• Assess the client’s usual bowel routine, including diet, fluid intake, and the use of laxatives or enemas. **Effective interventions are based on individualized needs.**

**PRACTICE ALERT** People who have used laxatives or enemas for long periods of time may be dependent on those methods of having a bowel movement.

• Encourage a fluid intake of 2500 to 3000 mL per day unless contraindicated by the presence of renal or cardiac disease. **Adequate fluid intake facilitates the passage of feces.**
• Increase fiber and bulk in the diet. If the client is unable to tolerate increased fiber, consult with the physician about the use of stool softeners or bulk-forming agents. **Bulk and fiber promote regularity by retaining water in the large intestine.**

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**Home Care**

It is the nurse’s responsibility to teach the client and family about chronic pain control, including specific interventions to alleviate pain. The nurse’s role may be that of advocate and creative problem solver (see the Meeting Individualized Needs box on page 1341 for specific teaching topics). The following topics should be addressed:

• Often the goal is to control pain so that the client can perform normal activities of daily living, rather than to reach a pain-free state.
• Nonpharmacologic methods of pain management include relaxation techniques, guided imagery, distraction, hypnosis, and music. Joining a support group may be an effective intervention in coping with and managing pain.
• Clients may be referred to a physical therapist for education about body mechanics and back-strengthening exercises. Nurses should have the client demonstrate the exercises as a way of reinforcing teaching.

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**Nursing Care Plan**

**A Client with a Ruptured Intervertebral Disk**

Maree Ivans is a 50-year-old lawyer who lives in Montana. She sustains ruptured intervertebral disks at C5 and C6 when she is thrown over the handlebars of her bicycle while mountain biking. Mrs. Ivans is the mother of two young adults; her husband operates a small business.

**ASSESSMENT**

Immediately after the accident, Mrs. Ivans is taken to the nearest hospital by ambulance and evaluated by a neurosurgeon. Diagnostic tests include a CT scan, an MRI study, and X-ray films of the cervical vertebrae. The results demonstrate damaged ligaments and herniation of the C7 disk. Mrs. Ivans is sent home wearing a cervical collar to stabilize the area and is instructed to limit activity. Twisting or turning the neck is prohibited. After 2 weeks at home, Mrs. Ivans complains of having no appetite, being unable to sleep at night, and having acute pain in the neck and shoulders. She also has numbness and tingling in several fingers of her left (dominant) hand. A major concern is whether she will be able to return to work and resume her usual activities. A cervical laminectomy with spinal fusion is being discussed.

**DIAGNOSES**

• **Acute pain,** related to edema and muscle spasms
• **Impaired mobility,** related to altered comfort
• **Disturbed sleep pattern,** related to pain with movement
• **Risk for compromised family coping,** related to altered lifestyle and lack of knowledge about the injury

**EXPECTED OUTCOMES**

• State that her pain is decreased to the point of tolerance.
• Experience restful sleep as evidenced by statements of increased energy.
• Collaborate with her husband in discussing the injury and planning how best to meet household needs.

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**PLANNING AND IMPLEMENTATION**

• Take prescribed analgesics around the clock (when awake) to manage pain. Take prescribed muscle relaxants to control muscle spasms.
• Keep the cervical collar on at all times. Do not lift objects or bend or twist the neck.
• Follow a regular bedtime routine, sleeping on a firm mattress with a small pillow under the neck if desired.
• Drink six to eight full glasses of water each day.
• Increase fiber and bulk in the diet.

**EVALUATION**

Following the acute care period, Mrs. Ivans’s physical symptoms have decreased. She is able to manage her pain with oral analgesics and is sleeping better at night. She has begun a program of physical therapy and has continued to wear the cervical collar. After 2 months, Mrs. Ivans is so much improved that she begins to work half days. Her family has taken over cooking and cleaning responsibilities, and they remain supportive and understanding.

**Critical Thinking in the Nursing Process**

1. Discuss the rationale for taking Mrs. Ivans to the hospital by ambulance after the bicycle accident.
2. Mrs. Ivans has grown children and a husband who provided help and support. How might the teaching you provide differ if the client who sustained this injury were a young single mother of two small children?
3. Design a teaching plan for Mrs. Ivans for the diagnosis, **Dressing/grooming self-care deficit.**

See Evaluating your Response in Appendix C.