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| **Temple College Vocational Nursing Program**  **VNSG 1460 Clinical LVN Training II**  **(Highlight All Abnormal Findings)**  **Name: Paul Briery**  **Date of Assessment: 2/28/2025**  **Clinical Instructor: Mrs Reeves** | | | | | |
| **Demographics** | | | | | |
| **Patient’s initials** | | RR | **Age** | | 80 |
| **Code Status** | | Full | **Gender** | | F |
| **Allergies** | | Sulfa Hydrocodone | | | |
| **Isolation** | No  Yes:  contact  extended contact  droplet  airborne  neutropenic | | | | |
| **Date of Admission** | | 11/5/2024 | | | |
| **Admitting Diagnosis** | | Enterocutaneous fistula | | | |
| **Reason for admission (client’s own words)** | | | | Hernia removal and ostomy reversal | |
| **Medical History** | | Acute diverticulitis, acute renal failure with tubular necrosis | | | |
| **Surgical History** | | Appendectomy, blepharoplasty, breast lumpectomy, colectomy, small bowel resection | | | |

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| **Psychosocial/ Communication** | | | |
| **Marital Status** | Widow | **Significant Others** | None |
| **Highest level of education** | Masters degree | **Occupation** | Risk management mgr for insurance company |
| **Primary Language** | English | **Does the client/family understand English?**  No  Yes | |
| ***Is the client able to:*** |  | | |
| Read | No  Yes | Evidence: Read alert screen from across room | |
| Write | No  Yes | Evidence: Wrote text to her son in my presence | |
| Speak Understandably | No  Yes | Evidence: Held long coherent conversation | |
| Communicate Basic Needs | No  Yes | Evidence: Asked for ice chips | |
| ***Does the client have:*** |  | | |
| Hearing impairment: | No  Yes  **If Yes**, **Hearing Aids:  Yes  No** | | |
| Vision Impairment: | No  Yes  **If Yes, Glasses Contact Lenses  None/Other** | | |

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| **Participates in activities outside of the room?** | No  Yes  **If Yes, What activities?**  Enjoys participating in activities in the activity room making crafts | |
| **Alcohol Consumption** | No  Yes  **If Yes, # Of drinks per week?**  **none** | |
| **Smoking** | No  Yes  **If Yes,  Current  History**  **If Yes, # Packs/per day?**  **none**  **If Yes, # of years of smoking?**  **none** | |
| **Secondhand Smoke** | **Exposure to secondhand smoke?**  No  Yes | |
| **Visits from family & friends** | No  Yes  **If Yes, who visits?**  Son, daughter, grandchildren  **If Yes, how often?**  Three times a week | |
| **Religious Preference** | **Preference Type:**  Catholic | |
| **Religious Activities** | No  Yes | |
| **Visits from clergy** | No  Yes | |
| **Presence of Religious Articles** | No  Yes  **If Yes, Describe Religious Articles**  **None** | |
| **Physical Safety** | | |
| **Impaired memory or judgment** | No  Yes  **If Yes, Describe**  **none** | |
| **History of wandering** | No  Yes  **If Yes, Describe**  **none** | |
| **History of falls** | No  Yes  **If Yes, Describe** Fell while descending steps at home prior to admission. Struck back of head. | |
| **Fall Risk Assessment**   * *A checkmark on any* ***starred item*** *indicates a risk for falls.* * *A combination of four or more of the* ***unstarred items*** *indicates a risk for falls.* * *Any checked items indicate an* ***abnormal finding*** | **General Information:**  Age over 70  History of falls \*  Confusion at times  Confusion most of the time\*  Impaired memory or judgment  Unable to follow directions\*  Needs assistance with the elimination  Visual impairment  Feels Physically Weak\*  **Medications:**  Receiving central nervous system suppressants (narcotic, sedative, tranquilizer, hypnotic, antidepressant, psychotropic, anticonvulsant)  Receiving medication that causes orthostatic hypotension antihypertensive, diuretic) \*  Medication that may cause diarrhea (cathartic)  Medication that may alter blood glucose levels (insulin, hypoglycemic)  **Gait and Balance:**  Poor balance when standing\*  Balance problems when walking\*  Swaying, lurching, or slapping gait\*  Unstable when making turns\*  Needs assistive device (walker, cane, holds on to furniture) \*  **Interpretation: Risk for Falls No Risk** | |
| **Safety Precautions** | None Bed alarm Chair Alarm  Bed in lowest position  Non-skid wear  Call light in reach  Siderails up:  None X2 X3 X4  Other:  **Hoyer lift** | |
| **Activities of Daily Living** | | |
| **Nutrition** | | |
| **Feeding** | Independent  Assist  Total | A or T Comments:  **On TPN** |
| **Does the client have enteral feedings?**  No  Yes  **If Yes, what is the type of enteral formula?**  **none**   * **If Yes, is the client using a pump?**   No  Yes, **If Yes, what is the rate of the pump?**  **119ml/hr** | |
|  | **Does the client have a feeding tube?**  No  Yes | |
|  | **Does the client have a gastrostomy tube?**  No  Yes | |
| **Diet Type** | Regular Other, **If Other describe:**  TPN | |
| **NPO?**  No  Yes  **If Yes, what is the reason for NPO?**  On TPN  **If Yes, what is the length of time for NPO?**  Indefinite | |
| **Fluid Restriction?**  No  Yes, **If Yes, what is the Daily Amount of fluid intake?**  119ml TPN/hr \* 24 = 2856ml | |
| **Appetite** | Good Fair Poor | |
| **Breakfast:**  100%  75%  50%  25%  0%  Unable to assess, off the unit  **Lunch:**  100%  75%  50%  25%  0%  Unable to assess, off the unit  **Dinner**:  100%  75%  50%  25%  0%  Unable to assess, off the unit | |
| **Hygiene** | | |
| **Oral** | Independent Assist Total | A or T Comments:  **none** |
| **Toileting** | Independent Assist Total | A or T Comments:  **none** |
| **Bathing** | Independent Assist Total | A or T Comments:  **Unable to sit up or stand on own** |
| **Dressing** | Independent Assist Total | A or T Comments:  **Unable to sit up or stand on own** |
| **Grooming** | Independent Assist Total | A or T Comments:  **none** |
| **Mobility** | | |
| **Ambulation** | Independent Assist Total Unable to ambulate | |
| Ambulation aid:  No  Yes  **If Yes,  Wheelchair  Walker  Cane Holds onto Furniture** | |
| Gait: Steady  Unsteady  Shuffled  Swaying  Other:  **Requires Hoyer lift to transfer from bed to wheelchair** | |
| **Prosthesis** | No  Yes: **If Yes, what location is the prosthesis?**  **none** | |
| **Transfers** | Independent Assist Total | A or T Comments:  **Hoyer lift to transfer from bed** |
| **Ability to Reposition Self** | Independent Assist Total | A or T Comments:  **Needs assistance to sit up** |
| **ADL Comments:** | * *Summarize* ***abnormal*** *findings* * *If* ***no abnormal*** *findings: Document “None”* * Unable to stand or walk. Foot drop of both feet. | |

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| **Physical Assessment** | | | | | | | | | | | | | | | | | | |
| **Vital Signs** | | | | | | | | | | | | | | | | | | |
| ***Vital Signs*** | **Date: \_2/28/2025**  **Time**: \_0845\_ | | | | | **Date: \_2/28/2025**  **Time**: \_\_1615\_ | | | | | | | **Normal Ranges** | | | | | |
| Temperature | 98.1°F | | | | | 98.4°F | | | | | | | °F | | | | | |
| Blood Pressure | 167/82mmHg | | | | | 149/79 mmHg | | | | | | | mmHg | | | | | |
| Respirations | 20 Breaths /minute | | | | | 18 Breaths /minute | | | | | | | Breaths /minute | | | | | |
| Heart Rate | 80 Beats /minute | | | | | 85 Beats /minute | | | | | | | Beats /minute | | | | | |
| SpO2 | 97% | | | | | 96% | | | | | | | % | | | | | |
| **Height/Weight/BMI** | | | | | | | | | | | | | | | | | | |
| **Height** | **62.01**  cm  inches | | | | | | | | | | | | | | | | | |
| **Current Weight** | **70.2**  kg  lbs. | | | | | | | | | | | | | | | | | |
| **Ideal Weight** | **136 to 147**  kg  lbs. | | | | | | | | | | | | | | | | | |
| **Current BMI** | **28.3** | | | | | | | | | | | | | | | | | |
| **Normal BMI Range** | Normal Range is  **25**  to  **27**  kg  lbs. | | | | | | | | | | | | | | | | | |
| ***General*** | | | | | | | | | | | | | | | | | | |
| **General Appearance** | Well Nourished  Emaciated  Clean  Soiled | | | | | | | | | | | | | | | | | |
| **Affect** | Appropriate  Flat | | | | | | | | | | | | | | | | | |
| **Posture:** | Erect Slouched Other: **If Other, describe:**  Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **Level of Consciousness** | Awake  Alert  Lethargic  Obtunded  Unarousable | | | | | | | | | | | | | | | | | |
| **Orientation** | Person  Place  Time  Situation  Oriented  Confused | | | | | | | | | | | | | | | | | |
| **Pain** | No  Yes  **If Yes, Pain Scale Out of 10:**  **None reported** | | | | | | | | | | | | | | | | | |
| **If Yes, Pain Location:**  **none** | | | | | | | | | | | | | | | | | |
| **If Yes, Pain is Acute Chronic** | | | | | | | | | | | | | | | | | |
| **If Yes,**  **Subjective findings:** | | | | | **none** | | | | | | | | | | | | |
| **If Yes,**  **Objective findings:** | | | | | **none** | | | | | | | | | | | | |
| **Skin** | Color | | | | Appropriate for ethnicity  Pale  Yellow  Red | | | | | | | | | | | | | |
| Temperature | | | | Warm  Hot  Cool  Cold | | | | | | | | | | | | | |
| Moisture | | | | Dry  Moist  Scaly | | | | | | | | | | | | | |
| Abnormalities | | | | No  Yes  **If Yes,  Weeping  Bruising  Scar  Open Wound If Yes, Location(s):**  **RLQ of abdomen a small fistula is present. Scars are also present on abdomen from former surgeries.** | | | | | | | | | | | | | |
| Turgor | | | | Less than 3 seconds  Greater than 3 seconds | | | | | | | | | | | | | |
| **Braden Skin Assessment**  ***Reference: (Williams)*** | ***Client’s Score:***  **15** | | | | 19 - 23 = no risk  15 - 18 = at risk  13 - 14 = moderate risk  10 - 12 = high risk  6 - 9 = severe risk | | | | | | | | | | | | | |
| **General Comments:** | * *Summarize* ***abnormal*** *findings* * *If* ***no abnormal*** *findings: Document “None* * On TPN, skin is occasionally moist due to fistula, chairfast, very limited mobility | | | | | | | | | | | | | | | | | |
| ***Head and Neck*** | | | | | | | | | | | | | | | | | | |
| **Head Symmetry** | Symmetrical  Asymmetrical | | | | | | | | | | | | | | | | | |
| **Sclera** | White  Red  Yellow | | | | | | | | | | | | | | | | | |
| **Conjunctiva** | Pink  Pale  Red | | | | | | | | | | | | | | | | | |
| Moist  Dry  Drainage | | | | | | | | | | | | | | | | | |
| **Pupils** | Equal  Unequal  Round  Accommodating | | | | | | | | | | | | | | | | | |
| Reactive to light  Non-reactive to light | | | | | | | | | | | | | | | | | |
| Brisk  Sluggish | | | | | | | | | | | | | | | | | |
| Size in mm | **Before Light** | | | | | 4mm | | **During Light** | | 3mm | | | **After Light** | | 4mm | | |
| **Ears** | Symmetrical  Asymmetrical | | | | | | | | | | | | | | | | | |
| Redness  Drainage | | | | | | | | | | | | | | | | | |
| **Nose** | Symmetrical  Asymmetrical | | | | | | | | | | | | | | | | | |
| **Dentition** | All present  Missing teeth  Caries | | | | | | | | | | | | | | | | | |
| Ability to Chew:  No  Yes | | | | | | | | | | | | | | | | | |
| Dentures:  No  Yes | | | | | | | | | | | | | | | | | |
| **Oral mucosa** | Pink  Pale  Red | | | | | | | | | | | | | | | | | |
| Moist  Dry  Drainage | | | | | | | | | | | | | | | | | |
| **Abnormalities:**  No  Yes  **If Yes, ☐ Bruising  Scar  Open Wound** | | | | | | | | | | | | | | | | | |
| **Neck** | Symmetrical  Asymmetrical | | | | | | | | | | | | | | | | | |
| **Head and Neck Comments:** | * *Summarize* ***abnormal*** *findings* * *If* ***no abnormal*** *findings: Document “None”* * None | | | | | | | | | | | | | | | | | |
| ***Chest*** | | | | | | | | | | | | | | | | | | |
| **Thorax** | Symmetrical  Asymmetrical | | | | | | | | | | | | | | | | | |
| Even chest rise  Uneven chest rise | | | | | | | | | | | | | | | | | |
| **Lung Sounds** | Clear:  RUL  RML  RLL  LUL  LLL  Wheezes:  RUL  RML  RLL  LUL  LLL  Rales/Rhonchi:  RUL  RML  RLL  LUL  LLL  Diminished:  RUL  RML  RLL  LUL  LLL | | | | | | | | | | | | | | | | | |
| **Cough:**  No  Yes, **If Yes,  Non-productive  Productive:** | | | | | | | | | | | | | | | | | |
| **If productive** | | Color | | | | | Pink  Yellow  Green  Clear  White | | | | | | | | | | |
| Amount | | | | | Scant  Moderate  Copious | | | | | | | | | | |
| Consistency | | | | | Frothy  Thick  Thin | | | | | | | | | | |
| Oxygen Therapy No  Yes  **If Yes, Type of device & amount:**  **none**  **If Yes,  Continuous  PRN** | | | | | | | | | | | | | | | | | |
| **Heart Sounds** | S1, S2 present  Murmur | | | | | | | | | | | | | | | | | |
| Regular  Irregular | | | | | | | | | | | | | | | | | |
| Telemetry:  No  Yes  **If Yes, Telemetry Box Number:**  **none** | | | | | | | | | | | | | | | | | |
| **Apical Pulse Rate**:  79 | | | | | | | | | | | | | | | | | |
| **Chest Comments:** | * *Summarize* ***abnormal*** *findings* * *If* ***no abnormal*** *findings: Document “None”* * none | | | | | | | | | | | | | | | | | |
| ***Abdomen*** | | | | | | | | | | | | | | | | | | | |
| **Shape** | Flat  Rounded  Distended | | | | | | | | | | | | | | | | | | |
| Soft  Firm  Tender | | | | | | | | | | | | | | | | | | |
| No devices  Medical devices, **If Medical Devices Describe**:  Drainage tube and bag and compression wrap | | | | | | | | | | | | | | | | | | |
| **Bowel** | Date of Last Bowel Movement:  2/28/2025 | | | | | | | | | | | | | | | | | | |
| Active:  RLQ  RUQ  LUQ  LLQ  Hypoactive:  RLQ  RUQ  LUQ  LLQ  Hyperactive:  RLQ  RUQ  LUQ  LLQ | | | | | | | | | | | | | | | | | | |
| Stool:  Formed  Soft  Loose  Watery | | | | | | | | | | | | | | | | | | |
| Continent  Incontinent:  **If Incontinent, Management:**  Drainage tube and bag, briefs | | | | | | | | | | | | | | | | | | |
| **Urinary** | Date of Last Void:  2/28/2025 | | | | | | | | | | | | | | | | | | |
| Urine:  Clear  Cloudy  Yellow  Amber  Orange  Odor | | | | | | | | | | | | | | | | | | |
| Continent  Incontinent:  **If Incontinent, Management:**  Drainage tube and bag, briefs | | | | | | | | | | | | | | | | | | |
| No devices  Medical devices: **If Medical Devices Describe:**  Drainage tube and bag | | | | | | | | | | | | | | | | | | |
| **Abdomen Comments:** | * *Summarize* ***abnormal*** *findings* * *If* ***no abnormal*** *findings: Document “None”* * Small fistula on RLQ, scars present from previous surgeries. Absent bowel sounds   in lower quadrants | | | | | | | | | | | | | | | | | | |
| ***Extremities*** | | | | | | | | | | | | | | | | | |
| **Nails** | **Hands** | | | Smooth  Thick  Convex  Clubbing  Pink | | | | | | | | | | | | | |
| Capillary Refill:  Less than 3 seconds Greater than 3 seconds | | | | | | | | | | | | | |
| **Feet** | | | Smooth  Thick  Convex  Clubbing  Pink | | | | | | | | | | | | | |
| Capillary Refill:  Less than 3 seconds Greater than 3 seconds | | | | | | | | | | | | | |
| **Pulses**  0, absent  1+, palpable, weak  2+, present  3+, increased  4+, full, bounding | **Radial:** | | | Equal  Unequal | | | | | | **Right** | | 2 | | **Left** | | | 2 |
| **Dorsalis Pedis:** | | | Equal  Unequal | | | | | | **Right** | | 2 | | **Left** | | | **2** |
| **Edema** | None  Non-pitting: Location:  **none**  Pitting: Location:  **none**  1+ Barely detectable  2+ Indentation less than 5mm  3+ Indentation 5-10mm  4+ Indentation more than 10mm | | | | | | | | | | | | | | | | |
| **Muscle Strength**  0-None-ROM  1-Partial ROM  2-Full ROM | **Hand grips** | | | Equal  Unequal | | | | | | **Right** | | 2 | | | **Left** | | 2 |
| **Feet push/pull:** | | | Equal  Unequal | | | | | | **Right** | | 0 | | | **Left** | | 0 |
| **Extremities Comments**: | * *Summarize* ***abnormal*** *findings* * *If* ***no abnormal*** *findings: Document “None”* * Foot drop of both feet have made feet immobile. Plans on contacting surgeon to have them repaired. | | | | | | | | | | | | | | | | |
| **Date:**  **2/28/2025** | **Time:**  **1900** | | | **Signature with Credentials:**   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  |  |  |  | |  |  |  | |  |  |  | | | | | | | | | | | | | | |

**Select 2 Nursing Diagnosis:**

1. Risk for situational low self-esteem.

Pt. stated that she has become much more emotional than before. Stated that she has been having a hard time in accepting that she did nothing wrong to cause injury. Has difficulty with expressing concerns of self to others. Spoke with her at length about effects of trauma to individual and to family. Expressed those situations of acute trauma often led to difficult understanding of situation and that fear, concerns of well being and family dynamic change are normal and to be expected.

2. Impaired skin integrity

With fistula on lower right quadrant of abdomen there has been skin breakdown that was at a stage 4 and large circumference but is improved to stage 3 and much smaller circumference. Pt. is very aware of keeping drainage bag as empty as possible and is quick to alert if change needs to be done.

**Select 4 Client’s Strengths:**

1. Excellent communication skills. Will advocate for self and will alert if feels it’s warranted.
2. Strong support system. Family regularly visits and stays abreast of situation.

3. Strong desire to improve situation and quality of life.

4. Remains active physically and mentally. Involves herself with activities provided and conversates with all that enter her room and remembers names and details of those she has had conversations with.

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| **LAB & DIAGNOSTIC TESTS** | | | | |
|  | | | | |
| **Test** | Client’s Results | **Normal Values** | | Purpose for test for client |
|  | | | | |
| **Blood (Serum) Tests** | | | | |
| RBC | 2.86 | 4.00-5.4 | | Has an open wound. Monitoring for infection and anemia. |
| Hemoglobin (Hgb) | 8.8 | 12.0-16.0 | | Has an open wound. Monitoring for infection and anemia. |
| Hematocrit (Hct) | 28.8 | 37.0-47.0 | | Has an open wound. Monitoring for infection and anemia. |
| WBC | 5.8 | 4.5-11.0 | | Has an open wound. Monitoring for infection and anemia. |
| Platelets | 184 | 150-450 | | Has an open wound. Monitoring for infection and anemia. |
| **Metabolic Panel.** | | | | |
| Glucose | 73 | 70-100 | | Has been on TPN for extended period of time and will be on for foreseeable future. Need to monitor nutritional levels and function of kidney/liver |
| Calcium (Ca) | 7.9 | 8.6-10.3 | | Monitor health of the kidney |
| Chloride (Cl) | 101 | 97-111 | | Has been on TPN for extended period of time and will be on for foreseeable future. Need to monitor nutritional levels and function of kidney/liver |
| Magnesium (Mg) | 2.3 | 1.8-2.4 | | Has been on TPN for extended period of time and will be on for foreseeable future. Need to monitor nutritional levels and function of kidney/liver |
| Phosphorus (P) | 3.7 | 2.4-4.2 | | Has been on TPN for extended period of time and will be on for foreseeable future. Need to monitor nutritional levels and function of kidney/liver |
| Potassium (K) | 4.3 | 3.5-5.3 | | Has been on TPN for extended period of time and will be on for foreseeable future. Need to monitor nutritional levels and function of kidney/liver |
| Sodium (Na) | 136 | 136-145 | | Has been on TPN for extended period of time and will be on for foreseeable future. Need to monitor nutritional levels and function of kidney/liver |
| BUN | 46 | 8-27 | | Monitor health of the kidney |
| Serum Creatinine | 0.9 | 0.6-1.60 | | Monitor health of the kidney |
| Total Protein | 6.5 | 6.0-8.0 | | Has been on TPN for extended period of time and will be on for foreseeable future. Need to monitor nutritional levels and function of kidney/liver |
| Albumin | 2.0 | 3.2-4.6 | | Has been on TPN for extended period of time and will be on for foreseeable future. Need to monitor nutritional levels and function of kidney/liver |
| Bilirubin | 0.4 | 0.0-1.1 | | Monitor health of the liver |
| ALP (alkaline phosphatase) | 257 | 34-130 | | Monitor health of the liver |
| ALT (alanine transaminase) | 36 | 0-68 | | Monitor health of the liver |
| AST (aspartate transaminase) | 67 | 1-40 | | Monitor health of the liver |
| **Lipid Panel:** | | | | |
| LDL | Not Tested | Not Tested | Not Tested | |
| HDL | Not Tested | Not Tested | Not Tested | |
| Total Cholesterol | Not Tested | Not Tested | Not Tested | |
| Triglycerides | 103 | <150 | Monitor due to TPN | |
| **Arterial Blood Gas (ABG’s)** |  |  |  | |
| pH | Not Tested | Not Tested | | Not Tested |
| PO2 | Not Tested | Not Tested | | Not Tested |
| PCO2 | Not Tested | Not Tested | | Not Tested |
| HCO3 | Not Tested | Not Tested | | Not Tested |
| O2 saturation | Not Tested | Not Tested | | Not Tested |
| Base excess | Not Tested | Not Tested | | Not Tested |
| **Coagulation Tests** | | | | |
| PT | Not Tested | Not Tested | | Not Tested |
| PTT | Not Tested | Not Tested | | Not Tested |
| INR | Not Tested | Not Tested | | Not Tested |
| **Urinalysis (UA) Tests** | | | | |
| Appearance | Not Tested | Not Tested | | Not Tested |
| Color | Not Tested | Not Tested | | Not Tested |
| Odor | Not Tested | Not Tested | | Not Tested |
| pH | Not Tested | Not Tested | | Not Tested |
| Protein | Not Tested | Not Tested | | Not Tested |
| Specific gravity | Not Tested | Not Tested | | Not Tested |
| LAB & DIAGNOSTIC TESTS | | | | |
| **Test** | Client’s Results | **Normal Values** | | Purpose for Test for this Client |
| Stool | Not Tested | Not Tested | | Not Tested |
| **Chest Xray** | Not Tested | Not Tested | | Not Tested |
| **EKG** | Not Tested | Not Tested | | Not Tested |
| **Blood Glucose Tests** No Yes   **If Yes, How often are tests:** Click or tap here to enter text. | | | | |
| **Date** | **Time** | **Result** | | **Intervention** |
| **2/28/2025** | 1121 | 122 | | Regular monitoring due to TPN. Within range. |
| 2/28/2025 | 1254 | 124 | | Regular monitoring due to TPN. Within range. |

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| **Medication**  **(Dose/Route/Time)** | **Classification of Medication** | **Indication**  **(Specific to Patient)** | **Side Effects** | **Nursing Implications** |
| Loperamide  2mg QID  Oral | Lower Gastrointestinal System Drugs | Used to try to slow gastric juices from expelling from fistula and reducing skin breakdown. | Anorexia, nausea, vomiting, and constipation  Abdominal discomfort, pain, and distention | Monitor bowel movements and skin condition around fistula opening. Making sure that there is adequate drainage of wound site. Ensure Pt cleaned and changed regularly. |
| Codeine  60mg Q4H  Oral | Opioid Analgesics | Used to try to slow gastric juices from expelling from fistula and reducing skin breakdown. | Nausea, vomiting  Dry mouth, biliary tract spasms  Constipation, anorexia | Monitor bowel movements and skin condition around fistula opening. Making sure that there is adequate drainage of wound site. Ensure Pt cleaned and changed regularly. |
| Zofran-ODT  4mg Q6H  Oral | Antiemetics | Used to prevent nausea and try to slow gastric juices from expelling from fistula and reducing skin breakdown | Headache, fatigue, drowsiness, sedation, constipation, hypoxia | Monitor bowel movements and skin condition around fistula opening. Making sure that there is adequate drainage of wound site. Ensure Pt cleaned and changed regularly. |
| Diphenhydramine  PRN Q6H  Oral | First-Generation Antihistamines | Help control mild allergic reactions to meds | Dry mouth/ nose/ throat, drowsiness, dizziness, nausea, vomiting, loss of appetite, constipation, increased chest congestion. | Monitor for relief of itching due to allergic reaction to meds |