

## 8

# Inflammatory Bowel Diseases (Ulcerative Colitis/Crohn's)

Patient name: \_\_\_\_\_ Admission: \_\_\_\_\_

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**I. The client/caregiver can explain the disease process of ulcerative colitis and Crohn's disease.**

- A. Both are inflammatory bowel diseases.
- B. Both are chronic disorders.
- C. The damage created in both diseases is the result of inflammation of the lining of the digestive tract.
- D. When damaged, the intestine secretes large amounts of water and sodium. This results in the inability to absorb excess fluid and diarrhea occurs.
- E. Crohn's disease can occur anywhere in the digestive tract. It causes damage deep in the layers of tissue.
- F. Ulcerative colitis usually affects only the inner lining of the large intestine (colon) and rectum.

**II. The client/caregiver can list risk factors for inflammatory bowel diseases.**

- A. Age—most likely to develop between ages of 15 and 35 years
- B. Race
  1. Whites have the highest risk.
  2. Jewish or of European descent have four to five times the risk of Crohn's disease.
- C. Family history of this disease
- D. Where you live, as living in urban areas of an industrialized country or in Northern climates increases risk
- E. Stress, which will increase the risk

**III. The client/caregiver can list symptoms of inflammatory disease.**

- A. Diarrhea, ranging from looser or more frequent stools to dozens of bowel movements a day
- B. Abdominal pain and cramping (in more severe cases, pain can be severe and accompany nausea and vomiting)
- C. Blood in the stool

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- D. Ulcers of the intestine that may progress and penetrate the intestinal wall
- E. Reduced appetite and weight loss
- F. Fever and fatigue

**IV. The client/caregiver can list possible complications.**

- A. Obstruction of the bowel
- B. Ulcers of digestive tract
- C. Fistulas in the wall of digestive tract
- D. Anal fissure
- E. Malnutrition
- F. Colon cancer
- G. Crohn's disease can even cause other problems:
  - Arthritis
  - Inflammation of eyes or skin
  - Kidney stones
  - Gallstones
  - Osteoporosis
- H. Depression and social isolation

**V. The client/caregiver can list measures to manage and cope with these diseases.**

- A. Diet—certain foods and beverages will aggravate symptoms.
  1. Limit dairy products (lactose diet in therapeutic diets).
  2. Try low-fat foods. Avoid butter, margarine, peanut butter, nuts, mayonnaise, avocados, cream, ice cream, fried foods, and chocolate and limit red meat.
  3. Experiment with amount of fiber in diet to evaluate tolerance. Try various ways to prepare fruits and vegetables. They may be better tolerated steamed, baked, or stewed. Problem foods may be cabbage, broccoli, cauliflower, apples, or carrots.
  4. Avoid other foods that make symptoms worse, such as citrus fruits, spicy food, popcorn, caffeine, and chocolate.

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5. Eat smaller, more frequent meals.
  6. Drink plenty of fluids. Avoid alcohol, caffeine, or carbonated drinks.
  7. Consult with physician regarding use of multivitamins.
  8. Consult with dietician.
- B. Avoid stress when possible. To help cope with stress, try some relaxation techniques, including the following:
- Mild exercise
  - Biofeedback
  - Yoga or massage
  - Deep breathing and relaxation exercises
  - Set aside time each day for relaxing activity
- C. Be informed about disease. Any situation is easier to handle when the facts are known.
- D. Make contacts with support groups.
- E. Seek health care professionals for information and emotional support.

**RESOURCES**

Crohn's and Colitis Foundation of America  
[www.ccfa.org](http://www.ccfa.org)  
National Institutes of Health  
[www.nih.gov](http://www.nih.gov)  
American Dietetic Association  
[www.eatright.org](http://www.eatright.org)

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