

PERITONITIS (P. 1021 - 1022)

Definition

- Localized or generalized inflammatory process of the peritoneum
- Primary peritonitis: when blood-borne organisms enter peritoneal cavity
 - *Ascites with cirrhosis of liver*
- Secondary peritonitis: when abdominal organs perforate or rupture and release their contents into peritoneal cavity
 - *Caused by ruptured appendix, perforated gastric or duodenal ulcer, severely inflamed gallbladder, trauma from gun shot or knife wounds*

Clinical Manifestations

- Abdominal pain*
- Tenderness over involved area
- Rebound tenderness
- Muscular rigidity
- Spasm
- Lie very still and take shallow respirations r/t pain from movement
- Abdominal distention / ascites
- Fever
- Tachycardia
- Tachypnea
- Nausea or vomiting
- Altered bowel habits

Complications

- Hypovolemic shock
- Sepsis
- Intraabdominal abscess formation
- Paralytic ileus
- Acute respiratory distress syndrome
- **Fatal** if treatment is delayed

Diagnostic Studies

- CBC: determine elevations in **WBC**
- Peritoneal aspiration: analyzed for blood, bile, pus, bacteria, fungus, amylase
- X-ray of abdomen: dilated loops of bowel consistent with
 - paralytic ileus
 - free air if perforation occurred
 - air and fluid levels
- ultrasound and CT scans: ascites and abscess
- peritoneoscopy: patient without ascites
- direct exam of peritoneum

Collaborative Care

- surgery to locate the cause of inflammation, drain fluid, and repair damage
- antibiotics
- NG suction
- Analgesics
- IV fluid administration
- Preoperative preparation

Nursing Management

Assessment

- Assess pain
 - PQRST
- Bowel sounds
 - Presence
 - Quality
- Increasing abdominal distention
- Abdominal guarding
- Nausea
- Fever
- Hypovolemic shock: S&S
 - Low BP
 - Body temp
 - Rapid and thready pulse
 - Anxiety
 - Cool, clammy skin
 - Confusion
 - Decreased UOP
 - Pallor
 - Tachypnea
 - Diaphoresis

Diagnoses

- Acute pain r/t inflammation of peritoneum and abdominal distention
- Risk for deficient fluid volume r/t fluids shifts into the peritoneal cavity secondary to trauma, infection, or ischemia
- Imbalanced nutrition: less than body requirements r/t anorexia, nausea, and vomiting
- Anxiety r/t uncertainty of cause or outcome of condition and pain

Implementation

- IV line inserted for fluids and antibiotics
- Monitor pain and response to medication
- Position patient with knees flexed to increase comfort
- Sedatives for anxiety
- Accurate I&O and electrolyte status for replacement therapy determination
- VS frequently
- Antiemetics
- NPO status
- NG tube to decrease distention and leakage of bowel contents to peritoneum
- Low-flow O₂
- Post-op care as usual

GASTROENTERITIS (P. 1021 - 1022)

- Inflammation of the mucosa of the stomach and small intestine

Symptoms

- Nausea and vomiting
- Diarrhea
- Abdominal cramps and distention
- Fever
- Increased WBC
- Blood or mucus in stool

Causative Agents

- Viral or bacterial infection

Treatment

- Mostly self-limiting
- Does not require hospitalization usually
- NPO status
- IV fluid replacement for dehydration
- Fluids with glucose and electrolytes (Pedialyte) given

Nursing Management

- Accurate I&O
- Strict medical asepsis and infection control precautions
- Stress proper food handling and prep to prevent infections
- Symptomatic nursing care for N&V and diarrhea (previously stated)
- Assess pain, vomiting and diarrhea and differentiate vs. appendicitis
- Explain that gastroenteritis usually runs acute course with no sequelae