Appraise the patient's understanding of the disease process Assist the patient to clarify misconceptions Encourage family involvement, as appropriate Identify available support groups to assist in lifestyle adaptation. Provide uninterrupted sleep or rest periods Administer medications as indicated, for example antianxiety agents	
	Deficient knowledge Related factors: Information misinterpretation Unfamiliarity with disease and treatment Symptoms / Risk factors: Increase in anxiety level Multiple questions Inaccurate follow through of instruction Outcome / Goal: Identify and use available resources appropriately Patient verbalize understanding of disease		Teaching: Disease Process Acknowledge patient's knowledge about condition Assess knowledge of the disease and treatment Patient education:Disease process,Diet,Medication effects and Exercise Provide clear, accurate information in a factual but in sensitive manner Remind client to observe for side effects of steroids Recommend cessation of smoking Emphasize need for long-term follow up and periodic reevaluation. Identify appropriate community resources	

Plan created: 6.11.2016	by:		
		signature	

2