Complementary Therapies
The chronic nature of inflammatory bowel disease and adverse effects of many prescribed treatments lead many clients with IBD to seek or use complementary therapies. Chiropractic care, megavitamin therapy, dietary supplements, and herbal medicine have been reported as common complementary therapies for IBD (Heuschkel et al., 2002; Verhoef et al., 2002). A study by Langmead et al (2002) concluded that herbal remedies such as slippery elm, fenugreek, devil’s claw, Mexican yam, ternational and wei tong ning have antioxidant effects and may provide an effect similar to that of 5-amino, alicyclic acid preparations. Many complementary therapies for IBD may interact with prescribed medications; instruct the client to discuss all potential therapies with the primary care provider.

Nursing Diagnoses and Interventions
When planning nursing care for the client with inflammatory bowel disease, it is vital to consider the chronic, recurrent nature of the disorder. Teaching is a major aspect of care. Diarrhea and disturbed body image are significant nursing care problems for the client with IBD. With severe disease, impaired nutrition must be considered a priority problem as well.

Diarrhea
During an acute exacerbation of IBD, diarrhea can be frequent and painful. The frequency of defecation and associated abdominal pain and cramping may interfere with ADLs and increase the risk for fluid volume deficit and impaired skin integrity.

- Record the frequency, amount, and color of stools using a stool chart. Measure and record liquid stool as output. The severity of diarrhea is an indicator of the severity of the disease and helps determine the need for fluid replacement.

  - Physical examination: general appearance; weight; vital signs including orthostatic vitals and temperature; abdominal assessment including shape, contour, bowel sounds, palpation for tenderness and masses, presence of stoma or scars

NURSING CARE

Health Promotion
Although inflammatory bowel disease cannot, at this time, be predicted or prevented, effective management may help the client avoid complications of the disease. Stress the importance of complying with the prescribed treatment regimen and promptly reporting manifestations of exacerbations to the physician.

Assessment
Assessment data related to inflammatory bowel disease includes the following subjective and objective data.

- Nursing history: current manifestations, including onset, duration, severity (number of stools per day, presence of blood or mucus in stool, abdominal pain or cramping, tenesmus); usual diet, ability to maintain weight and nutrition, food intolerances; associated manifestations such as arthropagias, fatigue, malaise; current medications; previous treatment and diagnostic tests

POSTPROCEDURE

1. Document the procedure, amount of solution used, consistency of results, and the client’s tolerance of the procedure.
2. Discuss dietary concerns to help determine cause of blockage.