Postoperative Care of the Patient with a Ruptured Diverticulum

Simulated Clinical Experience (SCE™) Overview

Location: Medical-Surgical Unit

History/Information:
A 40-year-old male presents to the Emergency Department (ED) with severe lower-left abdominal pain. For the past twenty-four hours he has felt nauseated and had abdominal distension, which he attributed to having had no bowel movement for four days. His history includes diverticulosis and he states that he only has a bowel movement twice a week. He often takes a laxative, which he had done the day before presenting in the ED. He has had no results from the laxative, complains of severe nausea, and vomited on his way into the ED in the parking lot. He is 5’8” tall and states he weighs 170 pounds. He denies any allergies. After diagnostic testing he is taken to surgery for an exploratory laparotomy with the subsequent colon resection. After routine care in the Postoperative Anesthesia Care Unit, he was transferred to the general Surgical Unit. He has had an uneventful postoperative period. He has a nasogastric tube in place to low continuous suction and he remains NPO. He has an IV infusing into a right subclavian site, and a large abdominal dressing. His wife of 20 years is at his bedside and demonstrates concern.

Healthcare Provider’s Orders:
Admit to Medical-Surgical Unit
NPO with ice chips as tolerated
Vital signs every 4 hours
Nasogastric tube to low continuous suction
Intake and Output every 8 hours
IV of D5/0.45% NS with KCl 20mEq at 125mL/hour
Cefazolin 1gram IVPB every 6 hours, Famotidine 20mg IVPB every 12 hours
Metoclopramide 30mg IVPB every 6 hours, Promethazine 25mg IM every 4-6 hours
PRN nausea, vomiting
Hydromorphone hydrochloride 0.5 – 2mg IVP every 2-3 hours prn pain
Saline Lock all other lines/sites
O2, at 2LPM nasal cannula; May be discontinued third day postop
Continuous SpO2 monitoring
Out of bed to chair four times a day at a minimum
Wet to dry dressing change to abdominal incision site every 6 hours
Daily weight; CBC, Electrolytes, BUN, Creatinine, Glucose in AM
Notify healthcare provider for:
  SBP less than100, HR greater than 120, Temp greater than 38.6°C, Urinary Output less than 30mL/hour, SpO2 less than 92%

Learning Objectives

1. Formulates a nursing plan of care based upon the pathophysiology of peritonitis (SYNTHESIS).
2. Designs an individualized plan of care for the nursing management of a patient with peritonitis (SYNTHESIS).
3. Prioritizes the implementation and approach to the nursing care of a patient with peritonitis (ANALYSIS).
4. Evaluates the patient’s response to interventions and modifies the nursing care as appropriate for the patient with peritonitis (EVALUATION).
1. Define diverticulitis.

2. For a patient with a ruptured colon, what major complications can be anticipated?

3. Identify the clinical manifestations of inadequate oxygenation in the postoperative patient:
   a. CNS
   b. CV
   c. Integumentary
   d. Pulmonary
   e. Renal

4. Identify potential problems in each system in the postoperative period:
   a. Psychosocial
   b. CV
   c. Respiratory
   d. GI
   e. Urinary
   f. Integumentary
   g. Fluid and Electrolyte

5. Discuss the nursing management of the postoperative abdominal surgery patient.

6. Identify the top three priorities for the nursing management of a postoperative abdominal surgery patient.

7. Identify three nursing diagnoses for this type of patient.

8. Discuss the following types of IV solutions utilized in the care of postoperative patients and identify at least two specific solutions for each:
   a. Hypotonic
   b. Isotonic

9. What is the function of the peritoneum?

10. Discuss the pathophysiology and potential causes of peritonitis.

11. What are the clinical signs and symptoms of peritonitis?

12. What is the prognosis for patients with peritonitis?

13. Surgery and volume support are the primary interventions for secondary peritonitis, explain how volume support and possibly surgery aid in the treatment of peritonitis.

References:


