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SCIENCES AND BEAUTY THERAPIES

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MOTTO: HOPE IS THE KEY

A CASE STUDY REPORT ON APPENDICITIS IN A ADULT
FEMALE CARRIED OUT AT THE REGIONAL HOSPITAL
BAMENDA FROM 27 SEPTEMBER TO 29 OCTOBER 2016

SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS
FOR THE AWARDS OF HIGHER NATIONAL DIPLOMA (HND) IN
NURSING

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CERTIFICATION

This is to certify that this case study report is the original work of MBUNKA FADIMATU MENGIEH, a student of Capitol Higher Institute of Health sciences and Beauty Therapies Bamenda carried out at the Bamenda Regional Hospital from 27th September to 29th October 2016.

Name of Student Mbunka Fadimatu Mengieh	Date 25 April 2017	Signature
Supervisor Dr Mfonfu Daniel	Date 25 April 2017	Signature
Dean of studies Dr Mfonfu Daniel	Date 25 April 2017	Signature
President of jury Dr Mfonfu Daniel	Date 25 April 2017	Signature

DEDICATION

This piece of work is dedicated to God Almighty in partial fulfillment of health care.

ACKNOWLEDGEMENT

Special thanks goes to the entire staff of Capitol Higher Institute of Health Sciences and Beauty Therapies Bamenda especial my teachers who have impacted in me what nursing is all about.

Enormous thanks to my supervisor for following me in the hospital making me gain more experience in practice and guard ring the information that I needed.

This could not have been a success without the loyal and spiritual strength of God Almighty, and knowledge to go through this work.

Finally to my parents who are spending sleepless nights to see me through and to my mates and friends for their moral and intellectual throughout my courses.

LIST OF ABBREVIATIONS

B/m	Beat per minute
WHO	World Health Organization
WBC	White Blood Cell
T°	Temperature
Tid	Three times a day
Tab	Tablets
RR	Respiratory Rate
RIF	Right Iliac Fossa
PO	By mouth
PSH	Patient Surgical History
PMH	Patient Medical History
FH	Family History
NPO	Nothing Per Os
MP	Malaria Parasite
MRI	Magnetic Resonance Imaging
KVO	Keep Vein Open
IV	Intravenous
ICU	Intensive Care Unit
IM	Intramuscular
Hrly	Hourly
HND	Higher National Diploma
DOA	Date of admission
DOD	Date of Discharged

Bid	Twice a day
C/O	Complaint of
C/C	Chief Complain
COD	Condition on Discharged
C.T	Computed Tomography
BP	Blood Pressure
C/M	Circles per minute
MmHg	Millimeter of Mercury
IVD	Intravenous Direct
Rx	Treatment
PRO	When necessary
Pt	Patient
Hb	Hemoglobin
Pcm	Paracetamol
V/S	Vital signs
R/L	Ringer lactates
MD	Medical Doctor.

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CHAPTER ONE-INTRODUCTION

1.0 Introduction

A requirement for the award of Higher National Diploma in nursing is the presentation of the case study report on the nursing care of any pathology the student came across.

In the light I was at the Regional Hospital Bamenda during this internship period and I took interest in a case of appendicitis. This document therefore report in the nursing management of a patient with appendicitis from 10 October to 17 October 2016 when she was discharged. Appendicitis is a condition which requires immediate surgery when it is acute. Its cause is usually unknown but it can be affiliated by infection or a block on the appendix.

This report contains important literature on appendicitis and clearly brings out its definition; causes; pathophysiology; clinical manifestation; diagnosis; management and treatment; prevention; complications and nursing intervention. Virginal Henderson model was used to identify the need of the patient. Proper use of the nursing process was implemented to come out with a plan of care that was used to address these needs. These aspects were planned; implemented and later evaluated from admission to discharge.

1.2 Motivation for case

Appendicitis is the most common surgical procedure in most boarding schools. This prompted me to know the reason for that to study appendicitis.

1.3 General objective

To successfully manage the case of appendicitis as a member of the medical and nursing team; and to submit the report of this case study in partial fulfillment to obtain the HND in nursing.

1.4 Specific objective

- Description of place of study (diagram or picture)
- Give a brief description of place of study
- Fig-Organigram of place of internship and source
- Identify the patient
- Describe the circumstances of arrival of the patient
- Admit the patient

- State the provisional diagnosis on admission and state the source
- Administer any emergency medication
- Clerk/Assess the patient
- Administer the medication prescribed by the medical officer; monitor and record side effect on the patient.
- Describe the nurses responsibilities in drug administration to patient
- Establish daily drug chart
- State result of confirmatory diagnostic tests
- Develop and implement nursing care plans
- Describe the evolution of the patient and vital signs
- Review the medication administered
- Write the discharge summary
- Identify positive findings; weaknesses; make recommendation and conclusions.

1.5 Presentation of the hospital

The hospital is located in Bamenda ii council in Mezam Division on the road leading to Mankon palace and the air port. It is situated on the left hand side from the hospital round about. It consists of two gates; the main gate to the outpatient department and the second gate popularly known as the maternity gate where there is a parking space for cars.

From the maternity gate to the female surgical ward is about 100m. from the gate; at the right hand side are the post natal and the theatre at the left hand side. Adjacent to the postnatal ward is the maternity and opposite is the gynecological ward above is the entrance to the new private opposite the theatre is the male surgical unit and opposite the new private is the male medical unit and the female surgical unit down the male surgical unit and below is the mortuary.

Furthermore; facing the private ward is the ophthalmology unit and below is the children ward and general consultation. From A-ward down is the pharmacy; casualty; laboratory and the day-care centre. Above are the tuberculosis unit diabetic unit

and the physiotherapy departments; the hospital canteen and the multi-purpose hall.

1.6 Location of the Hospital

The Bamenda Regional Hospital is in the North West of Cameroon. Bamenda is a town dominated by North westerners and few others. Agricultural activities and Businesses are the main sources of income in Bamenda.

Culturally; Bamenda population is dominated by Christians and Muslims of various domination.

Composition of Health care team and job description

The health care team is composed of the director, medical advice and general supervisor, Doctors, ward charges, general nurses, midwives, laboratory technicians, cleaners, security guards, drivers, mortuary attendance and secretariats.

The director deals with the administrative procedures. He controls the entire staff, organize seminars, advices the workers and maintain discipline in the institution.

The medical adviser works together with the director there by advices the workers on the functioning of the hospital and the environment.

The general supervisor supervises the nurses in the hospital and students on internship ensuring that they do their work well.

The chief of service and ward charges ensure smooth functioning of their various units and supervise nurses and doctors under them.

Then, the auxiliary staff like the drivers, ward maids, security guards and the secretariats completes the health care team.

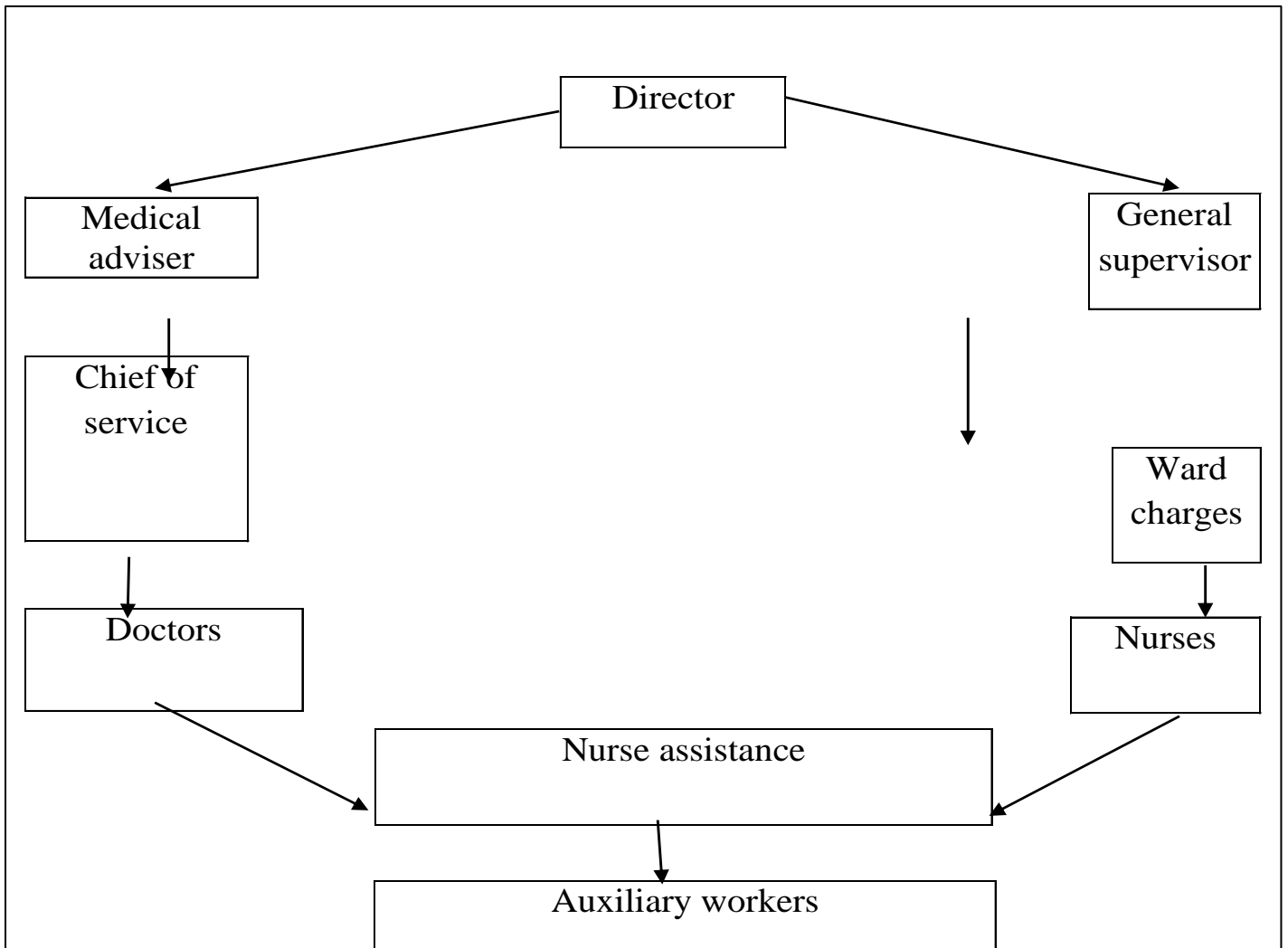


Figure 1: The organigram of the hospital Source: initiative

Shift system

The nurses in the Regional hospital Bamenda work in two shifts; that is

- The morning shift and
- Evening shift

The morning shift which runs from 7:30am-5:30pm for bed making, reading of night duty report and assigning of duties. Doctor round, consultation, admission and discharge of patients and drugs administration.

The evening shift runs from 5:30pm-7:30am. It is the follow up of patient and administration of medications.

1.6 Description of the female surgical ward

An internship which was carried out at the regional hospital Bamenda was carried out precisely at the female surgical ward. This ward in collaboration with the theatre. The female surgical ward is made in form of a nightingale ward. The ward is divided in to two sections; the main ward and the semi private ward where patients are admitted. The main ward is made up of 28 beds while the semi private is made up of 5 beds respectively. In this unit, there is a nurses station where patients are consulted before there are send to the ward and an office where emergency drugs and discharge files are being kept, a small room for changing by nurses, a room for washing and sterilization of equipments and also serves as a changing room for students.

1.7 Objective of services in the female surgical ward

The female surgical ward works with the following objectives.

- Provision of adequate and quality nursing care
- Maintain good health habit for patients
- Monitor abnormalities and take appropriate actions
- Administer patient drugs as prescribed
- Maintain good hygiene and sanitation in the ward and it surroundings.

1.8 Activities of the surgical ward

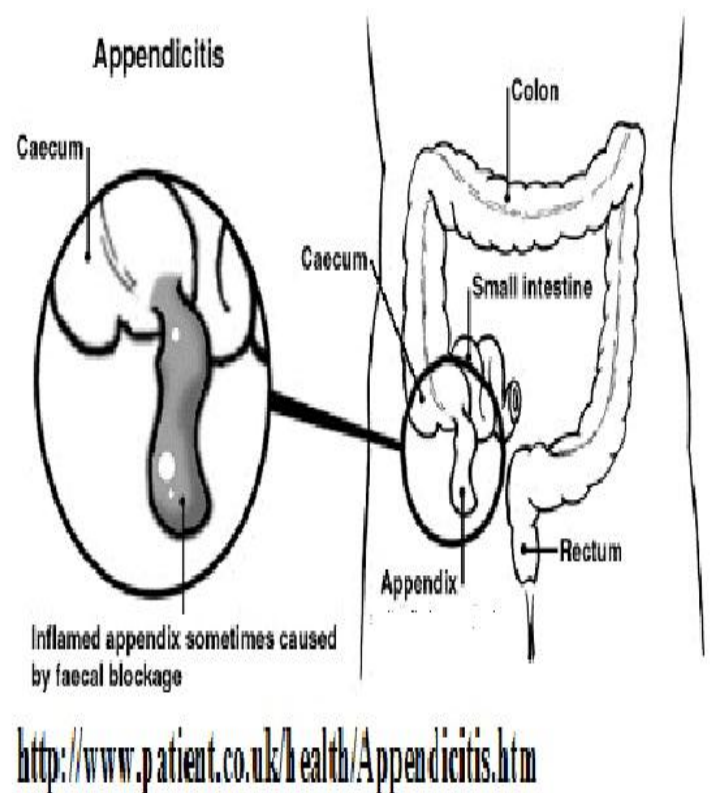
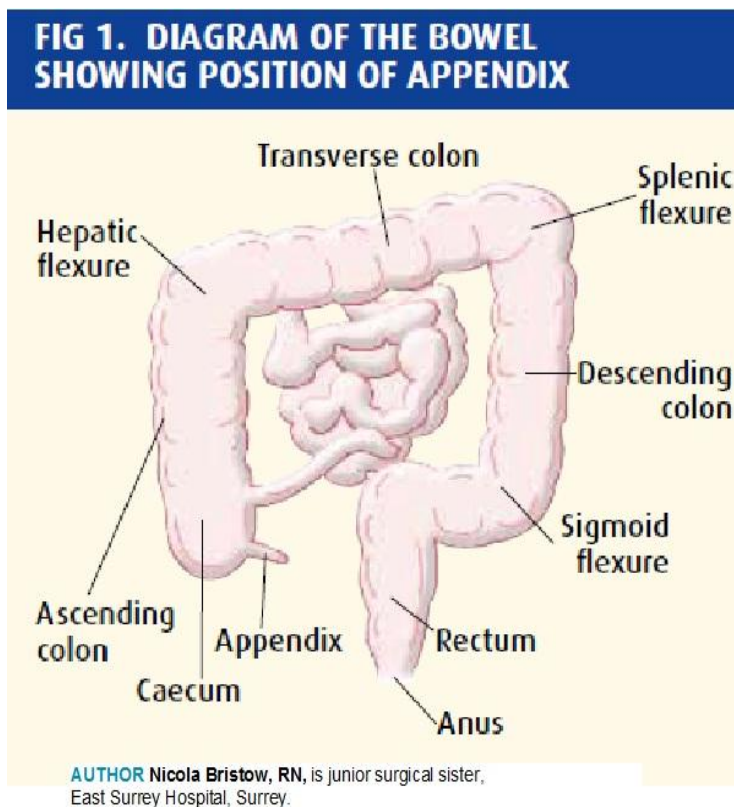
- In the morning, work begins with cleaning of the ward and nurses station.
- Drugs administration
- Doctor round; -Wound dressing
- filled patient files and treat them after doctor round
- Admit patients as they came that is new surgical cases
- Writing of report at the end of each shift
- Discharge of patients confirmed by the doctor.

CHAPTER TWO - LITERATURE REVIEW

2.0 Introduction

Appendicitis is the inflammation of the appendix, which is a small finger shaped pouch attached to the beginning of the large intestine on the lower right side of the abdomen. Appaendicitis is a medical emergency, and if left untreated, the appendix may rupture. (Ko sloske, A.M et al, 2004).

-Appendicitis; is the inflammation of the appendix. Dan L.Lango et al (November 2014).



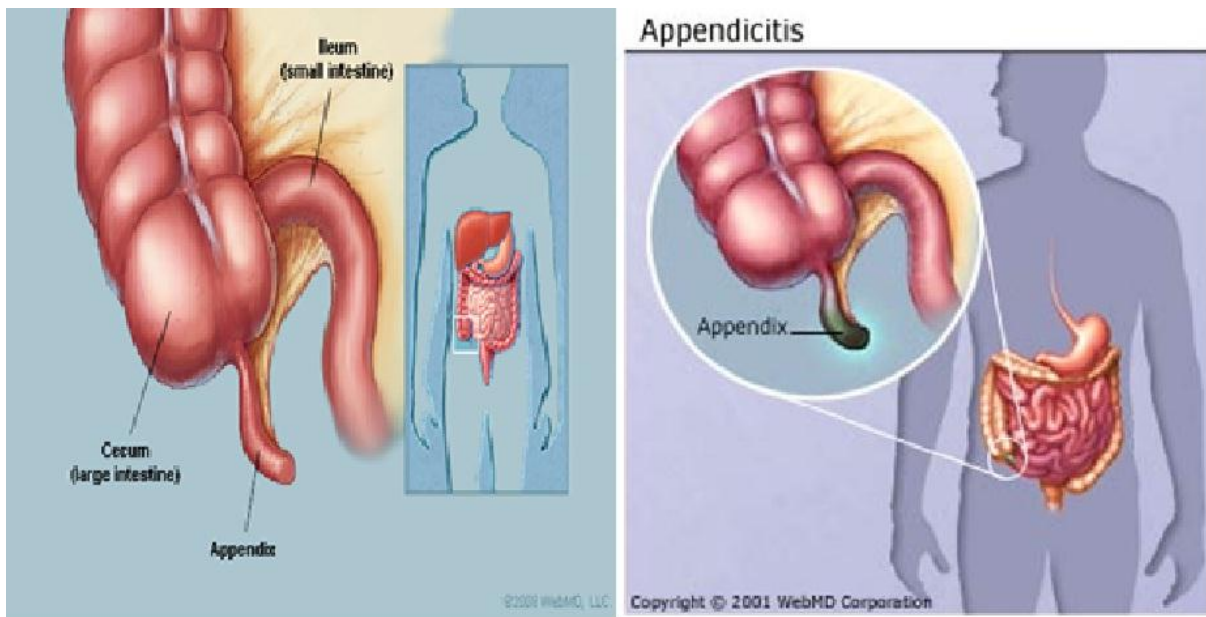
-Appendicitis is the inflammation of the vermiform appendix. Adam C Alder et al (2015).

2.1 CAUSES

Appendicitis is cause by an obstruction such as a hard mass of faeces (faecalith) or foreign body in the lumen of the appendix, fibrous diseases of the bowel walls and adhesion of parasitic infestation.

2.2 PATHOPHYSIOLOGY

Appendicitis may be acute or chronic. When the obstruction of the lumen of the appendix occurs, infection set in. there is oedema and infection at the wall of the appendix. The intraluminal tension develops very rapidly and tent to cause necrosis and perforation. Though all ages and sexes are equally infected, appendicitis is more common in male between 10-30 years of age (current med D by Marcus and Milton) pain cause by appendicitis begins from the mid abdomen around the umbilicus.



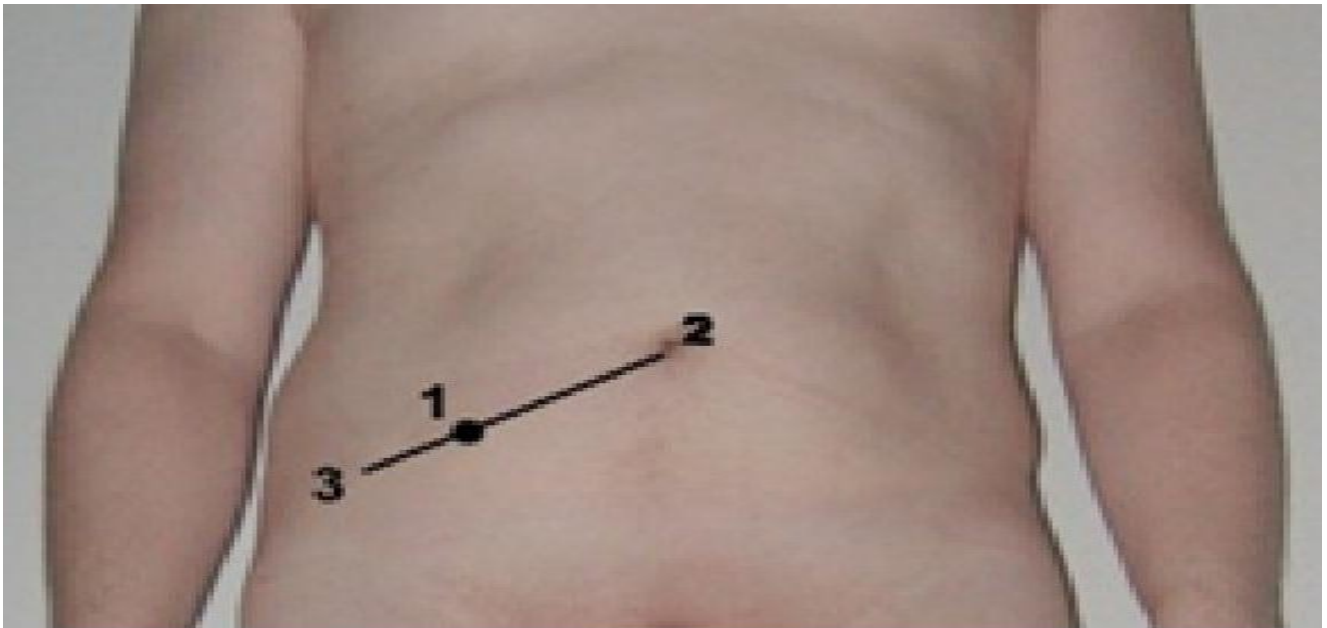
Normal appendix

Inflamed appendix

<http://www.webmd.com/digestive-disorders/digestive-diseases-appendicitis>

2.3 SIGNS AND SYMPTOMS

- The most common symptom is pain at the right iliac fossa at the Mc Burney's point.
- Nausea and vomiting
- Rebound tenderness



McBurney's Point (1): A point 1/3 of the way along a line drawn from the hip to the umbilicus: the point of maximum sensitivity in acute appendicitis:
<http://holyjeans30.hubpages.com/hub/what-are-the-signs-and-symptoms-of-appendicitis-and-ruptured-appendix>

- Fever which may be mild in adult and severe in children
- There may be constipation or diarrhea
- Anorexia
- Tachycardia
- In the course of surgery, the appendix is red in mild, yellow in severe and green or black in gangrenous cases.
- Abnormally long or big appendix.

Source Ann Pietrangelo et al, (2014).

2.4DIAGNOSIS

The diagnosis is made based on;

- Signs and symptoms
- Magnetic resonance imaging
- Computed tomography

- Abdominal ultrasound and
- Lab result indicating raised leukocytes.

2.5 TREATMENT AND MANAGEMENT

- Medical management

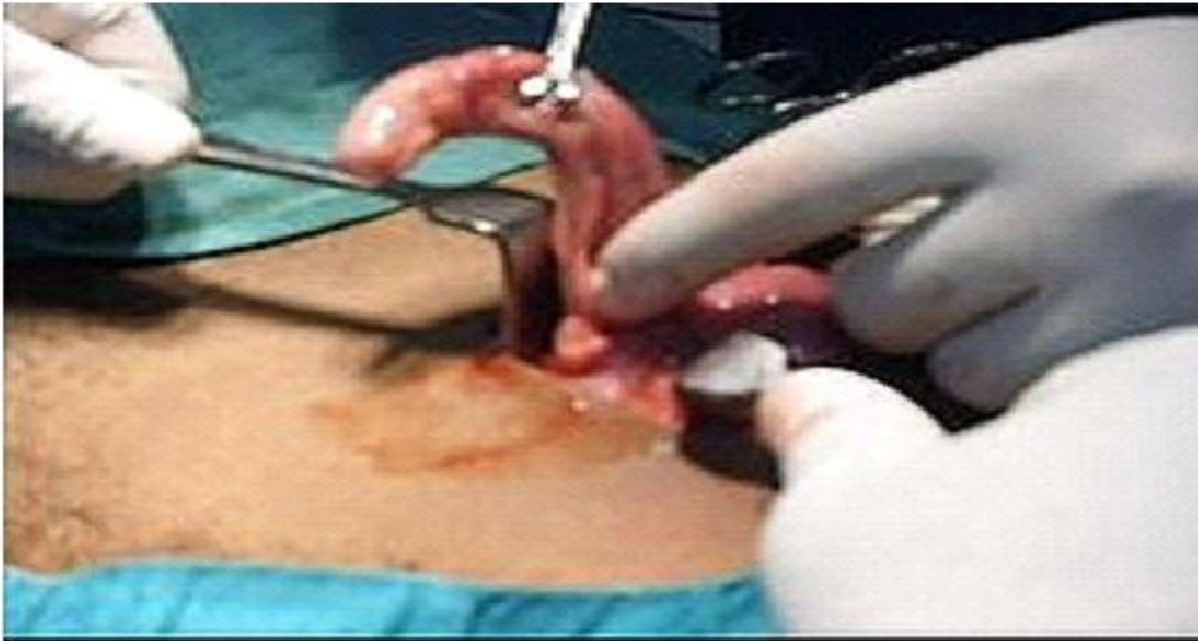
Appendicitis can be treated with antibiotics such as;

- ✚ Ampicillin
- ✚ Metronidazole
- ✚ Gentamycin
- ✚ Cimetidine
- ✚ Novalgin
- ✚ Amoxicillin

-SURGICAL MANAGEMENT

Appendicitis can be treated surgically by surgical removal of the appendix in a process called appendectomy. In this process, incision in the right lower quadrant of the abdomen and the inflamed v vermiform appendix is legated and cut.

Surgery is carried out as soon as it is diagnosed to prevent rupture of the appendix and complications.



Appendectomy: Inflamed appendix removal by open surgery:
<http://en.wikipedia.org/wiki/Appendicitis>

NURSING MANAGEMENT BEFORE SURGERY

- ✚ This care begin from when surgery is planned
- ✚ Notify the doctor or surgeon as soon as the condition is suspected.
- ✚ The patient is assessed systematically (digestive, neurological, circulatory, respiratory, and urinary systems).
- ✚ The patient nutritional status is assessed for malnutrition and fluid and electrolytes imbalance.
- ✚ Psychological status is also assessed for anxiety, fear, and coping mechanism.
- ✚ Informed consent form for the surgical procedure is obtained. The nurse helps in reading the steps and witnesses the client signs.
- ✚ The nurse notifies the doctor of any indication that the client did not understand and explain it to the client.
- ✚ Makes sure the patient is placed on NPO at least 8hours before surgery.
- ✚ Shaves patient immediately before surgery.
- ✚ IV fluids are serve to keep the vein open
- ✚ Monitor vital signs
- ✚ Removed rings and jewellerys from the patient body.
- ✚ Encourage the patient to void
- ✚ Reassurance of patient.

INTRA OPERATIVE CARE

The intra-operative care includes administration of aesthetic and monitoring of patient for any complication by the anaesthetist and the surgeon.

POST OPERATIVE NURSING CARE

This post-operative care starts after surgery, when the patient has been transferred to the ward and continuous until patient is stable and discharge.

- ✚ Monitor vital signs after every 15 minutes for the first 2 hours, every 30 minutes for the next 2 hours and an hour for the next 4 hours.
- ✚ Assess the level of consciousness
- ✚ Examine and check the surgical area for any bleeding
- ✚ Monitor and report any post operative complications
- ✚ Encourage breathing exercise to the patient
- ✚ Encourage patient to change her position after every 2 hours to prevent bed sore.
- ✚ Equally encourage the patient to ambulate
- ✚ Reassured the patient
- ✚ Administered medication as prescribed by the doctor.

2.6 COMPLICATIONS OF APPENDICITIS

If appendicitis is not treated promptly, it may lead to;

- ✚ Rupture of the appendicitis and lead to general peritonitis
- ✚ Septicemia
- ✚ The condition may deteriorate and the patient life will be threaten
- ✚ It may form an abscess
- ✚ It may equally become a focus for secondary infections.

2.7 PREVENTIONS OF APPENDICITIS

Appendicitis can be prevented by;

- ✚ Early identification and treatment of infections
- ✚ Drinking much water and
- ✚ Avoid consumption of dried and hard food.

2.8 DEFINITION OF NURSING CARE PLAN

A nursing care plan outlines the nursing care to be provided to an individual, family and the community.

It is a set of action that the nurse will implement to resolve and support nursing process. It guides in the ongoing provision of nursing care and assists in the evaluation of the care W.H.O (3 November, 2015).

2.9 VIRGINAL HENDERSON'S 14 BASIC FUNDAMENTAL HUMAN NEEDS

1. Breathe normally
2. Eat and drink adequately
3. Eliminate body waste
4. Move and maintain desirable posture
5. Sleep and rest
6. Select suitable cloths dress and undress
7. Maintain body temperature within normal range by adjusting clothing and modifying the environment
8. Keep the body clean and well groomed and protect the integument
9. Avoid dangers in the environment and avoid injuring others
10. Communicate with others in expressing emotion, needs, fears or options
11. Worship according to one's faith
12. Work in such a way that there is a sense of accomplishment
13. Play or participate in various form of recreation
14. Learn, discover, or satisfy the curiosity that leads to normal development and health and use the available health facilities.

2.11 PATIENT NEEDS

1. Need to breathe normally
2. Need to eat and drink adequately
3. Need to move and maintain desirable posture
4. Need to sleep and rest
5. Need to maintain body temperature within normal range
6. Need to keep the body clean and well groomed and protect the integument
7. Need to communicate with others in expressing emotions, needs fears and options

2.12 NURSES RESPONSIBILITIES IN DRUG ADMINISTRATION

In general in every hospital setting, drug prescription is the duty of the physician or senior nurse and it's either written on the patient's hospital file or hospital book. It is the nurse's duty to administer prescribed medication. Hence the nurse's responsibility in medication administration includes the following:

1. The nurse must respect the seven rights of drug administration also known as the seven rules.
 - The right patient
 - The right drug
 - The right dose
 - The right time
 - The right route
 - The right procedure
 - The right documentation
2. If a prescription is not clear, never assume what it could be. Always consult with the prescriber to verify that it is correct. Also if you think a prescription is not appropriate, do not change it without consulting the prescriber.
3. In case a prescription is ordered over the phone, document the prescription and indicate that it was done through the phone. Sign below the prescription and make sure that the prescriber signs immediately he is available.
4. Read the medication label three times that is before removing the medication cupboard, before removing from the container and before returning it after administration. This makes certain of what has been administered.
5. Never administer medications from drug containers whose labels are not visible. From lecture

CHAPTER THREE - PRESENTATION OF PATIENT

3.0 Identification of patient.

-Name	XX
-Age	12 years
-Address	Mile 4 Nkwen
Occupation	Student
Nationality	Cameroonian
Religion	Catholic
Ward	D
Bed number	28
Blood group	O ⁺
-Date of admission	10/10/2016

3.1 **CONDITION OF ARRIVAL OF PATIENT AT THE HOSPITAL**

Patient warded in at 7a.m conscious from Dr Consultation at the casualty accompanied by her mother. Patient was walking and bending forward, said to has vomiting and nausea, joint pain, headache, pain at the RIF and elevated body temperature for 3 days.

Vital signs

Pulse: 120b/m

Respiration: 30c/m

Temperature: 37.4°c

Urine: 3 times

Bowel: 1time

Vomitus: nil

3.3 **PROVISIONAL DIAGNOSIS**

Patient warded in from the casualty with a provisional diagnosis of acute appendicitis.

3.4 Drugs prescribed at the casualty

- 1) Glucose 5% 500cc, Normal Saline 500cc, R/L - 1000cc all 2000 cc alternatively in 24 hours
- 2) Metronidazole 500mg inj - 1 Vial 8 hourly
- 3) Ceftriaxone inj - 2g/24 hour IVD
- 4) Gentamycine 80mg inj - 1 Vial/24 hours.









Laboratory results

Blood group O⁺, Hb=11.6g/dl, Mp=negative, HIV=negative.

3.5 HISTORY OF PRESENT ILLNESS

Patient complain that this pain started in school after playing with her mates and later run she could not stand erect nor cough due to severe abdominal pain especially at the right iliac fossa. Her parent was informed and she was taken to the hospital in school bus.

Signs and symptoms

-  Nausea and vomiting
-  Low grade fever
-  Loss of appetite
-  Lower abdominal pain
-  Headache
-  Joint pain
-  Constipation
-  Abdominal tenderness

3.6 Past medical history

Has never been admitted upon

3.7 Past surgical history

Has never been operated upon

3.8 Family history

Patient is the first in the family of 4, with no health problem discovered in the family

3.9 Social history

Patient is a student very hard working, friendly and does everything that is tolerated by her.

3.10 Physical Examination

HEAD: on observation and inspection, patient had a very clean and low cut hair

EYE: Her eyes were sensitive to light on observation and inspection no sunken, normal conjunctiva.

NOSE: No bleeding no discharges or swelling were present upon observation

LIPS: No observation and inspection, patient lips were moist and shiny

TEETH: Patient presented with proper denture on observation and inspection but with mouth secretion due to nausea and vomiting.

EAR: No discharges, rashes, or swelling were present on inspection and observation.

NECK: Neither mass nor tenderness was notice upon palpation. No abnormal swelling was present upon palpation and observation.

TRUNK: On inspection, the rise and fall of the chest was normal hence symmetry.

On palpation, no tenderness was notice

On percussion, a drum like sound was notice

On auscultation, there were low pitched health sounds.

ABDOMEN

-There was distended abdomen on inspection.

-On palpation, there was pain which was localized at the right low quadrant of the lumber region pressing at the Mc Burney point.

GENITALS

No abnormalities were found upon.

EXTREMITIES: nothing abnormal was discovered.

3.11 Nursing intervention

- ✚ Patient was admitted in the ward
- ✚ Patient bed was made up
- ✚ Patient vital signs were monitored
- ✚ Bed rest was ensured to the patient by placing the patient on a semi fowler position with her knee flexed to reduce tension on the abdominal muscles.
- ✚ Patient clothing as well was reduced and windows were open to ensured free air circulation to reduce body temperature, tepid sponging also done.
- ✚ An IV line was set up and patient medication served as was prescribed.

Examination by the surgeon: the nurses of D ward called for the surgeon

The surgeon examined the patient and confirmed the diagnosis of acute appendicitis and ordered surgical intervention (appendectomy) immediately.

Pre-operative care

Psychological preparation

- ✚ We encourage patient that the surgery will be successfully and everything will be fine
- ✚ We explained the procedure that was to be carried out to the patient in the simple language that the patient could understand.
- ✚ We equally help the patient in reading the steps in the informed consent form.
- ✚ Patient was encourage to void
- ✚ We equally encourage patient to pray and we all did that together.

Physical preparation

- ✚ The consent form was signed by the patient mother
- ✚ We clean and shaved the patient
- ✚ Patient was placed in Nothing Per Mouth
- ✚ Patient was dressed in theatre wear

- ✚ Patient was taken to the theatre and there in the theatre the surgical procedure appendectomy was carried out on her
- ✚ The health team that was involved in the procedure are;
 - The surgeon
 - The assistant
 - The anaesthetist
 - The appendectomy took place under general anesthesia

Immediate post-operative care

- ✚ Patient was transferred to the reanimation unit still in an unconscious state
- ✚ Patient was placed on the bed in a supine position
- ✚ Patient was closely observed for any bleeding at the operation side and also for a need to breath normally to ensure a patent air way.
- ✚ Patient vital signs were checked after every 15 minutes for the first 2 hours and 30 minutes for the next 2 hours and after every 1 hour for the next 4 hours for doctor to review patient.

3.4 Post-operative treatments

1. Fluids R/L 1000cc
G /S 5% 500cc
N/S 0.9% 500cc, all 2000cc given in 24hours alternatively
2. Metronidazole 500mg inj iv 100cc 8hourly
3. Ceftriaxone 1g inject iv every 12 hours for 3 days
4. Gentamycin 80mg inject iv daily X 3days
Ampicillin 500mg iv 1g 8hourly X 2days
Novalgin 1 ampoule 8 hourly X 2 days
Cimetidine inject 20mg 1 ampoule 8 hourly X 3 days

Patient was transferred to the female surgical unit (D-ward) after gaining consciousness.

Day one after surgery

- ✚ Assisted in making up patient bed
- ✚ Help to placed the patient in a semi-fowler position

- ✚ Monitored patient vital signs and chart them on her file
- ✚ Encourage patient to drink water in small quantity and frequency as ordered the doctor.
- ✚ Equally encourage patient to brush her teeth atleast once a day to increase appetite
- ✚ Check and observed the operation side of bleeding
- ✚ Assisted in serving the prescribed drugs and make sure they were administered to the right patient, at the right time with the right dosage using the right route.

Day two after surgery

- ✚ Monitored vital signs
- ✚ Assisted in patient ambulation by taking her to the nurses' station and back
- ✚ Explained to her the important of ambulation
- ✚ Encourage patient to drink only water still ordered by the doctor
- ✚ Administered her prescribed drugs
- ✚ Reassured patient
- ✚ Observed the operation side of bleeding

Day three after surgery

- ✚ Make up patent bed
- ✚ Monitored her vital signs
- ✚ Reassured her
- ✚ Help her in ambulation by taking her to the toilet and back
- ✚ Distract the patient by giving her my phone to play music
- ✚ Encourage patient to eat food since her abdomen was soft
- ✚ Administered her prescribed drugs

Day four after surgery

- ✚ Make up patient bed
- ✚ Monitored her vital signs
- ✚ Comfort the patient
- ✚ Encourage her to brush her mouth
- ✚ Encourage her to ambulate by taking her to the male medical and back
- ✚ Administered her drugs

Day five after surgery

- + Make up her bed
- + Monitored her vital signs and chart them on her file
- + Reassured her
- + Did her dressing
- + Administered her drugs

Day six after surgery

- + Make up patient bed
- + Reassured her
- + Monitored her vital signs
- + Encourage her to ambulate
- + Did her dressing
- + Administered her prescribed drugs

Day seven after surgery

- + Make up patient bed
- + Monitored vital signs
- + Copied her home medications
- + Help to settled patient bill

Patient teaching

- + Taught the patient breathing exercises and advice her to take in deep and slower breathe
- + Taught the patient coughing reflexes
- + Advice the patient on her gait that is not to be bending forward when walking
- + Equally advise her to eat foods rich in vitamins like fruits, rich in protein like beans, fish, meats and rich in fibres like vegetables.

Table 1 drug chart

DATE	TIME	DRUG	DOSE	ROUTE	FREQUEN CY	REMARK
11/10/2016	2pm	Analgin	1A	IVD	Tid	Served
		Cimetidine	1A	IVD	Tid	Served
		Ampicillin	1g	IVD	Tid	Served

DATE	TIME	DRUG	DOSE	ROUTE	FREQUEN CY	REMARK
		Metronidazole	100cc	IV D	Tid	served
	10pm	Analgin	1A	IVD	Tid	Served
		Cimetidine	1A	IVD	Tid	Served
		Ampicillin	1g	IVD	Tid	Served
		Metronidazole	100cc	IV D	Tid	served
		Gentamycin	1A	IVD	bid	served
12/10/2016	6am	Analgin	1A	IVD	Tid	Served
		Cimetidine	1A	IVD	Tid	Served
		Ampicillin	1g	IVD	Tid	Served
		Metronidazole	100cc	IV D	Tid	served
		Gentamycin	1A	IVD	bid	served
	2pm	Analgin	1A	IVD	Tid	Served
		Cimetidine	1A	IVD	Tid	Served
		Ampicillin	1g	IVD	Tid	Served
		Metronidazole	100cc	IV D	Tid	served
	6pm	Cimetidine	1A	IVD	Tid	Served
		Gentamycin	1A	IVD	bid	served
	10pm	Ampicillin	1g	IVD	Tid	Served
		Metronidazole	100cc	IV D	Tid	served
13/10/2016	6am	Metronidazole	100cc	IV D	Tid	served
		Gentamycin	1A	IVD	bid	served
		Analgin	1A	IVD	Tid	Served

DATE	TIME	DRUG	DOSE	ROUTE	FREQUEN CY	REMARK
		Cimetidine	1A	IVD	Tid	Served
		Ampicillin	1g	IVD	Tid	Served
	2pm	Ampicillin	1g	IVD	Tid	Served
		Metronidazole	100cc	IV D	Tid	served
		Analgin	1A	IVD	Tid	Served
	6pm	Cimetidine	1A	IVD	Tid	Served
		Gentamycin	1A	IVD	bid	served
14/10/2016	6am	Analgin	1A	IVD	Tid	Served
		Cimetidine	1A	IVD	Tid	Served
		Ampicillin	1g	IVD	Tid	Served
		Metronidazole	100cc	IV D	Tid	served
		Gentamycin	1A	IVD	bid	served
	2pm	Ampicillin	1g	IVD	Tid	Served
		Metronidazole	100cc	IV D	Tid	served
		Analgin	1A	IVD	Tid	Served
	10pm	Analgin	1A	IVD	Tid	Served
		Cimetidine	1A	IVD	Tid	Served
		Ampicillin	1g	IVD	Tid	Served
		Metronidazole	100cc	IV D	Tid	served
		Gentamycin	1A	IVD	bid	served
15/10/2016		Analgin	1A	IVD	Tid	Served
		Cimetidine	1A	IVD	Tid	Served

DATE	TIME	DRUG	DOSE	ROUTE	FREQUEN CY	REMARK
		Ampicillin	1g	IVD	Tid	Served
		Metronidazole	100cc	IV D	Tid	served
	2pm	Analgin	1A	IVD	Tid	Served
		Cimetidine	1A	IVD	Tid	Served
		Ampicillin	1g	IVD	Tid	Served
		Metronidazole	100cc	IV D	Tid	served
		Gentamycin	1A	IVD	bid	served
	10pm	Analgin	1A	IVD	Tid	Served
		Cimetidine	1A	IVD	Tid	Served
		Ampicillin	1g	IVD	Tid	Served
		Metronidazole	100cc	IV D	Tid	served
		Gentamycin	1A	IVD	bid	served
16/10/2016	6am	Analgin	1A	IVD	Tid	Served
		Cimetidine	1A	IVD	Tid	Served
		Ampicillin	1g	IVD	Tid	Served
		Metronidazole	100cc	IV D	Tid	served
	2pm	Analgin	1A	IVD	Tid	Served
		Cimetidine	1A	IVD	Tid	Served
		Ampicillin	1g	IVD	Tid	Served
		Metronidazole	100cc	IV D	Tid	served
		Gentamycin	1A	IVD	bid	served
	10pm	Analgin	1A	IVD	Tid	Served

DATE	TIME	DRUG	DOSE	ROUTE	FREQUEN CY	REMARK
		Cimetidine	1A	IVD	Tid	Served
		Ampicillin	1g	IVD	Tid	Served
		Metronidazole	100cc	IV D	Tid	served
		Gentamycin	1A	IVD	bid	served
17/10/2016	6am	Analgin	1A	IVD	Tid	Served
		Cimetidine	1A	IVD	Tid	Served
		Ampicillin	1g	IVD	Tid	Served
		Metronidazole	100cc	IV D	Tid	served
		Gentamycin	1A	IVD	bid	served

Table 2: Nursing care plan 1- Preoperative nursing care

: Date: 10/10/2016: Need to sleep and rest

Diagnosis: Altered comfort due to pain evidence as inflammation.

objective	intervention	rational	Evaluation
To manage pains within 2 hours of care	Patient was placed in semi fowler position	This help to reduce pain	Patient expresses comfort and relief of pain after 2 hours of nursing care
	Provide phone to patient to listen to music	Help patient to forget about pain	
	Served analgesics as prescribed by the doctor with consent of patient	Reduce pain by increasing pain threshold or by decreasing pain sensation	

Table 3: Nursing care plan post operation: 11\10\2016: Need to sleep and rest

Diagnosis: pain at the incision side as evidence as poor facial expression.

objective	intervention	rational	Evaluation
To bring patient to a tolerable level within 30 minutes of care and help patient to relief her pain after 24hours of care and throughout hospitalization and beyond.	Assess patient pain level by asking the patient to grade the pain on a scale of 10	To know the degree of pain and kind of pain management that will be appropriate for the patient	Patient express relief of pain as evidence by good facial expression
	Placed patient in a fowlers position	This help patient by reducing the pain at the incision side and any other pain	
	Served analgesics as prescribed by the doctor	Analgesics help to reduce pain and pain sensation.	

Table 4: Day two after surgery: 12\10\2016; Need to maintain body temperature within normal range

Diagnosis: increased body temperature related to infection as evidence by body temperature of 40°

objective	intervention	rational	Evaluation
To reduce body temperature and bring it back to normal within 30 minutes of nursing care.	Tepid sponge the patient with Lupe warm water	This help in heat loss through evaporation	Patient temperature was reduce and return to normal within 30 minutes of nursing care
	Open doors and windows for proper ventilation and for air to come in and reduce clothing on the patient body	Opening doors and windows help in proper air circulation	

objective	intervention	rational	Evaluation
	Served antipyretics as prescribed by the doctor	Administering the antipyretic will help to depressed the thermometer regulation	

Table 5: Nursing Care plan: Day three after surgery 13\10\2016; Need to keep body clean and well groomed and protect the integument

Diagnosis: Risk of impaired skin integrity (bedsore) related to immobility

objective	intervention	rational	Evaluation
Maintain skin integrity and mobility within staying in the hospital	Provide special bed making to prevent pressure on bony prominence	To prevent pressure ulcers	Skin integrity was maintain and bedsores was prevented
	Encourage early ambulation and encourage patient to carryout passive exercises	To prevent post operative complication	
	Caution patient to avoid lifting heavy objects as early as possible after surgery	To prevent strains on the abdominal muscles until healing is complete	

Day four after surgery

Table 6: Need to communicate with others normally

Diagnosis: Anxiety related to present disease condition

objective	intervention	rational	Evaluation
To relief anxiety within 1 hour of nursing care	Communicate procedure to the patient and disease condition	As patient understand her condition and the procedure to be carried out on her and the process, she will corporate with the medical team	Patient understands her condition and express relief of anxiety and participates in her treatment
	Reassured patient that her condition will be over in less than no time	This will help relief patient of her anxiety	

Table 7: Nursing care plan 6: Date **15\10\2016:** Need to eat and drink adequately

Diagnosis: Risk for fluids and electrolytes imbalance as evidence by vomiting

objective	intervention	rational	evaluation
To maintain fluids and electrolytes balance throughout hospitalization	Encourage patient to drink much water and eat enough fruits	help replace loss fluids	Fluids and electrolytes are balance and patient show no sign of dehydration
	Served normal saline as prescribed	Help to replace loss fluids and electrolytes	
	Give oral rehydrating solution	Help to gain hydration	
	Administered vogalene as prescribed	Help to stop the patient from vomiting	

Table 8: Nursing care plan 7: Date **16\10\2016:** Need to eat and drink adequately

Diagnosis: Altered nutrition less than body requirement related to anorexia as evidence as decrease in body weight.

objective	intervention	rational	Evaluation
To restore patient nutrition within normal after 48hours of care and throughout hospitalization and beyond	Document bowel sounds, passing of flatus or bowel movement; sign of peristalsis	This sign indicate the readiness to resume oral sips	Patient was able to eat semi solid food and take oral sips second day after surgery
	Clear emesis basin, ventilate and freshen the patient environment	This make the environment good for eating by eliminating foul smell	
	Served desired food to the patient	Soft food are easy to chew and swallow	

Table 9: Nursing care plan 8: Date **17\10\2016;** Need to eat and drink adequately

Diagnosis: Risk of fluids deficit related to low intake as evidence as poor skin turgor.

objective	Intervention	Rational	Evaluation
To maintain fluid balance and good skin turgor throughout hospitalization and beyond	Monitor intake and output	To determine the amount of fluid loss compared to intake	Fluids and skin turgor return to normal after 48hours of nursing care as evidence as healthy look second day after surgery
	Assess for any dry skin ,poor skin turgor, decrease urine output	To identify signs of dehydration	
	Teach patient and care takers dietary menu. that includes dietary products like calcium,potassium,and	To maintain fluids and electrolytes balance	

objective	Intervention	Rational	Evaluation
	sodium and administered prescribed fluids		

3.13 Table 9 Daily evolution of the patient

date	time	observation	Name and signature of nurse
11/10/2016	6am	Complain of pain at the incision side	MM
	5pm	Patient had a calm shift with same complain	MM
12/10/2016	6am	Patient had no complain	TH
	5pm	Patient presented with pain at the operation side and hungry	AO
13/10/2016	6am	Patient slept well with no complain during the shift	BA
	5pm	Patient spent a calm shift with no complain	SA
14/10/2016	6am	No complain	AL
	5pm	Patient calm with no complain	KL
15/10/2016	6am	Patient passed a calm night but complain of vomiting during report writing	NF
	5pm	Patient had a calm shift with no complain	UE
16/10/2016	6am	Patient slept well with no complain	TJ
	5pm	Patient was calm during the shift	MF

date	time	observation	Name and signature of nurse
17/10/2016	6am	Patient had a calm night with no complain for doctor to review patient	MK

3.14 TABLE 11 /VITAL SIGNS CHART

Date	Time	BP	Pulse	RR	Body weight	Urine	Bowel	Temp	Vomitus	intake
11/10/2016	6am	/	110b/m	32c/m	/	1	/	40°c	/	Glucose
	5pm	/	112b/m	30c/m	/	2	/	38.7°c	/	R/L
12/10/2016	6am	/	110b/m	32c/m	/	1	1	38.2°c	1	N/S
	5pm	/	100b/m	32c/m	/	4	/	38.6°c	/	Glucose
13/10/2016	6am	/	110b/m	32c/m	/	2	/	37.2°c	/	R/L
	5pm	/	100b/m	32c/m	/	3	/	36.8°c	/	N/S
14/10/2016	6am	/	100b/m	34c/m	/	3	1	36.6°c	/	Glucose
	5pm	/	100b/m	29c/m	/	1	/	36.6°c	/	R/L
15/10/2016	6am	/	110b/m	29c/m	/	2	1	36.2°c	1	N/S
	5pm	/	110b/m	31c/m	/	3	/	36.8°c	/	Glucose
16/10/2016	6am	/	110b/m	30c/m	/	1	1	36.9°c	/	R/L
	5pm	/	100b/m	32c/m	/	2	/	37.2°c	/	N/S
17/10/2016	6am	/	100b/m	32c/m	/	1	/	37°c	/	Glucose

EVOLUTION OF PATIENT

The patient was healed and discharged

CHAPTER FOUR: REVIEW OF MEDICATIONS

List of medications

- ✚ Novalgin
- ✚ Cimetidine
- ✚ Metronidazole
- ✚ Ampicillin
- ✚ Gentamycin
- ✚ Amoxicillin

- MEDICATION 1; CIMETIDINE

Generic Name: Cimetidine

Trade Name: Tagamet

Mechanism of action

Cimetidine is a histamine 2 receptor antagonist. Its main action is to inhibit the production of stomach acid. Cimetidine also helps to decrease the secretion of gastric juice.

Dose and mode of administration

Cimetidine 1 ampoule is administered intravenously.

Side effects

- ✚ Diarrhea
- ✚ Tiredness
- ✚ Rashes
- ✚ Headache
- ✚ Dizziness

Contraindication

Not recommended to patient with impaired renal function and to those with minor digestive complaints.

Precaution

Cimetidine should be given in reduced dosage to patient with inspired renal function.

- **MEDICATION 2 Novalgin**

Generic name: Novalgin

Trade name: Acetaminophen, Panadol

Dosage and mode of administration

Ampicillin IV/IM is administered according to body weight

Side effects

- Blood disordered and acute pancreatitis may occur though rare and at time rashes.

Contraindication

Hypersensitivity to acetaminophen

-**MEDICATION 3; Amoxicillin**

Generic name: Ampicillin

Trade name: amoxzen

Mechanism of action

Amoxicillin is a penicillin antibiotic that is used in the treatment of infection caused by bacteria act by destroying the cell wall of bacteria.

Dosage and mode of administration

Amoxicillin 500mg was administered 2 tabs twice a day for 5 days orally.

Side effects

- Diarrhea
- Nausea and vomiting
- Nephritis
- Leucopenia
- Anaemia

Contraindication

Amoxicillin hypersensitivity

Precaution

Amoxicillin should be administered with meal or after meal.

MEDICATION 4; Ampicillin

Generic name: Ampicillin

Trade name: Principen

Mechanism of action

Ampicillin is an antibiotic that is indicated for the treatment and prevention of bacterial infections.

Dosage and mode of administration

A gram of ampicillin is administered intravenously.

Side effects

- Rashes
- Vomiting
- Nausea
- Diarrhea

Contraindication

Hypersensitivity to penicillin

Precaution

Ampicillin should be administered with caution to patient with history of kidney or liver diseases, intestinal inflammation, stomach problem, children, pregnant women and breast feeding.

MEDICATION 5; Gentamycin

Generic name: Gentamycin

Trade name:

Mechanism of action

Gentamycin is an amino glycoside of choice and act against gram negative and gram positive bacterial infections. It is used widely for the treatment of serious infection.

Dosage and mode of administration

Gentamycin 2mg/kg is administered intravenously.

Side effects

Vestibular and auditory damage is common if Gentamycin administration is prolonged or overdosed.

Contraindication

Hypersensitivity to Gentamycin

Precaution

Aminoglycosides are not absorbed from the gut and must therefore be given by injection for systemic infection and treatment of should not exceed 7 days because antibiotics destroy optic nerve causing deafness.

Patients did not react to any of the medications reviewed

CHAPTER FIVE - DISCHARGE SUMMARY

Date of admission - 10/10/2016

Date of discharge - 17/10/2016

5.0 Diagnosis on admission - Acute appendicitis

5.1 Diagnosis on discharge - Absent of appendicitis - APPENDECTOMY

5.3 Treatment received

- Normal saline
- Ringer lactate
- Glucose 5%
- Ampicillin IV
- Cimetidine IV
- Metronidazole IV and PO
- Gentamycin IV
- Novalgin IV
- Amoxicillin PO

5.4 Response to treatment

Patient response positively to treatment

5.5 Condition on discharge

Patient looked well and strong and was in good state of health upon discharge

5.6 Home treatment

- Amoxicillin 500mg tabs 2tabs 2times a day for 5 days
- Metronidazole 500mg tabs 2tabs 3times a day for 7days

5.7 Advice on Discharge

- ✚ Patient was advised to take her medication at the right time and dose.
- ✚ Advice patient to maintain good personal and environmental hygiene.
- ✚ Patient was also advised to watch out for any abnormalities and report in immediately.
- ✚ Advised patient to eat food rich in proteins, vitamins e.g. fruits and foods rich in fibres such as vegetables.

- ✚ Equally educate the patient on the important of having enough rest.
- ✚ Advice the patient not to do strenuous activities for at least six months.
- ✚ Patient was lastly encouraged and advice to respect her appointment date.

5.8 Appointment date - 19/10/2016

5.9 Follow up - Patient maintained her appointment date. Condition was good.

CHAPTER SIX: CONCLUSION

6.0 Positive findings

The female surgical unit where I worked was very clean that is both the ward and the surrounding. I was very grateful with that since cleanliness is one of the measure that improve health condition of patients

Secondly, the nurses in the female surgical unit were so welcoming and ready to teach me and as well answer all my questions and worries.

Again, it was a successful internship since my patient was very collaborative and she gave me all my required information.

6.1 Difficulties encountered

- I was unable to spend enough time with my patient due to too much and heavy work load making it difficult for me to closely follow up my patient.
- The strenuous shifting system. The Regional hospital Bamenda had just two shifts due to inadequate staff. These two shift systems are straining and tiring, thus makes patient care inadequate.

6.2 Proposed solution

I will like to plead with the hospital authority to always allow students on case study internship to spend and have adequate time to follow up their case and care for their patients.

I will again like to encourage the hospital to recruit more nurses so as to make work lighter and easier and even enjoyable to the nurses, so that the patients can have better care and management.

6.3 Recommendation

I recommend that the government should recruit more nurses in the hospital for efficient and maximum care to be offered to patients.

6.4 Conclusion

This internship was the best and very successful one because I was able to match much of my theory into practice by coming out with some certain procedures on my own.

I was able to follow up my patient very well and she left the hospital on good condition and appendicitis free and also learnt how to prevent and manage appendicitis at its cause which I did not know before. I also left the hospital happily because all the nurses were so nice and collaborative to me and taught me many new things and I also created a good nurse-student and student-patient relationship respectively.

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