



# Nursing Care Plan

## A Client with Diverticulitis

Roseline Ukoha is a 45-year-old married school teacher who has two children. For the past 2 days, she has experienced intermittent abdominal pain and bloating. The pain increased in severity over the past 9 to 10 hours, and she developed nausea, lower back pain, and discomfort radiating into the perineal region. Mrs. Ukoha reports having had no bowel movement for the past 2 days. The emergency department nurse, Jasmine Sarino, RN, completes her admission assessment.

### ASSESSMENT

Mrs. Ukoha relates a 10-year history of chronic irritable bowel symptoms, including alternating constipation and diarrhea and intermittent abdominal cramping. She states that she thought these symptoms were due to the stress of teaching middle school, and that they never became severe enough to seek medical advice. When questioned about her diet, she calls it a typical

American high-fat, fast-food diet, usually consisting of a sweet roll and coffee for breakfast, a hamburger or sandwich and soft drink for lunch, and a balanced dinner, usually including meat, a vegetable or salad, and potatoes or pasta, "except on pizza night!"

Physical assessment findings include T 101°F (38.3°C), P 92, R 24, and BP 118/70. Abdomen is slightly distended and tender to light palpation. Bowel sounds are diminished. Diagnostic tests include the following abnormal results: WBC 19,900/mm<sup>3</sup> (normal 3500 to 11,000/mm<sup>3</sup>) with increased immature and mature neutrophils on differential; hemoglobin 12.8 g/dL (normal 13.3 to 17.7 g/dL); hematocrit, 37.1% (normal 40% to 52%). Abdominal X-ray films show slight to moderate distention of the large and small bowel with suggestion of possible early ileus. A small amount of free air is noted in the peritoneal cavity.

The diagnosis of probable diverticulitis with diverticular rupture is made, and Mrs. Ukoha is admitted to the medical unit for intravenous fluids, antibiotic therapy, and bowel rest.

## DIAGNOSIS

The nurses caring for Mrs. Ukoha identify the following nursing diagnoses

- *Pain* related to inflamed bowel and possible peritonitis
- *Risk for deficient fluid volume* related to inflammation
- *Impaired tissue integrity: Gastrointestinal* related to perforated diverticulum
- *Deficient knowledge* related to disease process and dietary management

## EXPECTED OUTCOMES

The expected outcomes for the plan of care specify that Mrs. Ukoha will:

- Verbalize adequate pain relief.
- Experience no adverse effects of prescribed bed rest.
- Maintain adequate fluid balance while hospitalized, as demonstrated by balanced intake and output, stable weight, good skin turgor and mucous membrane moisture, and laboratory values within the normal range.
- Heal adequately without further evidence of peritonitis.
- Verbalize understanding of the recommended high-fiber diet and the need to increase physical activity and fluid intake to promote optimal bowel function at home.

## PLANNING AND IMPLEMENTATION

The nurses plan and implement the following nursing interventions for Mrs. Ukoha.

- Assess comfort status frequently, providing analgesics as needed.
- Maintain intravenous infusion as prescribed.
- Measure intake and output; weigh daily.

- Provide mouth care every 2 to 4 hours until oral intake resumes, then every 4 hours until client assumes self-care.
- Measure temperature every 4 hours.
- Advance diet from clear liquids to low-residue diet when allowed.
- Provide instruction and dietary consultation for high-fiber diet.

## EVALUATION

On discharge, Mrs. Ukoha is afebrile, and her abdomen is flat and only slightly tender to palpation. She is taking food and fluids well and has resumed a normal pattern of bowel elimination. She will continue oral antibiotic therapy for another 2 weeks at home. She verbalizes an understanding of the need to continue her low-residue diet for the next week, and maintain a high-fiber diet thereafter. She says she is glad her problem turned out to be diverticulosis instead of cancer as she had feared, and states that she can deal with this now that she knows how.

## Critical Thinking in the Nursing Process

1. Why was Mrs. Ukoha hospitalized immediately and placed on intravenous fluids and antibiotics?
2. Mrs. Ukoha reports, "I had a small bowel movement of mucus. Is this normal, or is something wrong?" What would be your response?
3. How did Mrs. Ukoha's previous diet contribute to her diverticular disease and diverticulitis? Did the symptoms of irritable bowel syndrome also contribute? How?
4. Develop a teaching plan to instruct clients with diverticular disease about dietary recommendations.

See Evaluating Your Response in Appendix C.