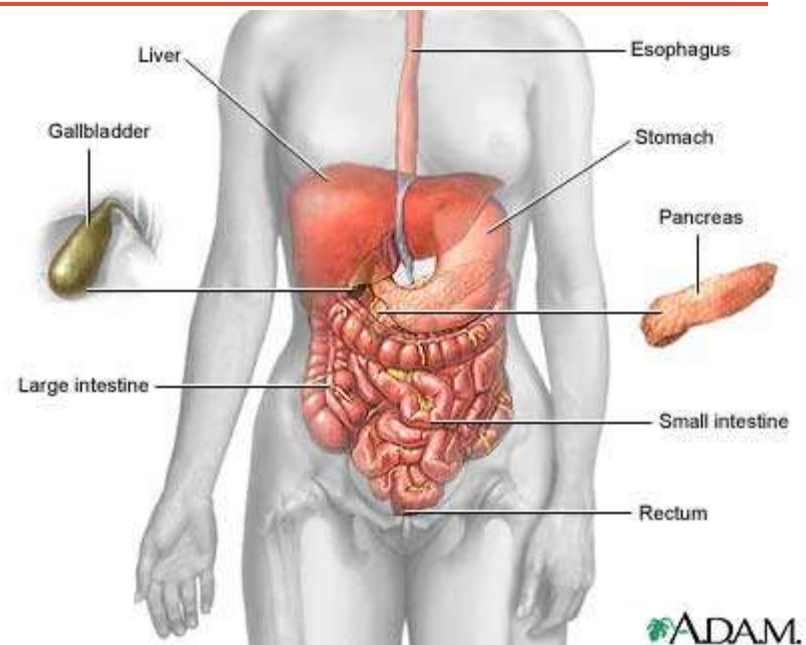


PARALYTIC ILEUS

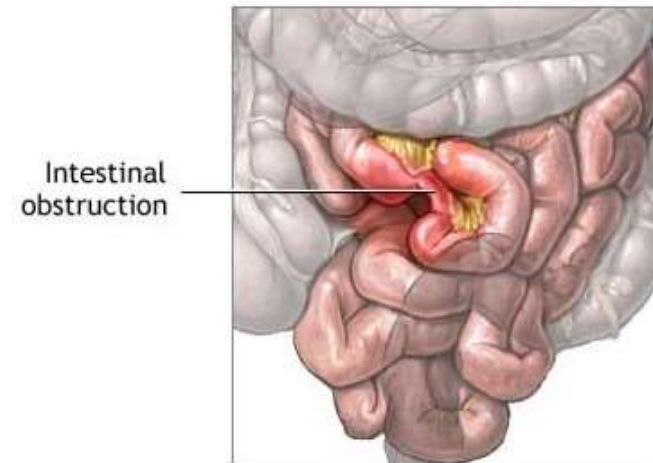
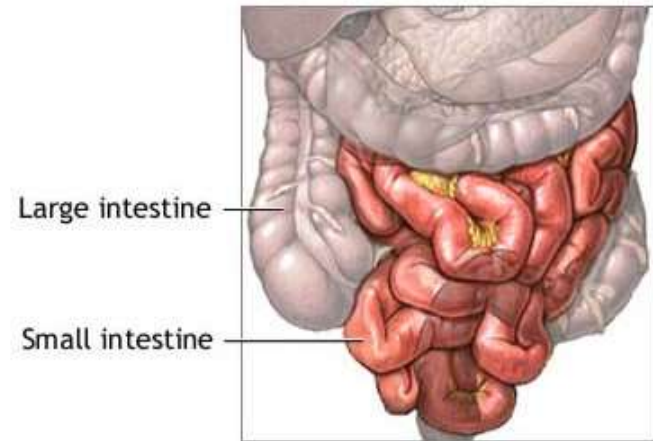
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Pathophysiology

- Paralytic Ileus- is the inability of the intestines to conduct peristalsis which can lead to obstruction.
- It is the most common form of non-mechanical obstruction.
- Most often occurs after surgery but can also occur due to an inflammatory response, electrolyte abnormality, thoracic or lumbar spinal fractures.



Pathophysiology Cont.

- If distension occurs near an obstruction, fluid, gas, and intestinal contents can build up pressure and cause the bowel to collapse, collapsed bowel can build up pressure and lead to leakage of F&E into peritoneal cavity and ultimately lead to severe reduction in blood volume which can result in hypotension and hypovolemic shock.
- Intestinal strangulation- can occur as a very dangerous complication secondary to highly distended bowel, blood flow becomes minimized resulting in edema, cyanosis, and gangrene at portion of bowel, this can result in bowel becoming necrotic and rupturing causing infection, sepsis, and ultimately death.

Clinical Manifestations

- Most important manifestations (Characteristics are dependent on the location of the obstruction)

 Colicky abdominal pain (constant generalized discomfort)

 Nausea

- Proximal to obstruction= rapid develop onset N&V
- Distal to obstruction = gradual in onset N&V

 Vomiting (often relieves abdominal pain = higher intestines)

- Proximal to obstruction = may be projectile and contain bile
- Distal to obstruction = foul smell that looks like stool, **indicates long standing obstruction requiring immediate surgery**

Clinical Manifestations Cont.

- Abdominal distention (usually absent or minimally noticeable in proximal obstructions and lower intestinal obstructions)
- Constipation (occur later)
- Lack of flatus (occur later)
- Abdominal tenderness, rigidity (usually absent unless strangulation or peritonitis occur)
- Absent bowel sounds or high pitched bowel sounds above obstruction (upon auscultation)
- Temperature $> 100^{\circ}$ (rare occurrence, secondary to strangulation or peritonitis occurring)



Interventions

- **Interventions**

- 📋 Notify surgeon of changes in:
 - VS
 - Bowel sounds
 - Decreased urine output
 - Increased abdominal distention
 - Pain
- 📋 Maintain strict I&O record
- 📋 Monitor for signs of dehydration and electrolyte imbalance
- 📋 Assess pain and provide comfort measures



Labs & Diagnostics

- Perform a thorough history and physical examination.
- CT scans and abdominal x-rays are ordered.
- An elevated WBC count may indicate strangulation or perforation.
- Serum electrolytes, BUN, and creatinine are monitored frequently to assess the degree of dehydration.

Treatments

- Placing the patient on NPO status to rest their bowel.
- Administering IV fluids and electrolytes to prevent dehydration.
- An NG tube is sometimes placed to relieve abdominal swelling.
- Medication to stimulate bowel movements include:
 - Laxatives
 - Suppositories
 - Enemas

Patient Education

- Instruct patient to let RN know if they feel abdominal discomfort, distention, nausea, and/or vomiting.
- Teach patient the importance of NPO as the initial treatment.
- Teach patient the importance of NG placement if ordered.



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