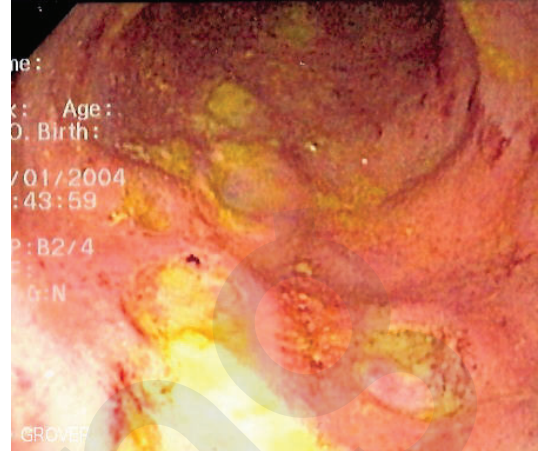


CROHN'S DISEASE PATHOCHART

PATHOPHYSIOLOGY

Crohn's disease is an autoimmune inflammatory bowel disease that affects the entire GI tract, but primarily the ileocecal region of the large and small intestine. It causes scarring, ulcerations, and abscesses in the wall of the intestines that lead to multiple mucousy stools per day and problems with fluid & electrolyte imbalances. Crohn's disease goes through periods of remissions and exacerbations. Unfortunately, a colon resection or colectomy would only be palliative because Crohn's disease can affect the whole GI system.



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ASSESSMENT FINDINGS

- Fever
- Abdominal cramping
- Abdominal pain after meals (relieved by defecation)
- Diarrhea containing mucus or pus, possibly blood (5-6 stools/day)
- Anemia
- Electrolyte imbalances
- Malnutrition

DIAGNOSTICS

- Endoscopy
- Colonoscopy
- Tissue biopsy

NURSING PRIORITIES

- Balance Fluid & Electrolytes
- Optimize Nutritional Status
- Manage Elimination Needs

THERAPEUTIC MANAGEMENT

- Maintain NPO during acute phase
- Administering IV fluids and electrolytes
- Reduce intestinal activity
- Low residue, high protein, high calorie diet
- Avoid foods that exacerbate symptoms

MEDICATION THERAPY

- Corticosteroids
- Salicylates
- Immunomodulators
- Antidiarrheals