

(INTUSSUSCEPTION) NURSING CARE PLAN

Medical Diagnosis: Intussusception		
Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> • Colicky abdominal pain • Lethargy 	Assess vitals	Fever is an accompanying symptom and can be a sign of infection
	Assess abdomen	Look for distention or abnormal shape Listen for bowel sounds Feel / palpate for lumps and tenderness **A hallmark sign of this condition is an obvious lump of bowel that is distended and tender to touch.
	Assess for pain (including verbal and non-verbal cues)	Abdominal pain is associated with this condition, but may not be initially present or constant. Depending on the age of the patient, they may be guarding the abdomen, or may appear colicky with bouts of inconsolable crying or fussiness.
Objective Data: <ul style="list-style-type: none"> • Crying or fussiness • Blood and mucus in stool (red currant jelly stools) • Vomiting • Diarrhea • Fever • Palpable lump in abdomen 	Initiate IV fluids	Children dehydrate quickly and easily. Vomiting and diarrhea can cause significant fluid loss and dehydration.
	Monitor stool for bloody diarrhea	“Red currant jelly” stools are common and consist of blood, mucus and stool. This is one of the most common symptoms and a hallmark sign of intussusception.
	Monitor intake and output	Take note of watery stools, emesis, urine output.
	Insert nasogastric tube and perform gastric decompression.	NGT set to low-intermittent suction reduces bowel stress and promotes bowel rest.

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	Perform or assist with therapeutic enema	<p>Enemas may be given with barium, water-soluble solution or air.</p> <p>While most often used as a diagnostic test, this procedure may help the intestine correct itself so the child can avoid surgery.</p>
	Prepare patient for surgery.	In cases where there is tissue necrosis or perforation of the bowel, or where the intestine doesn't self-correct, surgical repair will be necessary.
	Provide education and support for patient and family members	<p>Provide information and support for the parents and family members of patients. Answer questions, give resource information based on the child's discharge needs.</p> <p>Provide education on post-operative dietary requirements.</p>