

NRNP 6531 Week 7 Assignment: i-Human Case Study: Evaluating and Managing Genitourinary or Gastrointestinal Condition

Primary Diagnosis and ICD-10 Code:

K80.50- Choledocholithiasis

85025- CBC with differential

80053- CMP

81003- Urinalysis

76770- Abdominal Ultrasound

Additional Laboratory and Diagnostic Tests: Consider amylase and lipase. Consider magnetic resonance cholangiography (MRC), as this is considered the most accurate procedure for detecting common bile duct stones and is non-invasive (Costi et al., 2014).

Consults: Surgery for laparoscopic cholecystectomy.

Therapeutic Modalities: Stones of the bile duct can still occur, though rare, even if gallbladder has been removed, therefore first line treatment is prevention with moderate physical activity and dietary modifications such as low fat diet and increased fiber (Holland, 2017). If prevention fails next treatment steps include:

1. Admit to the hospital, consider ICU placement if sepsis is suspected or shock occurs
2. Give the bowel a rest with NPO status
3. Administer first line analgesics such as Toradol 15-30mg IV or IM every 6-8 hours as needed for pain.
4. If pain is severe, not improved with NSAIDs or if NSAIDs are contraindicated for the patient, consider administration of opioids such as Morphine 1-4mg IV every 1-4 hours as needed for pain
5. Consider a spasmolytic such as Dicyclomine 10-20mg IM every 6 hours in conjunction with pain medication for severe pain.
6. IV fluids, 0.9% NS at 150ml/hr. continuously to maintain hydration
7. In cases of nausea and/or vomiting consider Zofran 4mg IV every 4-6 hours as needed.
8. In cases when vomiting is intractable, consider Nasogastric tube insertion with suction.
9. Brenda James has a fever and leukocytosis, consider blood cultures and start empiric antibiotic therapy dependent organism. First line antibiotic considered Cefoxitin 1-2 grams IV every 6 hours.

Surgery is indicated for patients with symptomatic cholelithiasis or asymptomatic cholelithiasis with an increased risk of cancer of the gallbladder, if the patient is at an increased risk of complications such as multiple gallstones, or an increased risk of becoming symptomatic.