

DISEASE: Diverticulitis

PATHOPHYSIOLOGY:

- Inflammation of the diverticula.
 - Can occur in small or large intestine.
- The muscle of the colon hypertrophies, thickens, becomes rigid, and herniation of the mucosa and submucosa through the colon wall is seen. Often occur at points of weakness, i.e., where blood vessels interrupt the muscle layer.

RISK FACTORS:

- Low fiber diet
- Older age
- Retained, undigested food in the diverticula
- Hx of constipation

CLINICAL MANIFESTATIONS:

- Pain or bleeding
- Usually diagnosed during a colonoscopy.
- Intermittent pain in the LLQ
- Low grade fever w/ tachycardia
- Nausea
- Intestinal inflammation can result in inflammation.
- Rectal bleeding
- Abdominal distension

DIAGNOSTIC TESTS:

- Colonoscopy
- fecal occult
- Abdominal assessment
- Bloodwork: WBC
- Abdominal Xray
- CT Scan
- Abdominal ultrasound

TREATMENT/MEDICATIONS:

- mild analgesic as needed
- Broad spectrum antimicrobial drugs:
 - metronidazole
 - trimethoprim / sulfamethoxazole (TMZ)
 - ciprofloxacin
 - IV fluids
- No laxatives or enemas (only bulk forming)

NURSING INTERVENTIONS:

- Ambulatory care
- monitor for prolonged or increased fever, abdominal pain, blood in stool.
- Combination drug and nutrition therapy to decrease inflammation.
- continually assess for fluid and electrolyte imbalance.
- Teach about eating a diet high in cellulose and hemicellulose types of fiber. (wheat bran, whole grain breads, cereals).
- Fresh fruits and veggies.
- bed rest w/o bending or lifting
- Drink plenty of fluids
- Fiber should not exceed 30%.
- Avoid nuts, seeds, kernels (anything that could get stuck).
- Ostomy care if needed | watch for signs

POSSIBLE COMPLICATIONS:

- hypotension & hypovolemia due to blood loss.
- Sepsis
- Abscess
- Perforation of the diverticulum.
- Bowel obstruction
- uncontrolled bleeding
- fistula
- peritonitis