

CARE OF THE PATIENT WITH A GASTROINTESTINAL DYSFUNCTION

OBJECTIVES:

1. To maintain and/or restore adequate nutritional status.
2. To prevent dehydration.
3. To prevent skin breakdown.

PROCESS STANDARDS:

1. The patient's bowel elimination will be assessed at least every 8 hours.
2. All feces and vomitus will be examined for color, consistency, odor and amount, and/or presence of blood.
3. The need for antiemetics and/or antidiarrheal medications will be assessed as needed.
4. The patient will be encouraged to drink adequate fluids, if applicable.
5. The patient will be encouraged to eat small amounts of food at frequent intervals, if applicable.
6. The patient's skin will be kept clean and free of moisture, stool. Prevention Skin Care Protocol will be initiated on all incontinent patients. (Moisture Barrier Cream shall be applied to the perianal area after each incontinent episode).
7. Intake and output will be monitored at least every shift and/or as ordered by MD.
8. The patient/significant other will be instructed in dietary limitations/ restrictions, if applicable.

OUTCOME STANDARDS:

At the time of discharge:

1. The patient will be adequately hydrated as evidenced by normal skin turgor, mucous membranes.
2. The patient's nutritional status will be adequate as evidenced by documentation in the record (i.e., weight, lab values, I & O.)
3. The patient's skin will be free of breakdown.
4. Nausea/vomiting and/or diarrhea will have been absent for the 24 hours prior to discharge.
5. The patient/significant other will communicate understanding of any necessary dietary limitations/restrictions.

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HAVE I DOCUMENTED:

- * Bowel elimination every 8 hours
 - Color
 - Character
 - Frequency of stools
 - Presence of blood
- * Nutritional status
 - I&O
 - Weight
- * Skin assessment
 - Turgor
 - Integrity
- * Patient response
 - Medications
 - Procedures
 - Treatments
- * Dietary Consult
- * Patient Education
 - Diet
 - Complications to report to MD

At The Time of Discharge:

- * No vomiting or diarrhea for the past 24 hours
- * Nutritional status
- * Patient/family has understanding of home and follow-up care.

Reference:

1. Doenges, M. Moorhouse, M.F., and Murr, A. Accessed 5/13/09: [AR, LA, OK Libraries - LSU - Shreveport -- Nurse's Pocket Guide: Diagnoses, Prioritized Interventions, and Rationales - 11th Ed. \(2008\) Diarrhea](#). Canada: F.A. Davis Company.
2. Doenges, M. Moorhouse, M.F., and Murr, A. Accessed 5/13/09: [AR, LA, OK Libraries - LSU - Shreveport -- Nurse's Pocket Guide: Diagnoses, Prioritized Interventions, and Rationales - 11th Ed. \(2008\) Risk for deficient fluid volume](#). Canada: F.A. Davis Company.
3. Nursing Policy P-70 Pressure Ulcer Prevention and Wound Care
http://www.sh.lsuhsu.edu/policies/policy_manuals_via_ms_word/Nursing/P-70.pdf