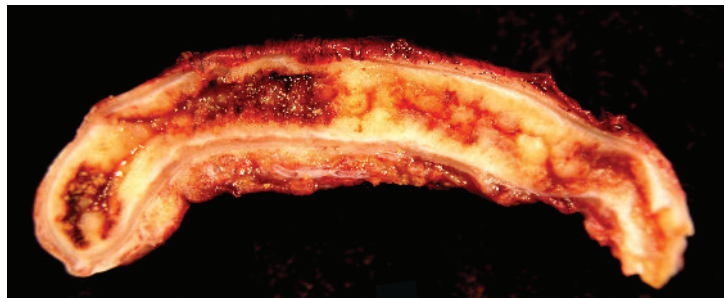


APPENDICITIS PATHO CHART

PATHOPHYSIOLOGY

Inflammation of the appendix, an appendage that is located on the end of the cecum (large intestine) right after the junction of the large and small intestine. This location is called McBurney's point and is in the RLQ of the abdomen. It is unclear if the appendix is useful or not, but if it is inflamed, it is painful, and if it bursts, it can cause sepsis and/or peritonitis.



By Ed Uthman from Houston, TX, USA - Acute Appendicitis, CC BY 2.0, <https://commons.wikimedia.org/w/index.php?curid=1656138>

ASSESSMENT FINDINGS

- Assess McBurney's Point (RLQ pain that shoots to the umbilicus) and rebound tenderness, check the WBCs and monitor for fever. Be very concerned if the patient all of a sudden has a relief of pain this can indicate that the appendix has burst.

DIAGNOSTICS

- Ultrasound of the appendix
- If this comes back unclear then a CT is the next step.
- Increased WBC.

NURSING PRIORITIES

- Promote optimal cardiac output
- Promote effective gas exchange and pain
- Promote optimal tissue perfusion

THERAPEUTIC MANAGEMENT

- Appendectomy. This means the patient will have surgery so keep them NPO
- Avoid heat (this can increase the risk of rupture) and a possible NG tube for decompression if medically necessary.

MEDICATION THERAPY

- Analgesics for pain control
- IV only as patient is NPO.