REFLECTION

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Improving care of patients with inflammatory bowel disease

Understanding the physical symptoms and psychological impact of inflammatory bowel disease can help ensure better patient support and management

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As a unit manager in a large nursing/residential home I am responsible for 46 older people whose average age is over 80. As the population is living longer, the needs of older people are changing from residential to nursing care, with an increasing number of clients experiencing mental health problems.

I have read and reflected on Pearson’s article (2004) on inflammatory bowel disease with great interest and it could not have come at a better time for me as one of my clients had just been diagnosed as having ulcerative colitis.

This is a life-long chronic condition, which is characterised by periods of exacerbation and remission. It causes inflammation of the mucosa and the submucosa of the colon.

The condition always affects the rectum and can progress to affect various, or all, parts of the colon. Most patients with ulcerative colitis present with bloody diarrhea. Other symptoms of the condition can include stomach pain and tenesmus.

This condition has had an immense impact on my client. It has affected her physically, psychologically, and emotionally. She is an attractive, young-looking woman who was always outgoing, enjoyed entertaining people and was happy.

However, after being diagnosed with this condition she began to isolate herself in her room, coming out only for meals. She had a very strong family support network and my team and I ensured that she received counselling, support and encouragement at all times.

After many discussions with my client I learnt that the reason for her isolation was that she sometimes had to visit the toilet frequently and, when she had abdominal cramp-like pains, urgently. This left her feeling very exhausted.

It also had a psychological effect on her as she was worried about odour. She would often hide her soiled incontinence pads because she was embarrassed. Staff continued to give reassurance and support to boost her morale and confidence.

This article by Pearson enabled me to understand the purpose of the investigative procedures that were undertaken, which has enhanced my knowledge and ability to deliver quality care to my client. Tests such as barium enemas and sigmoidoscopy, blood tests for anaemia, erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) were all done. I have learnt that raised ESR and CRP levels indicate the extent of the inflammation in the bowel.

Steroids and aminosalicylates were administered to reduce the inflammatory process and gave my client immense relief. Drug regimens were reviewed constantly, monitoring for side-effects. As my client had been in remission for months she was placed on a maintenance dose of steroids and mesalazine tablets. She was able to smile and socialise once again. This was a great comfort to her relatives and friends.

Staff continued to give support and reassurance to my client and her relatives. The psychological impact this debilitating disease had on her was initially one of denial, but she has now accepted it in a dignified manner with the support of her family and staff.

I have always encouraged the multidisciplinary team to read the client’s care plan. By doing this they can become more knowledgeable in understanding how to treat inflammatory bowel disease as well as how to address the psychological impact it has on the client.

My staff and I will continue to facilitate a holistic approach to care with emphasis on the client’s emotional, social, psychological and spiritual needs.