

## DIV - Diverticulitis / Diverticulosis

### DIV-AP ANATOMY AND PHYSIOLOGY

**OUTCOME:** The patient/family will understand anatomy and physiology as it relates to diverticulitis/diverticulosis.

**STANDARDS:**

1. Explain the normal anatomy and physiology of the colon.
2. Discuss the changes to anatomy and physiology as a result of diverticulitis/diverticulosis.
3. Discuss the impact of these changes on the patient's health or well-being.

### DIV-C COMPLICATIONS

**OUTCOME:** The patient/family will understand the signs of complications and will plan to return for medical care if they occur.

**STANDARDS:**

1. Explain that some possible complications of diverticulosis and diverticulitis may include hemorrhage, abscess development and perforation with peritonitis, bowel obstruction, intussusception, and volvulus.
2. Discuss that common signs include lower abdominal cramping, abdominal distention fever, malaise, and hemorrhage. Emphasize the importance of immediate follow-up.
3. Advise the patient to seek immediate medical care for any signs of complications, such as lower abdominal cramping, abdominal distention fever, malaise, hemorrhage.

### DIV-DP DISEASE PROCESS

**OUTCOME:** The patient/family will have a basic understanding of the pathophysiology and symptoms of diverticulitis/diverticulosis.

**STANDARDS:**

1. Explain that a diverticulum is a pouch or saccular dilatation from the main bowel cavity. Diverticulosis is the condition in which an individual has multiple diverticulae. Diverticulitis is an inflammation of one or more diverticulae.
2. Explain that some of the predisposing factors may include congenital predisposition, weakening and degeneration of the muscular wall of the intestine, chronic over distention of the large bowel, and a diet low in fiber.

3. Explain that diverticulosis develops in nearly 50% of persons over age 60, but only a small percentage develops diverticulitis.
4. Explain that symptoms of diverticulitis may range from mild abdominal soreness and cramps with “gas” and low grade fever, to severe cramping and pain accompanied by fever, chills, nausea, abdominal rigidity, and massive hemorrhage.
5. Inform the patient that diverticulitis may be acute or chronic.

#### **DIV-EX      EXERCISE**

**OUTCOME:** The patient/family will the role of physical activity in diverticulitis/diverticulosis.

#### **STANDARDS:**

1. Discuss medical clearance issues for physical activity.
2. Discuss the benefits of any physical activity, such as improvement in well being, stress reduction, sleep, bowel regulation, and improved self image.
3. Discuss obstacles to a personal physical activity plan and solutions to those obstacles. Assist the patient in developing a personal physical activity plan.
4. Discuss the appropriate frequency , intensity, time, and type of activity.
5. Refer to community resources as appropriate.

#### **DIV-FU      FOLLOW-UP**

**OUTCOME:** The patient/family will understand the importance of follow-up and make a plan to keep follow-up appointments.

#### **STANDARDS:**

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments.
3. Emphasize that appointments should be kept.
4. Discuss common signs of complications that require immediate follow-up, including lower abdominal cramping, abdominal distention fever, malaise, and hemorrhage.

#### **DIV-L      LITERATURE**

**OUTCOME:** The patient/family will receive literature about diverticulitis and/or diverticulosis.

**STANDARDS:**

1. Provide the patient/family with literature regarding diverticulitis and/or diverticulosis.
2. Discuss the content of the literature.

**DIV-LA      LIFESTYLE ADAPTATIONS**

**OUTCOME:** The patient/family will understand lifestyle adaptations necessary for prevent complications of diverticulitis/diverticulosis or to improve mental or physical health.

**STANDARDS:**

1. Review the lifestyle aspects/changes that the patient has control over: nutrition, physical activity, safety and injury prevention, avoidance of high-risk behaviors, and full participation in the treatment plan.
2. Emphasize that an important component in the prevention or treatment of the disease is the patient's adaptation to a healthier, lower risk lifestyle.
3. Discuss that family may also require lifestyle adaptations to care for the patient.
4. Review the community resources available to assist the patient in making lifestyle changes. Refer as appropriate.

**DIV-M      MEDICATIONS**

**OUTCOME:** The patient/family will understand the purpose, proper use, and expected outcomes of prescribed drug therapy.

**STANDARDS:**

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of full participation with the medication plan and that this is the patient's responsibility. Discuss any barriers to full participation.
5. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list and pill bottles to appointments for medication reconciliation.

## **DIV-MNT    MEDICAL NUTRITION THERAPY**

**OUTCOME:** The patient/family will understand the specific nutritional intervention(s) needed for treatment or management of this condition, illness, or injury.

### **STANDARDS:**

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
  - a. Assessment of the nutrition related condition.
  - b. Identification of the patient's nutritional problem.
  - c. Specific nutrition intervention therapy plan.
  - d. Evaluation of the patient's nutritional care outcomes.
  - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

## **DIV-N        NUTRITION**

**OUTCOME:** The patient/family will understand the role of nutrition and diverticulitis.

### **STANDARDS:**

1. Assess current nutritional habits and assist the patient/family in developing appropriate meal plans. Refer to a Registered Dietitian, as appropriate.
2. Emphasize the importance of water in maintaining fluid balance and preventing constipation.
3. Explain that bulk can be added to stools by eating foods high in fiber and low in sugar. Encourage fruits and vegetables with high fiber content (seedless grapes, fresh peaches, carrots, lettuce). and avoidance of indigestible fiber, such as celery and corn.
4. Advise the patient/family to avoid extremely hot or cold foods and fluids, because they may cause flatulence. Alcohol, which irritates the bowel, should be avoided.
5. Stress the importance of thoroughly chewing all foods.

## **DIV-P        PREVENTION**

**OUTCOME:** The patient/family will understand the possible prevention of diverticulitis and/or diverticulosis.

**STANDARDS:**

1. Explain that the etiology of diverticulitis/diverticulosis is unclear, but an appropriate diet (low fat, high fiber) may prevent or slow progression of the disease.

**DIV-PM PAIN MANAGEMENT**

**OUTCOME:** The patient/family will understand the plan for pain management.

**STANDARDS:**

1. Explain that diverticulitis with pain usually responds to a liquid or bland diet and stool softeners to relieve symptoms, minimize irritation, and decrease the spread of the inflammation.
2. Discuss the plan for pain management during the acute phase, which may include opiate or non-opiate analgesics and anticholinergic to decrease colon spasms.
3. Advise the patient not to use over-the-counter pain medications without checking with the patient's provider.
4. Discuss non-pharmacologic methods of pain control as appropriate.

**DIV-PRO PROCEDURES**

**OUTCOME:** The patient/family will understand the procedure to be performed.

**STANDARDS:**

1. Discuss the indications, risks, and benefits of the proposed procedure as well as the alternatives and the risk of non-treatment.
2. Explain the process and what is expected after the procedure.
3. Explain the necessary preparation for the procedure.
4. Discuss pain management as appropriate.

**DIV-TE TESTS**

**OUTCOME:** The patient/family will understand the tests to be performed, the potential risks, expected benefits, and the risks of non-testing.

**STANDARDS:**

1. Explain test(s) that have been ordered (explain as appropriate):
  - a. method of testing
  - b. necessity, benefits, and risks of test(s) to be performed
  - c. any potential risk of refusal of recommended test(s)
  - d. any advance preparation and instructions required for the test(s)

- e. how the results will be used for future medical decision-making
  - f. how to obtain the results of the test
2. Explain test results:
- a. meaning of the test results
  - b. follow-up tests may be ordered based on the results
  - c. how results will impact or effect the treatment plan
  - d. recommendations based on the test results

## **DIV-TX      TREATMENT**

**OUTCOME:** The patient/family will understand the-treatment plan.

**STANDARDS:**

1. Discuss the specific treatment plan, which may include the following:
  - a. During acute episodes, nothing by mouth. IV fluid and nutritional support may be necessary in order to rest the bowel.
  - b. Liquid or bland diet during the less acute phase, followed by a high fiber diet to counteract the tendency toward constipation.
  - c. Stool softeners.
  - d. Antimicrobial therapy to combat infection.
  - e. Antispasmodics to control smooth muscle spasms.
  - f. Surgical resection/colostomy.
2. Advise the patient to avoid activities that raise intra-abdominal pressure, e.g., straining during defecation, lifting, coughing.
3. Discourage smoking and drinking alcohol, because they irritate the intestinal mucosa.