

# CARING FOR THE PATIENT WITH A DISORDER OF THE GASTROINTESTINAL SYSTEM pdf

## 1: What Is a Gastroenterologist? - General GI Symptoms - [www.enganchecubano.com](http://www.enganchecubano.com)

*care of the patient with gastrointestinal disorder Flashcards. Browse sets of care of the patient with gastrointestinal disorder flashcards.*

Increasing fiber in the diet Monitoring which foods trigger IBS and avoiding these foods Minimizing stress or learning different ways to cope with stress Sometimes taking medicines as prescribed by your healthcare provider What are structural gastrointestinal disorders? Sometimes, the structural abnormality needs to be removed surgically. Common examples of structural GI disorders include hemorrhoids, diverticular disease, colon polyps, colon cancer, and inflammatory bowel disease. Anal disorders Hemorrhoids Hemorrhoids are swollen blood vessels that line the anal opening. They are caused by chronic excess pressure from straining during a bowel movement, persistent diarrhea, or pregnancy. There are two types of hemorrhoids: Internal hemorrhoids Internal hemorrhoids are blood vessels on the inside of the anal opening. When they fall down into the anus as a result of straining, they become irritated and start to bleed. Ultimately, internal hemorrhoids can fall down enough to prolapse sink or stick out of the anus. Improving bowel habits such as avoiding constipation, not straining during bowel movements, and moving your bowels when you have the urge. Your doctor using elastic bands to eliminate the vessels. Your doctor removing them surgically. Surgery is needed only for a small number of patients with very large, painful, and persistent hemorrhoids. External hemorrhoids External hemorrhoids are veins that lie just under the skin on the outside of the anus. Sometimes, after straining, the external hemorrhoidal veins burst and a blood clot forms under the skin. This very painful condition is called a pile. Anal fissures Anal fissures are splits or cracks in the lining of the anal opening. The most common cause of an anal fissure is the passage of very hard or watery stools. The crack in the anal lining exposes the underlying muscles that control the passage of stool through the anus and out of the body. An anal fissure is one of the most painful problems because the exposed muscles become irritated from exposure to stool or air, and leads to intense burning pain, bleeding, or spasm after bowel movements. Initial treatment for anal fissures includes pain medicine, dietary fiber to reduce the occurrence of large, bulky stools, and sitz baths sitting in a few inches of warm water. Perianal abscesses Perianal abscesses can occur when the tiny anal glands that open on the inside of the anus become blocked, and the bacteria always present in these glands cause an infection. When pus develops, an abscess forms. Anal fistula An anal fistula often follows drainage of an abscess and is an abnormal tube-like passageway from the anal canal to a hole in the skin near the opening of the anus. Body wastes traveling through the anal canal are diverted through this tiny channel and out through the skin, causing itching and irritation. Fistulas also cause drainage, pain, and bleeding. They rarely heal by themselves and usually need surgery to drain the abscess and "close off" the fistula. Other perianal infections Sometimes the skin glands near the anus become infected and need to be drained. Just behind the anus, abscesses can form that contain a small tuft of hair at the back of the pelvis called a pilonidal cyst. Sexually transmitted diseases that can affect the anus include anal warts, herpes, AIDS, chlamydia, and gonorrhea. Diverticular disease Diverticulosis is the presence of small outpouchings diverticula in the muscular wall of the large intestine that form in weakened areas of the bowel. They usually occur in the sigmoid colon, the high-pressure area of the lower large intestine. It is often caused by too little roughage fiber in the diet. Diverticulosis rarely causes symptoms. They include infection or inflammation diverticulitis , bleeding, and obstruction. Treatment of diverticulitis includes antibiotics, increased fluids, and a special diet. Surgery is needed in about half the patients who have complications to remove the involved segment of the colon. Colon polyps and cancer Each year , Americans are diagnosed with colorectal cancer, the second most common form of cancer in the United States. Fortunately, with advances in early detection and treatment, colorectal cancer is one of the most curable forms of the disease. By using a variety of screening tests, it is possible to prevent, detect, and treat the disease long before symptoms appear. The importance of screening Almost all colorectal cancers begin as polyps, benign non-cancerous growths in the tissues lining the colon

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and rectum. Cancer develops when these polyps grow and abnormal cells develop and start to invade surrounding tissue. Removal of polyps can prevent the development of colorectal cancer. Almost all precancerous polyps can be removed painlessly using a flexible lighted tube called a colonoscope. If not caught in the early stages, colorectal cancer can spread throughout the body. More advanced cancer requires more complicated surgical techniques. Most early forms of colorectal cancer do not cause symptoms, which makes screening especially important. When symptoms do occur, the cancer might already be quite advanced. Symptoms include blood on or mixed in with the stool, a change in normal bowel habits, narrowing of the stool, abdominal pain, weight loss, or constant tiredness. Most cases of colorectal cancer are detected in one of four ways: By screening people at average risk for colorectal cancer beginning at age 50 By screening people at higher risk for colorectal cancer for example, those with a family history or a personal history of colon polyps or cancer By investigating the bowel in patients with symptoms A chance finding at a routine check-up Early detection is the best chance for a cure. Colitis There are several types of colitis, conditions that cause an inflammation of the bowel. Treatment depends on the diagnosis, which is made by colonoscopy and biopsy. Can gastrointestinal disease be prevented? Many diseases of the colon and rectum can be prevented or minimized by maintaining a healthy lifestyle, practicing good bowel habits, and submitting to cancer screening. Colonoscopy is recommended for average risk patients at age 50. If you have a family history of colorectal cancer or polyps, colonoscopy may be recommended at a younger age. Typically, colonoscopy is recommended 10 years younger than the affected family member. For example, if your brother was diagnosed with colorectal cancer or polyps at age 45, you should begin screening at age 35. If you have symptoms of colorectal cancer you should consult your doctor right away. A change in normal bowel habits Blood on or in the stool that is either bright or dark Unusual abdominal or gas pains Very narrow stool A feeling that the bowel has not emptied completely after passing stool Unexplained weight loss.

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## 2: Digestive Diseases | NIDDK

*CHAPTER 5 Care of the Patient with a Gastrointestinal Disorder chemicals into the system through a series of ducts. The teeth, tongue, salivary glands, liver, gallbladder, and.*

After completing this course, you should be able to: Describe the processes of digestion. List the organs of the digestive system, to include the accessory organs. Describe the function of each digestive organ. Describe the nursing assessment of a gastrointestinal patient. Identify the abdominal quadrants. Describe the nursing actions to be taken when performing a physical examination of the abdomen. State the nursing implications associated with an X-ray that utilizes contrast medium. List the nursing implications associated with an endoscopy. State the purposes for gastrointestinal intubation. List the steps for inserting a nasogastric tube. List the nursing implications associated with care of a patient with diabetes. State the nursing action taken for obstruction of a nasogastric tube. Define the relationship between glucose and insulin. List the steps for irrigation of a nasogastric tube. List the steps for administering a gavage feeding. State the purposes for gastric lavage. List the steps for performing gastric lavage. State the procedure for changing a gastrostomy dressing. List the causes, symptoms, and nursing management of diabetic ketoacidosis. Describe the anatomical and physiological differences between colostomy and ileostomy. List the steps for performing a colostomy irrigation. List the causes, symptoms, and nursing management of "insulin shock. List the nursing implications associated with appendicitis. List the nursing implications associated with intestinal obstruction. Describe the symptoms of intestinal obstruction. State the guidelines used for accuracy when measuring abdominal girth. Differentiate between diverticulosis and diverticulitis. Differentiate between the types of hepatitis. Explain the relationship between cirrhosis, portal hypertension, and esophageal varices. List the nursing implications related to cirrhosis.

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## 3: Digestive Disorders & Gastrointestinal Diseases | Cleveland Clinic

*4 Caring for the patient with a disorder of the gastrointestinal system Anatomy at a glance 1 Physiology you need to know Neoplastic disease Peptic ulceration Inflammatory bowel disease Ten top tips ANATOMY AT A GLANCE The main structures of the gut are shown in Figure*

What are some common digestive problems? Common digestive problems include the following: Constipation Acid reflux Hemorrhoids Most common digestive problems are short term and easy to control with lifestyle changes and sometimes medication. In some cases, these problems can be a sign of more serious medical problems. Constipation involves having fewer than three bowel movements a week. Stools may be firm or hard to pass. Swelling or bloating of the abdomen may occur. Common causes of constipation include not eating enough fiber, not drinking enough water, certain medications, and changes in routine such as travel. Constipation can occur during pregnancy. The increased levels of hormones during pregnancy can slow down the digestive system. How can constipation be treated? If constipation continues, your health care provider may suggest a laxative. Most of these products are available without a prescription. How do laxatives work? Different types of laxatives work in different ways: Bulk-forming laxatives absorb water and expand, which increases moisture in the stool and makes it easier to pass these are thought to be the safest laxatives. Stool softeners add liquid content to the stool to soften it. Stimulants use a chemical to increase bowel activity, which moves the stool through the intestines. How can constipation be prevented? You can help prevent constipation by drinking plenty of fluids eating at least 25 grams of fiber a day exercising not holding your stool using the bathroom when you feel the urge to have a bowel movement What is diarrhea? Diarrhea is having three or more loose bowel movements a day. Cramping also may occur. Several things can cause diarrhea: Infection with harmful bacteria or viruses, which can be caused by eating or drinking contaminated food or water Drinking water or eating foods that contain germs your body is not used to when traveling to foreign countries, for instance Consuming dairy products if you are lactose intolerant , caffeine, artificial sweeteners, or certain additives Taking medications, especially antibiotics Digestive diseases, such as irritable bowel syndrome What should I do if I have diarrhea? If you have diarrhea, drink plenty of fluids to replace those that are lost. If diarrhea does not go away in a few hours, drink fluids and liquid foods that contain salt, such as sports drinks or broth. Avoid drinking dairy products, soda, and juices. They may contain lactose, caffeine, or sugar, which may make diarrhea worse. Over-the-counter anti-diarrheal medications can be helpful. However, they should not be taken if you have a high fever or bloody diarrhea, which can be signs of a bacterial infection. When do I need to see my health care provider about diarrhea? If diarrhea lasts more than 2 days, see your health care provider. Also see your health care provider if your stools contain blood or pus or if you have a fever, severe abdominal pain, or signs of dehydration thirst, dry skin, fatigue, dizziness, less frequent urination, or dark-colored urine. What should I know about diarrhea if I use birth control pills? If you use birth control pills, diarrhea or vomiting may decrease their effectiveness. Call your health care provider about what to do if you have vomiting or diarrhea that lasts for 48 hours or more after taking a combined birth control pill or that lasts for 3 hours or more after taking a progestin-only pill. What is acid reflux? Acid reflux occurs when the muscle in your esophagus that opens and closes when you swallow does not work properly. When this happens, food and digestive fluids, which contain acid, back up into your esophagus. Acid reflux can cause a burning feeling in your chest and throat, which sometimes is called heartburn. How can I control acid reflux? You can control or even prevent acid reflux by taking these steps: Elevate the head of your bed. Eat small, more frequent meals. Avoid foods and drinks that make your symptoms worse. Avoid lying on your back right after eating. How can acid reflux be treated? Several over-the-counter medications are available that may help reduce your symptoms. Antacids reduce the acid content in the stomach. Other medications stop the digestive system from making too much acid. Some of these medications are available over the counter. What if I have acid reflux more than twice a week? If acid reflux occurs more than twice a week, or if you have been

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taking over-the-counter medications for more than 2 weeks with no relief, you may have a condition called gastroesophageal reflux disease GERD. Treatment includes lifestyle changes and medication. Surgery also is used to treat GERD in some cases. GERD that is not treated can lead to complications, including ulcers in the esophagus, narrowing of the esophagus, and a precancerous condition called Barrett esophagus. If you have GERD, it is important to see your health care provider regularly for treatment and follow-up. Hemorrhoids are swollen blood vessels in and around the anus and lower rectum. They can become painful, itchy, and irritated. Hemorrhoids can result from several factors: Being overweight Standing or sitting for long periods Straining during physical labor Constipation Can hemorrhoids be treated? The symptoms of hemorrhoids can be relieved with ice packs to reduce swelling. Sitting in a bath of warm water may relieve symptoms. You also may use a hemorrhoid cream or suppositories. Surgery may be needed to remove hemorrhoids in some cases. Adding fiber and fluids to your diet can help prevent hemorrhoids. What are examples of common digestive disorders? Common digestive disorders include the following: They can last for weeks or months, although symptoms can come and go. What is irritable bowel syndrome? Irritable bowel syndrome mainly affects women between the ages of 30 years and 50 years. Symptoms of irritable bowel syndrome may include the following:

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## 4: CARING FOR A LOVED ONE WITH GASTROINTESTINAL SYSTEM DISORDER | OUR WORLD

*Care plans covering the disorders of the gastrointestinal and digestive system. Includes: appendectomy, gastroenteritis, inflammatory bowel disease, liver cirrhosis, and more. Latest.*

Gastroenterologists have extensive training in the diagnosis and treatment of conditions that affect the esophagus, stomach, small intestine, large intestine colon, and biliary system. Gastroenterology is a subspecialty of internal medicine. Gastroenterologists have a thorough understanding of how food moves through the digestive tract called motility and the physical and chemical breakdown of food digestion, including the absorption of nutrients and the removal of waste products. Gastroenterologists also focus on the digestive function of the liver. Gastroenterologists usually care for patients in an office or hospital setting, including nursing homes and outpatient surgical centers. They often serve as consultants to other physicians and may work in the research field. Gastroenterologists specialize in the evaluation, diagnosis, management, and treatment of the following symptoms and conditions: Abdominal pain and discomfort Bleeding in the digestive tract Cancer. Students interested in gastroenterology should focus on undergraduate courses in biology, chemistry, and mathematics. After attaining an undergraduate degree, upon graduation from medical school, physicians are awarded either a Doctor of Medicine (M.D.). The next step in becoming a gastroenterologist is a 3-year program of special study and training called a general internal medicine residency. Following completion of this residency, the physician internist may continue on to specialize in gastroenterology by entering a gastroenterology fellowship. A gastroenterology fellowship is an intense 2- or 3-year program, during which the physician receives extensive training in diseases and conditions of the digestive tract. Organizations such as the American Society for Gastrointestinal Endoscopy, the American College of Gastroenterology, and the American Gastroenterological Association oversee gastroenterology fellowships to ensure a high quality of education and training. Gastroenterology fellowships include instruction and training in the following: Caring for patients in different settings. They also learn how to administer sedation required for these procedures and how to interpret results. Gastroenterologist Certification Following completion of this training, gastroenterologists are highly-trained specialists with a comprehensive understanding of the digestive system. These physicians are considered "Board Eligible" and can then take the gastroenterology certification exam, which is administered by the American Board of Internal Medicine. Physicians who successfully complete this examination are Board Certified in gastroenterology. Physicians who meet the difficult requirements of the American College of Physicians or the American College of Gastroenterology may receive special recognition from these organizations. Gastroenterologists are experts in the care of patients who have disorders of the digestive system, or gastrointestinal GI tract. They are highly-trained specialists who can provide comprehensive medical care to these patients.

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## 5: Gastrointestinal Care Plans â€¢ Nurseslabs

*Background. Although gastrointestinal disorders are common in general practice, clinical guidelines are not always implemented, and few patient-generated quality criteria are available to guide management.*

Large intestine includes the colon and rectum Anus Organs that help with digestion, but are not part of the digestive tract, include the following: Tongue Glands in the mouth that make saliva Pancreas Liver Gallbladder Parts of other organ systems, such as nerves and blood, also play a major role in the digestive process. How does food move through the digestive system? In a wave-like movement, called peristalsis, muscles propel food and liquid along the digestive tract. In general, there are 6 steps in the process of moving food and liquid through the digestive system: The first major muscle movement is swallowing food or liquid. The start of swallowing is voluntary, but once it begins, the process becomes involuntary and continues under the control of the nerves. The esophagus connects the throat above with the stomach below. It is the first organ into which the swallowed food goes. Where the esophagus and stomach join, there is a ring-like valve that closes the passage between the 2 organs. When food nears the closed ring, the surrounding muscles relax and allow the food to pass into the stomach, and then it closes again. The food then enters the stomach. This completes 3 mechanical tasks: First, the stomach stores the swallowed food and liquid. This needs the muscle of the upper part of the stomach to relax and accept large volumes of swallowed material. Second, the lower part of the stomach mixes up the food, liquid, and digestive juices made by the stomach by muscle action. Third, the stomach empties the contents into the small intestine. The food is digested in the small intestine and dissolved by the juices from the pancreas, liver, and intestine. The contents of the intestine are mixed and pushed forward to allow further digestion. Last, the digested nutrients are absorbed through the intestinal walls. The waste products, including undigested parts of the food, known as fiber, and older cells that have been shed from the mucosa, move into the colon. Waste products in the colon usually remain for a day or two until the feces are expelled by a bowel movement.

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## 6: Nursing Care Related to the Gastrointestinal System

*Healing the physical body after suffering from an eating disorder is a process that takes care and time, and in some cases needs to be supervised by medical specialists. Typically, to start your body's rebalancing process you must first rebuild your digestion, your gastrointestinal (GI) ecosystem.*

B Causes for constipation include rectal or anal conditions such as hemorrhoids. Absence of milk products in the diet is not a known cause for constipation. Stomach surgery is not a cause for constipation. History of breast cancer treatment does not cause constipation. B Medications, such as narcotics, tranquilizers, and antacids with aluminum, decrease motility of the large intestine and may contribute to constipation. NSAIDs, antibiotics, and anticoagulants are not identified as causing constipation. A Fecal impaction results when the fecal mass is so dry it cannot be passed. Small amounts of liquid stool ooze around the fecal mass and cause incontinence of liquid stools. If the incontinence is treated with an antidiarrheal medication, it will worsen the constipation. The patient is not experiencing liquid stools. Rebound tenderness is not a manifestation of fecal impaction. B Straining to have a bowel movement Valsalvas maneuver can result in cardiac, neurological, and respiratory complications. If the patient has a history of heart failure, hypertension, or recent myocardial infarction, straining can lead to cardiac rupture and death. These responses are not appropriate for the patient with a history of myocardial infarction who is straining with a bowel movement. B The pouch should be emptied the same as emptying for stool. A pinhole will allow odor to escape so that should never be done. A new pouch is not necessary and would cost too much. Disrupting the skin barrier often could irritate the skin. C The most common cause of acute diarrhea is a bacterial or viral infection. Excessive food and fiber are not causes for diarrhea. Inflammatory bowel disease can cause chronic diarrhea. A Weakness and dehydration from fluid loss may occur with diarrhea. A ruptured bowel is not an adverse effect of diarrhea. Obstipation is a term for chronic constipation. The patients risk for urinary tract infection is not high because of diarrhea. C Replacing fluids and electrolytes is the first priority which is accomplished by increasing oral fluid intake or using solutions with glucose and electrolytes if ordered by the physician. Perineal skin care may or may not need to be done. There is no reason to auscultate the abdomen every day. There is no indication that the patient is experiencing abdominal pain. D Ensure hand washing by patient, family, and health care staff to prevent the spread of infection. A mask and gown do not need to be worn. Avoid sharing eating utensils will not prevent the spread of infectious diarrhea. Keeping the perineal area clean and dry will promote comfort and prevent skin breakdown. D Gluten is a protein found in wheat, barley, oats, and rye. In celiac disease, a high-calorie, high-protein, gluten-free diet is ordered to relieve symptoms and improve nutritional status. Gluten is not found in red meat, milk, milk products, or fresh fruits and vegetables. D Signs and symptoms of appendicitis include fever, increased white blood cells, and generalized pain in the upper abdomen. Within hours of onset, the pain usually becomes localized to the right lower quadrant at McBurneys point. Appendicitis pain is not located in the suprapubic, mid-epigastric, or substernal regions. D Local rebound tenderness intensification of pain when pressure is released after palpation in the right lower quadrant of the abdomen is a classic sign of appendicitis. Burping, tympanic bowel sounds, and hyperactive bowel sounds are not associated with appendicitis. D Perforation, abscess of the appendix, and peritonitis are major complications of appendicitis. Colitis, enteritis, and hepatitis are not complications of a ruptured appendix. C With peritonitis, a life-threatening complication, abdominal rigidity is present. The physician should be notified promptly for treatment orders. The patient will be experiencing post-operative pain. Absence of bowel sounds is expected after anesthesia. Bleeding is expected after surgery. C A clear liquid is one that can you can see through and has no pulp such as cranberry juice, apple juice, soda, or black coffee. Oatmeal would be permitted on a soft diet. Ice cream would be permitted on a full liquid diet. Graham crackers would be permitted on a regular diet. C Chronic constipation usually precedes the development of diverticulosis by many years. When the patient is chronically constipated, pressure within the bowel is increased, leading to

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development of diverticula. A diet high in red meat is believed to contribute to the development of colon cancer. Chronic diarrhea does not cause diverticulosis. Health Promotion and Maintenance Cognitive Level: B When food and bacteria are trapped in a diverticulum, inflammation and infection develop. This is called diverticulitis. These responses do not appropriately explain diverticulitis. C Diverticulosis is managed by preventing constipation. Diverticulitis can be prevented by increasing dietary fiber to prevent constipation and onset of diverticulosis. Avoiding milk products, hot and spicy foods, and cooking vegetables will not prevent the development of complications from diverticulosis. A Per Maslows hierarchy, preventing dehydration from diarrhea is important, so fluids are encouraged. Ambulation, anti-gas medications, and protective ointment to the perianal skin are not as important as ensuring the patients fluid and electrolyte status are maintained. A An ileostomy is an end stoma formed by bringing the terminal ileum out to the abdominal wall following a total proctocolectomy. These responses do not appropriately describe an ileostomy. A A conventional ileostomy is a small stoma in the right lower quadrant that requires a pouch at all times because of the continuous flow of liquid effluent. An ostomy device will always need to be worn by the patient. With an ileostomy, the stoma does not need to be irrigated and the stool will not be formed. C The patient with a new ostomy has many nursing care needs. In addition to routine postoperative assessment, a stoma should be inspected at least every 8 hours to detect complications, such as color changes, that may require immediate surgery. Postoperatively food intake may be limited. It is too soon to expect the patient to participate in stoma care. Bowel sounds will most likely be absent or sluggish after surgery. C An incarcerated hernia may become strangulated if the blood and intestinal flow are completely cut off. Symptoms are pain at the site of the strangulation, nausea and vomiting and colicky abdominal pain. The disappearance of the bulge means the hernia can be reduced. An elevated white blood cell count means an infection is present. Bulging with coughing or straining is an indication that a hernia is present. B Steatorrhea is fat in the stool. These words are not used to describe fat in the stool. D Intussusception occurs when peristalsis causes the intestine to telescope into itself, which can cause a mechanical obstruction. These terms do not describe telescoping of the bowel. B As a bowel obstruction becomes more extreme, peristaltic waves reverse, propelling the intestinal contents toward the mouth, eventually leading to fecal vomiting. Flank pain is not associated with a bowel obstruction. Watery diarrhea would not be present with a bowel obstruction. Occult blood in the stool is not present with a bowel obstruction. B In most cases, the bowel is decompressed using a nasogastric tube, which relieves symptoms and may resolve the obstruction. The nasogastric tube is not inserted to feed the patient, administer medications, or prevent another obstruction. Prompt treatment is needed. This is a normal pulse. Crampy abdominal pain does not indicate acute distress. Occult blood in the stool would be expected in the patient with gastrointestinal bleeding. D For an ileostomy blockage, have the patient get into a tub of warm water, get into a knee-to-chest position, and sip on warm liquid such as coffee, tea, bouillon, broth, or hot chocolate. These interventions are not appropriate for the patient with an ileostomy blockage. D The stoma should be pink to red, moist, and well attached to the surrounding skin. A bluish or gray stoma indicates inadequate blood supply. A black stoma indicates necrosis.

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## 7: Care of the patient with a gastrointestinal disorder | Nurse Key

*Gastrointestinal disorders: Introduction. Gastrointestinal disorders: Medical disorders of the gastrointestinal system, from entry to exit in the digestive system. More detailed information about the symptoms, causes, and treatments of Gastrointestinal disorders is available below.*

Healing the physical body after suffering from an eating disorder is a process that takes care and time, and in some cases needs to be supervised by medical specialists. After all, if you are unable to digest what you need to rebalance your system, what you take to rebalance it will have little value. Although each body is different, a healthy digestive system supports different species of beneficial flora. Together, these species account for the approximately trillion microorganisms found in the GI system. When healthy digestive bacteria flourish, they provide the mechanism to break down the substances you eat into components your body can absorb and use. Likewise, digestive enzymes allow food to be broken down into its component parts for easy absorption and a reduction in intestinal bloating and gas. Faulty digestion also affects mood and energy levels. If your stomach is upset, you get irritable and fatigued. Eating disorders can take a major toll on the number and diversity of beneficial stomach flora. It is therefore paramount to rebuild the bacterial colonies before any sort of nutritional absorption can occur. There is not one quick solution to rebuilding healthy digestion, but instead healing requires multifaceted, continual progress. Here are four important nutritional practices to keep in mind when building or maintaining a healthy digestive system: Fermented foods can be the easiest and most cost-effective way of rebuilding your digestive enzymes. Some examples of fermented foods include yogurt, lacto-fermented pickles, kimchi, sauerkraut, and keifer. Stick to a clean, healthy diet. While fermented and fiber rich foods can help contribute to healthy flora in your system, there are also foods that negatively affect this process. Processed foods, sugary foods, and foods laden with chemicals and pesticides should be avoided. Another important step to rebuilding your digestion is the reintroduction of adequate fiber, to keep your elimination system regular. One of the best ways to do this is through the consumption of whole grains, fruits, and vegetables. Reintroduction of adequate fiber is especially important when there as been laxative abuse. The bowels need to relearn how to function again. Supplement your diet with a probiotic supplement. Taking a probiotic supplement can dramatically speed up this flora rebuilding process. When looking for a good probiotic, it is important to find a supplement that includes many different strains of bacteria to ensure good diversity. Also, make sure to store your probiotics in the refrigerator to keep them alive and active. Once you reestablish healthy digestive flora, your gastrointestinal ecosystem will be better equipped to begin absorbing the nutrients the rest of your body needs to heal. Again, this is a process that requires careful patience.

## 8: Rebuilding the Digestion System After Disordered Eating

*The nurse is caring for a patient who is being treated for extensive burns. The nurse notes the presence of coffee-ground material in the Salem sump catheter. The nurse correctly recognizes that the probable cause is: a. esophagitis.*

## 9: Digestive System Disorders NCLEX Practice Quiz #1 (80 Questions) â€¢ Nurseslabs

*Immune System: The body's natural defense system against foreign substances and invading organisms, such as bacteria that cause disease. Lactose Intolerant: Being unable to digest lactose, a sugar found in many dairy products.*

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*The twelve labors of hercules part 1 Windows nt device driver development peter g viscarola Names of a hare in English A method for measuring decision assumptions Sat subject test its history FISHES OF CHESAPEAKE BAY A note on scrap in the 1992 U.S. input-output tables Mastering Microsoft Access for Windows 95 2002 polaris sportsman 90 service manual Lo fi piano chords Face-to-face reference service policies Madness, Religion and the State in Early Modern Europe How to solve your difficult problems, create the new ideas you need The Physics of Thin Film Optical Spectra Customs enforcement of the rules-of-origin provisions of the United States-Canada Free-Trade Agreement Lectures on systematic theology and pulpit eloquence. Business email writing templates Cuban Spanish in the United States Concerning the Divine Image or the Vision of Adonai Insight Guide Germany (Insight Guides Germany) Rand McNally Rochester, New York Translating power in hierarchy: seen and unseen organising The capitalist state and the politics of class Small-area estimation Intermediate Accounting, Volume I (ch 1-12) Zeppelins in World War I Hope in the Dark (A Positive Look At Life On The Edge Of Eternity) Getting high in government circles. Tide Tables 1998: West Coast of North and South America, Including the Hawaiian Islands Dreamweaver power What is basic science Everyday situations Business nuts and bolts Human Rights and the Politics of Agreement Chemistry atomic number and mass number International Handbook On Privatization (Elgar Original Reference) Patriotism, politics, and popular liberalism in nineteenth-century Mexico Backache stress and tension Analyzing Shakespeares action Escape from Bears Paw*