Small Bowel Obstruction Nursing Care Plan

Patient information	
Patient name: Jane Doe	Age: 56
Gender: Female	Date of birth: 05/14/1968

Medical history
Allergies:
Penicillin
Medications:
Metformin, Lisinopril, Omeprazole

Assessment	
Subjective data (Patient's reported symptoms):	**Objective data (Observed information):**
- Reports severe abdominal pain and cramping, particularly after meals. - Complains of nausea, vomiting, and inability to pass stool or gas for the past 48 hours.	- Abdominal distension noted. - Bowel sounds are hyperactive above the obstruction and absent below.

Nursing diagnosis
Impaired gastrointestinal motility related to mechanical obstruction of the small bowel as evidenced by abdominal distension, absence of bowel movements, nausea, and vomiting.

Goals and outcomes	
Long-term	**Short-term**
The patient will show no signs of vomiting or nausea within 12 hours.	The patient will resume normal bowel function within 72 hours.
The patient will show no signs of vomiting or nausea within 12 hours.	

Long-term	Short-term

Nursing interventions

- To assess for changes in condition and potential complications such as bowel perforation or peritonitis.
- To maintain hydration status, electrolyte balance, and prevent dehydration due to vomiting and decreased oral intake.

Rationale

Early detection of complications ensures timely intervention and prevents further deterioration.

Evaluation

- Patient reports pain level reduced from 8/10 to 4/10 after 24 hours.
- No further episodes of vomiting or nausea reported in the last 12 hours.

Additional notes
No signs of peritonitis or bowel perforation observed. Patient and family educated on post-discharge care, dietary modifications, and the importance of follow-up.

Nurse’s information
Name: Susan Lee
License number: RN 123456
Contact number: (123) 456-7890