

# Small Bowel Obstruction Nursing Care Plan

## Patient Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Gender: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Assessment:

Review of health:	Notes/ Referral:
Evaluate general symptoms such as abdominal pain, cramps, distension, bloating, nausea, vomiting, constipation, and lack of appetite.	
Probe further into the nature of abdominal pain, bowel habits, and potential risk factors like previous surgeries, hernias, inflammatory bowel diseases, cancer, or congenital conditions.	
Specifically assess risk factors in pediatric patients, including conditions like intussusception or congenital atresia.	

Physical Assessment:	Notes/ Referral:
Conduct a thorough abdominal examination, noting changes in bowel sounds, tenderness, rebound tenderness, guarding, rigidity, and the presence of hernias, scars, or masses.	
Perform a rectal examination to identify potential causes like fecal impaction, hernias, masses, or signs of bleeding.	

## Possible Interventions:

Intervention:	Rationale:	Notes/ Referrals:
<b>Treat According to the Etiology:</b>	Immediate surgical scheduling is crucial in most cases to avert potentially fatal complications. Initiate fluid resuscitation through IV administration to correct electrolyte imbalances and manage dehydration or shock. Monitor fluid balance and urine output using Foley or central venous catheters. Decompress the bowel using a nasogastric tube to relieve stomach pressure, particularly in partial obstructions. Prepare for surgery, especially in complete blockages, employing laparoscopic techniques or bowel resection.	
<b>Manage Pain, Nausea, and Antibiotics:</b>	Control pain with morphine sulfate and manage nausea with medications like ondansetron or promethazine. Administer prophylactic antibiotics preoperatively to counter gram-negative and anaerobic bacteria.	
<b>Promote Mobility and Prevent Complications:</b>	Encourage early ambulation and position changes post-surgery to reduce abdominal pressure and enhance breathing. Vigilantly monitor for signs of potential complications like bowel perforation, ischemia, and peritonitis. Educate patients and families on recognizing recurrence signs and seek immediate treatment to prevent delayed surgeries and associated risks.	

## Physician's Notes and Recommendations

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_