

Rapid Reasoning: Clostridium difficile Colitis

Chief Complaint/History of Present Illness:

Mindy Perkins is a 48 year old woman who presents to the ED with 10-15 loose, liquid stools daily for the past 2 days. She completed a course of oral Amoxicillin seven days ago for a dental infection. In addition to loose stools, she complains of lower abd. pain that began 2 days ago as well. She has not noted any blood in the stool. She denies vomiting or fever/chills. She is on Prednisone for Crohn's disease as well as Pantaprazole (Protonix) for severe GERD.

Past Medical History:

- Crohn's disease
- GERD

Your Initial VS:

WILDA Pain Scale (5 th VS)	
Words:	Crampy
Intensity:	7/10
Location:	Generalized throughout RLQ-LLQ
Duration:	Persistent since onset 2 days ago
Aggravate:	None
Alleviate:	None

T: 100.2 (o)
P: 92
R: 20
BP: 122/78
O2 sats: 98% RA
Ortho BP's: Lying: 122/78 HR: 92
Standing: 120/70 HR: 114

Your Initial Nursing Assessment:

GENERAL APPEARANCE: appears weak and uncomfortable. Easily fatigued

RESP: breath sounds clear with equal aeration bilat., non-labored

CARDIAC: pink, warm & dry, S1S2, no edema, pulses 3+ in all extremities

NEURO: alert & oriented x4

GI/GU: active BS in all quads, abd. soft/tender to palpation in lower abd-no rebound tenderness or guarding

MISC: Lips dry, oral mucosa tacky with no shiny saliva present in mouth

Nursing Interventions:

- Orthostatic BP's (**ED standing order**)
- Establish PIV (**ED standing order**)
- Initiate enteric precautions (**ED standing order**)

Physician Orders:

- 0.9% NS 1000 mL IV bolus
- Hydromorphone (Dilaudid) 1 mg IVP
- Stool culture for C. difficile
- BMP, CBC
- Vancomycin 250 mg po
 - 1000 mg/20 mL...determine dosage to administer _____
- Admit to medical unit

Lab/diagnostic Results:

- Stool culture for C. difficile: Positive

BMP	Current	High/Low
Sodium	132	
Potassium	3.5	
Creatinine	1.45	
BUN	47	
CO2	18	

CBC	Current	High/Low
WBC	12.6	
HGB	14.5	
PLTS	188	
Neuts. %	86	
Lymphs %	10	

1. What data from the chief complaint, VS & nursing assessment is **RELEVANT** that must be recognized as clinically significant to the nurse?

<p><u>RELEVANT data:</u> Chief complaint:</p> <p>VS/assessment:</p>	<p>Rationale:</p>
---	-------------------

2. What lab/diagnostic results are **RELEVANT** that must be recognized as clinically significant to the nurse?

<p><u>RELEVANT</u> Diagnostic results:</p>	<p>Rationale:</p>
---	-------------------

3. What is the primary problem that your patient is most likely presenting with?

4. What is the underlying cause /pathophysiology of this concern?

5. What nursing priority will guide your plan of care?

6. What interventions will you initiate based on this priority?

Nursing Interventions	Rationale:	Expected Outcome:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

7. What is the relationship between the following nursing interventions/physician orders and your patient's primary medical problem?

Nsg. Interventions/MD orders:	Rationale:	Expected Outcome:
Orthostatic BP's (ED standing order)		
Establish PIV (ED standing order)		
Initiate enteric precautions (ED standing order)		
0.9% NS 1000 mL IV bolus		
Hydromorphone (Dilaudid) 1 mg IVP		
Stool culture for C. difficile		
BMP		
CBC		
Vancomycin 250 mg po		
Admit to medical unit		

8. What body system(s) will you most thoroughly assess based on the patient's chief complaint and primary/priority concern?

9. What is the worst possible complication to anticipate? (*start with A-B-C priorities*)

10. What nursing assessment(s) will you need to initiate to identify and respond to quickly if this complication develops?

11. What is the patient likely experiencing/feeling right now in this situation?

12. What can you do to engage yourself with this patient's experience, and show that they matter to you as a person?