

(BOWEL OBSTRUCTION) NURSING CARE PLAN

Medical Diagnosis: Bowel Obstruction

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> • Abdominal Pain • Abdominal fullness • Nausea • Dehydration • Cramping • Constipation 	Assess abdomen	Note size and girth. The patient will have a firm abdomen. Decreased bowel sounds may be auscultated. Abdomen will be distended.
	Monitor fluid balance	Strict I&O; Monitor for signs of dehydration; IV fluids should be ordered as needed. Electrolytes may also need to be replaced.
	NPO status	Patient should be placed on NPO status to avoid further complications. Patient may need to go to surgery for correction.
Objective Data: <ul style="list-style-type: none"> • Abdominal distention • ↑HR, ↓BP • Firm abdomen • ↓ Bowel sounds • Vomiting • Fever 	Place NG tube	Patient will need NG tube hooked to low intermittent suction. This will aid in decompressing the stomach and prevent recurring abdominal distention.
	Education on care of colostomy	Patients who undergo surgery to repair resection may come back with a colostomy. It is important to teach how to care for colostomy. Once a patient learns how to properly care for and assess any issues, it should be demonstrated to exhibit competence.
	Monitor vital signs closely.	Elevations of temperature and pulse may indicate infection or necrosis. ↑HR may indicate pain; ↓BP may indicate hypovolemia