Nursing Interventions

What are the most appropriate nursing interventions for this diagnosis?

Nursing Interventions	Rationale
Review disease and treatment	Understanding the medical condition and therapies allow
prior to surgery.	families to make informed decisions about care
Review disease and treatment	To increase knowledge and compliance with treatment plan
after surgery.	to control pain, treat infection, maintain adequate fluid and
	electrolyte balance, and maximize nutrition
Arrange for social worker to	To identify and modify stressors associated with urgent and
meet with family to assess	prolonged hospitalization
emotional and financial needs.	
As child nears discharge,	Family must be aware of necessary treatment and monitoring
arrange for discussions with	in order to be compliant with care
parents to discuss home care.	

Expected Outcome

Parents indicate understanding of appendicitis and treatment

Parents verbalize understanding the signs and symptoms of infection and understand the actions to treat infection.

Parents verbalize understanding of the plan for managing postsurgical treatment at home.

Meckel Diverticulum

Meckel diverticulum is a remnant of the fetal omphalomesenteric duct, which connects the yolk sac with the primitive midgut during fetal life (Kotecha, Bellah, Pena, et al, 2012). Normally, the structure is obliterated between the fifth and ninth week of gestation, when the placenta replaces the yolk sac as the source of nutrition for the fetus. Failure of obliteration may result in an omphalomesenteric fistula (a fibrous band connecting the small intestine to the umbilicus), umbilical cyst, vitelline duct remnant, mesodiverticular bands, or Meckel diverticulum (Pepper, Stanfill, and Pearl, 2012).

Meckel diverticulum is a true diverticulum because it arises from the antimesenteric border of the small intestine and includes all layers of the intestinal wall. The position of the diverticulum varies, but it is usually found within 40 to 50 cm (16 to 20 inches) of the