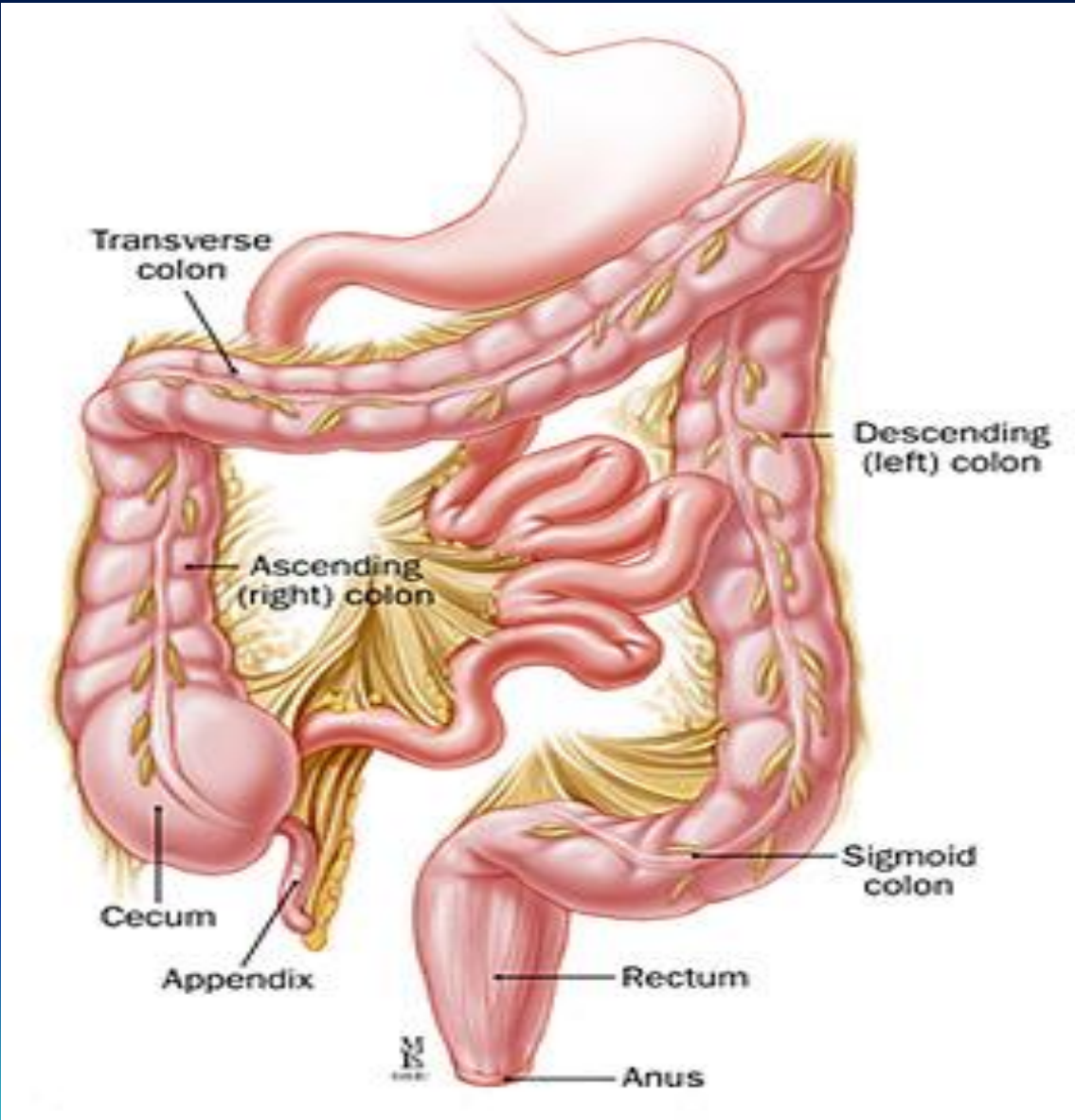
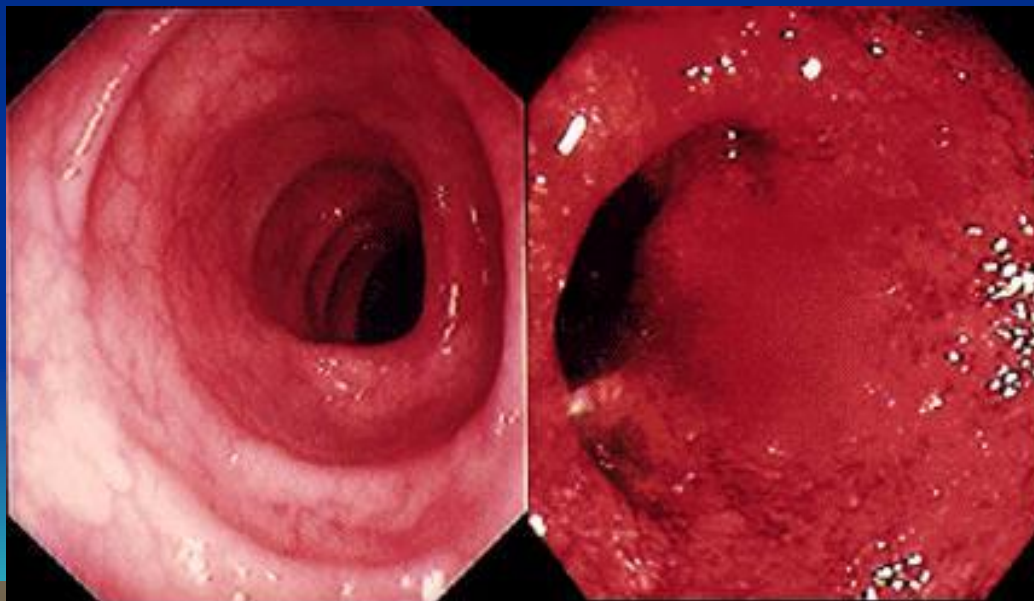


Ulcerative Colitis

Adult Nursing







Healthy Colon

Ulcerative Colon

Ulcerative colitis

Inflammatory disorder of the large bowel

Etiology

- Emotional stress
- Autoimmune disease
- Genetics
- Idiopathic cause
- Allergies
- Viral and bacterial infection



- **Pathophysiology**

- Inflammatory edema of the mucous membrane of the colon and rectum leads to bleeding and shallow ulcerations.
- Abscess formation causes bowel-wall shortening, thinning, fragility, hypermotility, and decreased absorption.
- Mucosal ulcerations begin in the distal end of the colon and ascend the large intestine.



• **Clinical manifestations**

- Abdominal tenderness
- Weakness
- Debilitation
- Anorexia
- Nausea and vomiting
- Dehydration
- Bloody, purulent, mucous, watery stools (15 to 20\ day)
- Elevated temperature
- Cachexia
- Weight loss
- Abdominal cramping
- Tenesmus
- Hyperactive bowel sounds
- Abdominal distention



- **Diagnostic test**
- **Sigmoidoscopy:** ulceration and hyperemia.
- **Barium enema:** ulcerations
- **Blood chemistry:** decreased potassium; increased osmolality
- **Hematology:** decreased Hgb, Hct
- **Urine chemistry:** increased specific gravity
- **Stool specimen:** positive for blood and mucus.



- **Medical management**
- Antibiotic sulfasalazine (azulfidine)
- Analgesic meperidine hydrochloride (Demerol)
- Sedative Phenobarbital (Luminal)
- Anticholinergic propantheline bromide (Pro-Banthine), dicyclomine hydrochloride (Bentyl)
- Antacids magnesium and aluminum hydroxide (Maalox) aluminum hydroxide gel (ALternaGEL)
- Corticosteroid hydrocortisone (Solu-Cortef)
- Antiemetic prochlorperazine (Compazine)



- Antidiarrhea diphenoxylate (Lomotil), loperamide (Imodium)
- Antianemics ferrous sulfate (Feosol), ferrous gluconate (Fergon)
- Immunosuppressive agents azathioprine (Imuran) cyclophosphamide (Cytosan)
- Vitamins and minerals
- Tranquilizers diazepam (valium)
- Potassium supplement potassium chloride (K-Lor), potassium gluconate (Kaon)
- Anti- inflammatory olsalazine sodium (Dipentum)



- **Nursing intervention and responsibilities**
- Maintain the patient`s diet ; withhold food and fluids as necessary.
- Administer IV. Fluids.
- Assess GI status and fluid balance.
- Maintain position, patency, and low suction of NG tube.
- Keep the patient in semi-Fowler`s position.
- Monitor and record VS, UO, I\O, laboratory studies, daily weight.
- Provide skin, mouth, nares, perennial care
- Maintain bed rest with bedside commode.
- Turn the patient every 2 hours



- Minimize environmental stress
- Provide rest periods
- Maintain a quiet environment
- Assess bowel sounds
- Administer sitz baths
- Monitor the number, amount, and character of stool.
- Assess perineal excoriation
- Stop smoking



Medical complications

- Manemia
- Malnutrition
- GI perforation
- Megacolon
- Dehydration
- GI obstruction
- Hypokalemia
- Massive rectal hemorrhage
- Amyloidosis



- **Surgical complications**
- **Ileostomy** : surgical creation of an intraabdominal reservoir for stool.
- **Colectomy**: surgical excision of the right colon (right hemicolectomy) or left colon (left hemicolectomy)
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Thank You

