RN Alterations in Digestion and Bowel Elimination Assessment

CLOSE

Question: 1 of 28

CORRECT

Time Elapsed: 00:01:12

FLAG

A nurse is caring for a client in the medical-surgical unit of a hospital.

Exhibit 1 Exhibit 2

Nurses' Notes

Yesterday:

19-year-old client admitted to the medical-surgical nursing unit as a direct admission from their provider's office.

Client has a 4-week history of a recently confirmed diagnosis of Crohn's disease. The client states they have been having up to 20 to 25 loose stools per day and nausea. No vomiting. Fatigue. States their GI provider has been closely following them and adjusting their medications, but their diarrhea is not improving.

Client is alert and oriented x 3. States abdomen is crampy and bloated. Client states they are weak but steady. No issues with ambulation noted.

Skin turgor is decreased, and skin is dry.

Admitted for IV hydration and further evaluation.

Today:

Client is alert and oriented x 3. No new concerns. Abdomen tender on palpation; bowel sounds hyperactive in all 4 quadrants. Client states they have had 7 loose stools this morning and that their rectal area is very painful. On examination of the client's localized perianal areas, nurse notes reddened and excoriated areas. Client flinches when area is touched and pain is assessed as out of proportion from the amount of pressure that was applied by the nurse. Client reports pain as 9 on a scale from 0 to 10. The nurse also notes that there is some mild pus-like drainage expressed from one of the excoriated areas of the perianal skin. Barrier cream applied to these areas.

Complete the following sentence by using the lists of options.

The client is at highest risk for developing anal fissures or fistulas as evidenced by the client's Crohn's disease.

CORRECT My Answer

The nurse should recognize that a diagnosis of Crohn's disease places the client at a greater risk for developing anal fissures or fistulas. The nurse should ensure that they inspect the perianal and anal areas for any manifestations of these complications. For instance, the client's high level of pain with pus-like drainage is a priority finding because it could indicate that the client might be developing a fistula and/or an abscess to the rectal areas. Further inspection might be warranted under endoscopy and the provider should be made aware.

Question: 2 of 28

Time Elapsed: 00:02:00

FLAG

A nurse is providing discharge teaching to a client who has a new diagnosis of inflammatory bowel disease (IBD). Which of the following statements should the nurse include?

- (selected) "Keep a food diary to monitor the foods that cause 'flare-ups' of your GI issues."
- "You should be able to easily tolerate dairy products."
- "Caffeine and carbonated beverages should not cause any issues with your disorder."
- "A high-residue diet can help alleviate episodes of abdominal pain and diarrhea."

PREVIOUS

CONTINUE

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Question: 3 of 28

Time Elapsed: 00:02:36

FLAG

A nurse in the emergency department is caring for a client who reports severe pain of 10 on a scale from 0 to 10 in their abdomen that radiates to their back. The client states that the pain started about 4 hr ago. They are diaphoretic, anxious, and nauseated. There is abdominal guarding noted on the exam. The client has a history of alcohol use disorder and states that they drank "a lot of booze" last night. Which of the following actions should the nurse take first?

- Prepare the client for admission to the ICU.
- Obtain an order for an anti-emetic medication.
- Start a peripheral IV for hydration.
- Obtain an order for a fast-acting pain relief medication.

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Question: 4 of 28

Time Elapsed: 00:03:06

FLAG

A nurse is teaching a client about reducing risk factors for developing recurring oral herpes (HSV-1). Which statement should the nurse include?

- (selected) "Protect your lips from exposure to direct sunlight or other ultraviolet light."
- "Join an early-morning exercise class at the gym to wear off steam."
- "Distract yourself by taking harder classes in school."
- "Avoid getting the flu shot every year."

PREVIOUS

CONTINUE

RN Alterations in Digestion and Bowel Elimination Assessment

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Time Elapsed: 00:03:34

FLAG

A nurse is providing teaching to a client who has a new diagnosis of hepatitis B and lives in a large household. Which of the following recommendations should the nurse make about the other members of the client's household?

- All individuals living with a newly infected person should move out right away.
- There is nothing new or different that these individuals need to do.
- All individuals living with a newly infected person should contact their health care provider.
- All individuals living with a newly infected person should not be told because this is HIPAA-protected information.

PREVIOUS

CONTINUE