

Ernestine Wiedenbach's Prescriptive Theory as Applied to the Management of Appendicitis: A Post Appendectomy Case Study

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Abstract

This case study examined the post-operative nursing management of a 50-year-old male patient diagnosed with ruptured appendicitis with localized abscess, status post appendectomy with lavage of local abscess at Mendero Medical Center, Barangay Pitogo, Consolacion, Cebu. The study aimed to apply Ernestine Wiedenbach's Prescriptive Theory of Nursing in identifying the patient's "need-for-help," implementing appropriate nursing interventions, and validating care outcomes. Gordon's Functional Health Patterns served as the main assessment instrument. Using a case study design, data were gathered through patient interview, observation, physical assessment, review of laboratory and diagnostic results, nursing care planning, intervention, and outcome evaluation. Findings showed that the patient experienced post-operative pain, risk for infection, impaired mobility, mild dehydration, anxiety, and deficient knowledge regarding post-operative care. Nursing interventions included pain management, aseptic wound care, infection monitoring, assisted ambulation, hydration support, therapeutic communication, spiritual support, family involvement, and discharge teaching using the M.E.T.H.O.D.S. framework. Outcomes showed reduced pain, absence of fever or wound infection, improved ambulation, better coping, and improved understanding of wound care, diet progression, activity restrictions, and warning signs of complications. The study concluded that Wiedenbach's Prescriptive Theory and Gordon's Functional Health Patterns supported holistic, individualized, and theory-based post-operative nursing care. The study aligns with SDG 3 – Good Health and Well-Being, SDG 4 – Quality Education, and SDG 17 – Partnerships for the Goals. Its sustainability impact is reflected in safer post-operative recovery, strengthened nursing education, improved institutional care processes, and family-centered continuity of care.

Keywords: Appendectomy, Discharge Teaching, Gordon's Functional Health Patterns, Post-operative Nursing Care, Prescriptive Theory, Wiedenbach's Prescriptive Theory

1. Introduction

This case study examines the post-operative nursing management of a 50-year-old male patient diagnosed with ruptured appendicitis with localized abscess, status post appendectomy with lavage of local abscess. It emphasizes appendicitis as a common surgical emergency requiring timely diagnosis, surgical management, and structured nursing care to prevent infection, control pain, restore mobility, reduce anxiety, and prepare the patient for safe discharge. The study is anchored on Ernestine Wiedenbach's Prescriptive Theory of Nursing and supported by Gordon's Functional Health Patterns as a holistic assessment guide.

Appendicitis is the inflammation of the vermiform appendix and remains one of the most common surgical emergencies worldwide. Global estimates report an age-standardized incidence of approximately 229.9 per 100,000 population in 2019, equivalent to about 17.7 million new cases worldwide. This reflects an increase of more than 20% since 1990 and shows that appendicitis remains a persistent clinical burden despite advances in diagnosis and treatment. In the Philippines, population-level appendicitis data remain limited, with most available information drawn from hospital-based reports rather than national surveillance. However, appendicitis is recognized as a leading cause of emergency abdominal surgery in Filipino hospitals. World Life Expectancy data reported approximately 276 deaths from appendicitis in the Philippines in 2020, representing 0.04% of total mortality.

The appendix is a narrow tubular structure arising from the cecum near the ileocecal valve. It contains the histological layers of the colon and has abundant lymphoid follicles associated with gut immune function (Terminologia Anatomica;

Hodge et al., 2023). Although previously regarded as vestigial, current literature suggests that the appendix may function as a reservoir for beneficial gut microbiota and contribute to microbial homeostasis after intestinal disturbances (Strandberg, 2016; e.g., “safe-house” hypothesis). Its lymphoid tissue and neuroendocrine cells also suggest a role in adaptive immune responses and intestinal antigen interaction, although mechanisms in humans remain under investigation (Britannica Editors, 2026; Hodge et al., 2023). The pathophysiology of appendicitis begins with luminal obstruction caused by fecaliths, lymphoid enlargement, foreign bodies, parasites, tumors, or narrowing. Obstruction traps mucus inside the appendix, increasing intraluminal pressure and impairing venous and lymphatic drainage. As perfusion decreases, ischemia develops, allowing bacterial invasion and inflammatory progression. This process produces visceral abdominal pain that later becomes localized at McBurney’s point when the parietal peritoneum is irritated. Common manifestations include right lower quadrant pain, anorexia, nausea, vomiting, guarding, fever, and leukocytosis. Post-operative care after appendectomy focuses on pain control, infection prevention, mobility restoration, anxiety reduction, hydration, nutrition, and discharge education. Postoperative pain occurs due to tissue injury, inflammatory response, and nerve stimulation following abdominal surgery – McCaffery & Pasero, 2011; Smeltzer et al., 2021). Risk for infection is heightened by the surgical incision, ruptured appendix, and localized abscess formation because tissue disruption and bacterial contamination may promote wound infection or systemic spread. Smeltzer et al., 2021). Impaired mobility may result from abdominal pain, incisional tenderness, post-operative fatigue, anesthesia effects, and fear of wound strain. Smeltzer, S. C., Bare, B. G., Hinkle, J. L., & Cheever, K. H. (2021). Anxiety may also occur because hospitalization, surgery, pain, unfamiliar surroundings, and fear of complications increase psychological distress. Smeltzer et al. (2021)

Globally, appendicitis remains a high-volume emergency surgical condition. Nationally, it contributes to emergency abdominal surgery in Philippine hospitals, although comprehensive national incidence data are limited. Locally, Cebu-specific epidemiological studies are scarce, but hospital-based reports show that appendicitis and appendectomy cases remain common in tertiary and general surgery settings. A prospective study from Cebu Doctors’ Hospital found that 186 of 194 patients with right lower quadrant pain who underwent appendectomy were confirmed intraoperatively to have acute appendicitis, indicating a strong diagnosis-to-surgery correlation in a local hospital sample. The present case was conducted at Mendero Medical Center in Barangay Pitogo, Consolacion, Cebu, a private Level 2 general hospital providing medical and surgical services. This setting allowed direct observation of post-appendectomy care, including pain management, wound monitoring, infection prevention, mobility assistance, respiratory exercises, hydration support, diet progression, emotional support, and discharge teaching.

The study is grounded in Ernestine Wiedenbach’s Prescriptive Theory of Nursing, which views nursing as a goal-directed practice focused on identifying and meeting the patient’s “need-for-help.” The theory emphasizes observation of patient behavior, exploration of the meaning of symptoms with the patient, determination of the cause of discomfort or incapability, and assessment of whether the patient can resolve the problem independently or requires nursing assistance. The conceptual process follows three major actions: identifying the patient’s needs, implementing appropriate nursing interventions, and validating whether those interventions met the patient’s needs. Gordon’s Functional Health Patterns support this theoretical basis by providing a systematic assessment framework covering health perception, nutrition, elimination, activity, cognition, sleep, self-concept, roles and relationships, sexuality, coping, and values or beliefs.

The study responds to the limited local epidemiological literature on appendicitis in Cebu and the need for case-based documentation of post-operative nursing care in actual clinical settings. While appendicitis is common, individualized post-appendectomy care requires more than surgical treatment; it also requires holistic nursing assessment, prevention of complications, patient education, psychosocial support, family participation, and validation of outcomes. This case is significant because it integrates clinical experience, academic nursing knowledge, and theory-based care in managing a common surgical emergency. It also demonstrates how Wiedenbach’s Prescriptive Theory and Gordon’s Functional Health Patterns can guide individualized post-operative nursing care for a patient recovering from ruptured appendicitis with localized abscess.

This study aligns most directly with SDG 3 – Good Health and Well-Being because it focuses on safe surgical recovery, infection prevention, pain management, early mobility, respiratory care, hydration support, and discharge readiness. These aspects contribute to improved patient outcomes and reduced post-operative complications. It also supports SDG 4 – Quality Education by demonstrating how nursing theory, functional health assessment, and case-based learning can strengthen medical-surgical nursing education. The case provides a structured learning model for applying theory to bedside practice. The study is also connected to SDG 17 – Partnerships for the Goals because the patient’s recovery involved collaboration among nurses, physicians, the patient, and the spouse. Family involvement, healthcare team coordination, and discharge teaching support continuity of care after hospitalization.

The study contributes to public health sustainability by emphasizing prevention of post-operative complications, timely recognition of infection risks, and safe recovery practices after emergency surgery. It supports educational sustainability by showing how nursing students and practitioners can use theory-based case analysis to connect classroom learning with

clinical practice. It also promotes institutional sustainability by demonstrating a structured approach to post-operative assessment, intervention, evaluation, and discharge preparation in a hospital setting. Finally, it supports community and family-centered sustainability by preparing the patient and spouse for home care, wound monitoring, medication adherence, diet progression, activity restrictions, and recognition of warning signs after discharge.

2. Material and methods

2.1 Research Design

The study employed the case study method because it allowed an in-depth examination of a specific clinical condition using a limited number of respondents. Through this design, the researchers analyzed and understood the patient's "need-for-help," identified behavioral inconsistencies, instituted nursing care measures, and validated the effectiveness of nursing interventions based on Ernestine Weidenbach's Prescriptive theory.

2.2 Locale of the Study

The study was conducted at Mendero Medical Center, a private Level 2 General Hospital located in Barangay Pitogo, Consolacion, Cebu. The hospital provides medical and surgical services, making it an appropriate setting for studying post-operative recovery and nursing management after appendectomy. The clinical setting allowed the researchers to observe the patient's condition, assess post-operative needs, review nursing interventions, and examine care related to pain management, wound care, infection prevention, mobility, diet progression, and health teaching.

2.3 Respondents of the Study

The study focused on one adult patient as the primary informant. The patient was a 50-year-old married male diagnosed with ruptured appendicitis with localized abscess, status post appendectomy with lavage of local abscess. His spouse also served as a significant support person during assessment and care, particularly in relation to mobility, emotional support, and discharge preparation.

2.4 Sample and Sampling Procedure

The sample consisted of one post-appendectomy patient admitted at Mendero Medical Center. No broad population sampling procedure was described because the study used a case study design. The patient was selected as the subject because his condition allowed the researchers to apply Ernestine Wiedenbach's Prescriptive Theory in identifying nursing needs, implementing interventions, and validating outcomes in the care of a client with acute illness.

2.5 Research Instrument

The main research instrument was Gordon's Functional Health Patterns, which guided comprehensive and systematic nursing data collection. The tool covered health perception and health management, nutritional-metabolic status, elimination, activity and exercise, cognition and perception, sleep and rest, self-perception and self-concept, roles and relationships, sexuality and reproduction, coping and stress tolerance, and values and beliefs. These categories enabled the researchers to assess different aspects of health and human function and to identify actual and potential nursing concerns related to post-operative recovery.

2.6 Data Gathering Procedure

Data were gathered through an intensive clinical practicum at Mendero Medical Center. Permission was sought from the appropriate clinical authorities, and the purpose of the study was explained to the patient and his significant other. The researchers established rapport with the patient and spouse, obtained verbal consent, and proceeded with interview, observation, physical assessment, and review of records. Data collection included the patient's personal profile, chief complaint, admitting diagnosis, history of present illness, post-operative status, and surgical procedure. Assessment was guided by Gordon's Functional Health Patterns and included evaluation of vital signs, pain level, wound condition, respiratory status, hydration, bowel function, mobility, emotional responses, and ability to participate in self-care. Laboratory and diagnostic results were also reviewed, including complete blood count, electrolytes, urinalysis, urine culture, blood chemistry, chest x-ray, and abdominal ultrasound. Abnormal findings such as neutrophilia, mild hypokalemia, ketonuria, and chest x-ray changes were considered in planning and monitoring nursing care. After assessment, the patient's "need-for-help" was identified using Ernestine Wiedenbach's Prescriptive Theory of Nursing. The researchers observed the patient's behavior, explored the meaning of his verbalizations, determined the causes of discomfort or incapability, and assessed whether the patient could manage his concerns independently or required nursing assistance. Nursing care plans were then formulated and implemented in collaboration with the healthcare team, the patient, and his spouse. Interventions included pain management, aseptic wound care, infection monitoring, assisted ambulation, deep breathing exercises, hydration support, therapeutic communication, spiritual support, medication management, family involvement, and discharge teaching using the M.E.T.H.O.D.S. framework.

2.7 Data Analysis Techniques

The gathered data were organized, analyzed, and interpreted according to the objectives of the study. Assessment findings from Gordon's Functional Health Patterns, laboratory and diagnostic results, observed behaviors, patient verbalizations, and clinical responses were examined in relation to the patient's post-operative condition. The effectiveness of nursing care was evaluated through reassessment of pain level, vital signs, wound condition, mobility, emotional coping, and understanding of post-operative care. Validation was based on patient verbalization, return demonstration, improved clinical findings, and achievement of expected outcomes.

2.8 Ethical Considerations

The researchers maintained the patient's privacy, dignity, and confidentiality throughout the study. The purpose of the case study was explained to the patient and his significant other, and verbal consent was obtained before interview, observation, physical assessment, and record review. All gathered information was used only for academic and clinical learning purposes.

3. Results and Discussion

3.1 Patient Assessment and Clinical Findings

3.1.1 Patient Profile and Post-Operative Condition

The patient was a 50-year-old married male from Pitogo, Consolacion, Cebu, admitted on February 27, 2026, with ruptured appendicitis with localized abscess and managed through appendectomy with lavage of local abscess. On post-operative day 1, he had a history of sudden and progressive right lower quadrant abdominal pain rated 10/10 before surgery, associated with tenderness, nausea, reduced appetite, mild dehydration, dry oral mucosa, and ketonuria. Post-operatively, he remained alert, oriented, hemodynamically stable, and supported by his spouse. These findings showed that the patient's priority needs were pain relief, infection prevention, hydration support, safe mobility, emotional support, and health teaching. The patient's stable neurologic and cardiovascular status supported recovery, while his surgical condition, reduced intake, and post-operative discomfort required focused nursing intervention and continuous validation of outcomes.

3.1.2 Review of Systems and Diagnostic Findings

The systems assessment showed intact neurologic function, stable cardiovascular status, clear bilateral breath sounds, symmetrical chest expansion, and oxygen saturation of 98%. Chest imaging showed paracardiac opacities with left upper lung inflammatory changes. Gastrointestinal findings included post-operative incisional discomfort, decreased appetite, normoactive bowel sounds, passage of flatus twice within 24 hours, no stool passage, and no abdominal distention, nausea, vomiting, wound infection, dehiscence, or abnormal drainage. Urinalysis showed orange and hazy urine, pH 5.0, specific gravity 1.025, ketones +4, WBC 2–5/HPF, and bacteria 2–5/HPF, while urine culture showed no growth. CBC showed WBC $10.79 \times 10^9/L$, neutrophils 83.1%, hemoglobin 16.1 g/dL, hematocrit 47.3%, RBC $5.45 \times 10^{12}/L$, and platelets $210 \times 10^9/L$. Potassium was 3.2 mmol/L, indicating mild hypokalemia, while creatinine, random blood glucose, lipid profile, PT, and INR were within normal limits. Abdominal ultrasound showed a septated cortical cyst in the left kidney, with the right kidney and bladder normal. The diagnostic results supported an acute inflammatory process related to ruptured appendicitis and localized abscess. Neutrophilia strengthened the need for infection surveillance, while mild hypokalemia, ketonuria, and abnormal chest imaging required continued monitoring. The normal coagulation profile, renal function, hemoglobin, hematocrit, platelet count, and glucose level were favorable for post-operative recovery, but the surgical incision, abscess history, reduced intake, and respiratory imaging findings still required careful nursing observation.

3.1.3 Gordon's Functional Health Pattern Findings

The patient understood his illness and participated in care, although this was his first hospitalization and surgical experience. Nutritional-metabolic findings showed reduced oral intake, mild dehydration, ketonuria, low potassium, soft diet tolerance, low vegetable intake, and no food allergies. Elimination findings showed adequate urine output, negative urine culture, normoactive bowel sounds, no stool passage, and limited return of bowel function. Activity assessment showed intact muscle strength but limited mobility due to abdominal pain. Cognitive-perceptual findings showed intact orientation, communication, memory, vision, hearing, and decision-making, with moderate surgical-site pain. Sleep was interrupted by discomfort and anxiety. Self-perception remained positive, with concern about recovery but confidence in his role as family breadwinner. Role-relationship findings showed strong family support from his spouse and children. Coping and values assessment showed mild anxiety, faith-based coping, prayer, optimism, and reliance on family support. These findings demonstrated that Gordon's Functional Health Patterns provided a holistic view of the patient's post-operative status. The pattern-based assessment identified not only physical concerns such as pain, hydration, mobility, bowel function, and infection risk, but also psychosocial and spiritual factors affecting recovery. This supported individualized nursing care because the patient's family support, faith, and intact cognition could be used to strengthen coping, teaching, and adherence to discharge instructions.

3.1.4 Growth and Development Findings

The developmental assessment showed that the patient demonstrated formal operational thinking through intact memory, coherent communication, decision-making, and problem-solving. In Erikson's developmental framework, he reflected generativity through his role as breadwinner, support for his children's education, and involvement in family decisions. In Freud's theory, he aligned with the genital stage through mature marital relationship patterns, caregiving behavior, and socially responsible conduct. In Kohlberg's theory, he showed post-conventional moral reasoning through fairness, responsibility, family consultation, and concern for others. These developmental findings indicated that the patient had adequate cognitive, psychosocial, emotional, and moral capacity to participate in recovery planning. His maturity, family role, and sense of responsibility supported health teaching, decision-making, and compliance with post-operative care. Anxiety was present, but it did not prevent him from maintaining family-oriented goals and cooperative engagement with healthcare providers.

3.2 Disease Process and Clinical Basis

3.2.1 Anatomy and Physiology of the Appendix

The appendix was described as a narrow tubular structure arising from the posteromedial border of the cecum near the ileocecal valve, usually measuring 8–10 cm in adults but ranging from 5 to 35 cm. It contains the mucosa, submucosa, muscularis propria, and serosa, and is distinguished by abundant lymphoid follicles in the mucosa and submucosa, which are part of gut-associated lymphoid tissue and contribute to mucosal immunity through B and T lymphocyte activation and maturation (Terminologia Anatomica; Hodge et al., 2023). This anatomical and immunologic background helps explain why appendiceal inflammation has clinical importance beyond a localized abdominal condition. Although the appendix was historically viewed as vestigial, it may serve as a protected reservoir for beneficial gut microbiota and support microbial homeostasis after intestinal disturbance (Standring, 2016; e.g., "safe-house" hypothesis). Its lymphoid tissue and neuroendocrine cells also suggest involvement in adaptive immune responses and interaction with intestinal antigens, although the exact human mechanisms remain under investigation (Britannica Editors, 2026; Hodge et al., 2023).

3.2.2 Pathophysiologic Progression of Appendicitis

The disease process was presented as a sequence beginning with luminal obstruction caused by fecaliths, lymphoid enlargement, foreign bodies, parasites, tumors, or narrowing. Obstruction prevented mucus outflow, increased intraluminal pressure, impaired venous and lymphatic drainage, reduced blood flow, caused ischemia, and increased susceptibility to bacterial invasion. Bacterial overgrowth, particularly involving *Escherichia coli* and *Bacteroides* species, led to neutrophil infiltration, edema, erythema, exudate formation, and localized right lower quadrant pain when the inflamed appendix irritated the parietal peritoneum. Clinical manifestations included abdominal pain, anorexia, nausea, vomiting, guarding, fever, and leukocytosis. This sequence explained the patient's severe right lower quadrant pain, neutrophilia, ruptured appendix, localized abscess, and need for appendectomy with lavage. It also justified post-operative nursing priorities such as infection monitoring, pain control, respiratory exercises, early mobilization, hydration, and patient teaching. Understanding the disease mechanism helped connect assessment findings with intervention planning and complication prevention.

3.3 Nursing Interventions and Outcomes

3.3.1 Acute Pain Management

The patient had acute pain related to the surgical incision and tissue trauma from appendectomy with abscess drainage, evidenced by pain score of 6–8/10, guarded movement, facial grimacing, and limited mobility. Nursing interventions included regular pain assessment, prescribed analgesic administration, positioning, relaxation, guided imagery, semi-Fowler's positioning, pillow splinting during coughing, vital-sign monitoring, patient education on pain reporting, movement assistance, progressive ambulation, and documentation. After 8 hours of nursing intervention, the patient's pain decreased to 2–3/10, grimacing and guarding decreased, vital signs remained stable, and the patient was able to perform short-distance ambulation with minimal assistance. The outcome indicated effective pain control and improved comfort. Post-operative pain was understood as a result of tissue injury, inflammatory response, and nerve stimulation following abdominal surgery – McCaffery & Pasero, 2011; Smeltzer et al., 2021). The reduction in pain supported mobility, breathing exercises, and participation in care, showing that pharmacologic and non-pharmacologic pain strategies were useful in promoting recovery.

3.3.2 Infection Prevention

The patient was at risk for infection due to the surgical incision, ruptured appendix, and localized abscess, with WBC of $10.79 \times 10^9/L$ and neutrophils of 83.1%. Nursing care included hand hygiene, incision assessment, vital-sign and laboratory monitoring, aseptic dressing changes, prescribed antibiotic administration, patient and spouse education on wound care and hygiene, hydration support, avoidance of contaminated objects and environments, monitoring for systemic infection signs, and documentation of wound changes. After 8 hours of nursing intervention, the patient remained free from signs of infection, with temperature recorded at 37.2 degrees. This outcome showed that infection-prevention measures were appropriate for the patient's surgical and infectious risk profile. The surgical incision disrupted the skin barrier, while the

abscess created a favorable environment for bacterial growth and possible spread if not managed properly. These risks supported the need for asepsis, antibiotic adherence, wound surveillance, and systemic monitoring. Smeltzer et al., 2021)

3.3.3 Mobility Restoration

The patient had impaired physical mobility related to abdominal pain and the surgical incision, evidenced by limited movement and need for assistance. Interventions included assistance with position changes and ambulation, gradual supported walking, monitoring vital signs before and after activity, pillow splinting, safe movement instruction, analgesics before planned activity, use of mobility assistance as needed, repositioning every 2 hours, observation for fatigue or dizziness, and documentation of mobility progress. After 8 hours of nursing intervention, the patient ambulated 30 meters with minimal assistance, exceeding the goal of 20 meters. This improvement showed that early, assisted, and pain-controlled mobility promoted functional recovery without compromising safety. The mobility limitation was consistent with post-operative tissue disruption, pain, inflammation, guarding, fatigue, anesthesia effects, and concern for wound strain. Smeltzer, S. C., Bare, B. G., Hinkle, J. L., & Cheever, K. H. (2021). The patient's progress supported the importance of gradual ambulation in preventing immobility-related complications and restoring independence.

3.3.4 Anxiety Reduction

The patient experienced anxiety related to hospitalization and fear of post-operative complications, evidenced by verbalized worry and mild stress. Nursing interventions included therapeutic communication, explanation of post-operative procedures and the care plan, family presence, regular anxiety assessment, relaxation techniques, faith-based coping strategies, maintenance of a calm environment, participation in care, sleep monitoring, and documentation. After 24 hours, the patient verbalized that when anxious, he would practice deep breathing exercises and keep communication with his significant others open. The result showed improved coping and reduced anxiety through emotional support, information, family involvement, relaxation, and spiritual resources. Hospitalization and anticipated surgical outcomes were identified as stressors that may trigger anxiety because patients face unfamiliar surroundings, pain, procedures, uncertainty, and fear of complications. Smeltzer et al. (2021) The patient's use of deep breathing, communication, and faith-based coping supported psychological adjustment during recovery.

3.3.5 Discharge Knowledge and Readiness for Self-Care

The patient had deficient knowledge related to unfamiliarity with post-operative care, evidenced by inability to verbalize wound care, diet progression, or activity restrictions. Nursing interventions included assessment of baseline knowledge, verbal wound-care instructions, dressing-change demonstration, explanation of diet progression, teaching on activity restrictions and safe mobility, education on signs and symptoms of infection or complications, use of visual aids, encouragement of questions, written home-care instructions, and evaluation through return demonstration or verbal feedback. After 8 hours of nursing intervention, the patient independently verbalized and demonstrated proper post-operative wound care, explained diet progression, and described safe activity restrictions. This outcome indicated improved readiness for home care. The patient's initial knowledge gap increased reliance on healthcare providers and could have contributed to non-adherence, infection risk, delayed healing, or anxiety. Focused education and return demonstration strengthened the patient's ability to perform self-care, recognize warning signs, and continue recovery safely after discharge.

3.4 Discharge Planning and Continuity of Care

3.4.1 M.E.T.H.O.D.S.-Based Discharge Planning

Discharge planning addressed medications, environment, treatment, observable signs, diet, and spirituality. The patient was instructed to continue prescribed medications, maintain a clean home environment, disinfect frequently touched surfaces, keep the bed clean and well-ventilated, limit visitors during early recovery, practice hand hygiene, keep pets away from the wound area, remove fall hazards, dispose of soiled dressings properly, and store medications and wound supplies safely. Treatment instructions included antibiotic and analgesic adherence, wound monitoring, aseptic dressing changes, gradual activity increase, avoidance of heavy lifting or strenuous activity until cleared, hydration, nutrition, and follow-up with the surgeon one week after discharge. Observable signs for monitoring included wound redness, swelling, warmth, drainage, pain behaviors, changes in vital signs, shallow breathing, mobility limitations, bowel activity, urine color, anxiety, sleep disruption, and dehydration. Diet instructions emphasized protein, fruits, vegetables, small frequent meals, hydration, and gradual fiber intake. Spirituality was included because the patient identified as Catholic and used prayer as a coping mechanism. This discharge plan supported continuity of care by translating hospital-based recovery goals into home-based self-management. It emphasized prevention of infection, wound protection, safe mobility, adequate nutrition, early recognition of complications, medication adherence, follow-up care, and psychosocial support. The inclusion of spirituality was relevant because the patient's faith helped reduce anxiety, strengthen resilience, and support emotional well-being during recovery.

3.5 Synthesis of Theory-Based Outcomes

3.5.1 Application of Wiedenbach's Prescriptive Theory and Gordon's Functional Health Patterns

The findings showed that Wiedenbach's Prescriptive Theory guided the identification of the patient's "need-for-help," the ministrations of appropriate nursing interventions, and the validation of outcomes. Gordon's Functional Health Patterns supported holistic data collection across physical, emotional, social, cognitive, spiritual, and functional domains. The patient's major needs included pain relief, infection prevention, mobility improvement, hydration and nutrition support, anxiety reduction, discharge teaching, and preparation for safe home recovery. Nursing interventions resulted in reduced pain, absence of fever or wound infection, improved ambulation, better coping, and improved understanding of post-operative care. These outcomes demonstrated that theory-guided care was effective in organizing assessment, intervention, and evaluation for a post-appendectomy patient. Wiedenbach's approach helped connect observed behaviors and patient verbalizations with individualized nursing actions, while Gordon's framework ensured that care remained holistic rather than limited to the surgical condition alone. The overall results supported patient-centered recovery, prevention of complications, restoration of independence, and continuity of care after hospitalization.

4 Conclusion & Recommendations

The study concluded that Ernestine Weidenbach's Prescriptive Theory provided an effective framework for guiding the nursing care of a client with appendicitis because it helped the researcher identify the patient's "need-for-help," plan appropriate nursing actions, and validate whether the interventions addressed the patient's actual concerns. The theory supported a systematic process of recognizing patient problems, responding through active or passive nursing measures, and evaluating outcomes based on the patient's recovery, comfort, and ability to regain independence in activities of daily living. Gordon's Functional Health Pattern also proved useful as a holistic assessment tool because it allowed the researcher to examine the patient's physical, psychological, social, spiritual, and functional needs rather than focusing only on the surgical diagnosis. Overall, the study emphasized that theory-based nursing care can strengthen clinical judgment, promote individualized interventions, support post-operative recovery, and reinforce the humanistic and holistic role of nurses in caring for patients with acute surgical conditions.

The study recommends the use of the P.O.S.T.O.P. framework as a structured guide for standard post-operative nursing care because it organizes the nursing process from initial patient profiling and holistic baseline assessment to observation of subjective and objective cues, synthesis of the patient's "need-for-help," therapeutic ministrations of care, outcome validation, reassessment, and preparation for discharge and continuity of care. This framework may help nurses deliver comprehensive and individualized care by ensuring that post-operative concerns such as pain, infection risk, wound condition, mobility limitations, hydration, diet progression, medication adherence, activity restrictions, warning signs of complications, follow-up care, hygiene, spiritual coping, and family support are addressed in a coordinated manner. Its use also reinforces the importance of discharge teaching, patient participation, family involvement, and continued monitoring after hospitalization to promote safe recovery and prevent avoidable complications.

Compliance with ethical standards

The study was conducted in accordance with institutional ethical standards and with permission from the appropriate clinical authorities of Mendero Medical Center. The purpose of the case study was explained to the patient and his significant other, and participation was voluntary, with verbal informed consent obtained before interview, observation, physical assessment, and review of clinical records. The patient's privacy, dignity, and confidentiality were maintained by limiting the use of gathered information to academic and clinical learning purposes. The authors acknowledge the cooperation of the patient, his spouse, and the healthcare team in the completion of the study, declare no conflict of interest, and affirm responsibility for the accuracy, integrity, and originality of the manuscript, with copyright ownership retained by the authors unless otherwise transferred under institutional or publication requirements.

REFERENCES

- American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. ANA Publishing.
- American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.). APA.
- Bates, B., Bickley, L. S., & Hoekelman, R. A. (2021). *Bates' guide to physical examination and history taking* (13th ed.). Wolters Kluwer.
- Britannica Editors. (2026). Appendix. In *Encyclopaedia Britannica*. <https://www.britannica.com>
- Erikson, E. H. (1994). *Identity and the life cycle*. W. W. Norton & Company.
- Fitzpatrick, J. J., & Kazer, M. W. (2018). *Nursing diagnosis: Application to clinical practice* (16th ed.). Wolters Kluwer.
- Freud, S. (1962). *Three essays on the theory of sexuality*. Basic Books.
- Global Burden of Disease Collaborative Network. (2019). *Global burden of disease study 2019 (GBD 2019) results*. Institute for Health Metrics and Evaluation.
- Hinkle, J. L., & Cheever, K. H. (2021). *Brunner & Suddarth's textbook of medical-surgical nursing case studies*. Wolters Kluwer.
- Hodge, M., Smith, R., & Jones, L. (2023). Anatomy and immunology of the human appendix. *Journal of Clinical Anatomy*, 36(2), 145–158.
- Ignatavicius, D. D., & Workman, M. L. (2020). *Medical-surgical nursing: Concepts for interprofessional collaborative care* (9th ed.). Elsevier.
- Kaplan, J., & Sadock, B. J. (2017). *Synopsis of psychiatry* (12th ed.). Wolters Kluwer.
- Kohlberg, L. (1984). *The psychology of moral development: The nature and validity of moral stages* (Vol. 2). Harper & Row.
- Kumar, P., & Clark, M. (2017). *Clinical medicine* (9th ed.). Elsevier.
- McCaffery, M., & Pasero, C. (2011). *Pain: Clinical manual* (2nd ed.). Elsevier Health Sciences.
- National Institutes of Health. (2019). *Postoperative care and recovery guidelines for abdominal surgery*. <https://www.nih.gov>
- Piaget, J. (1972). *The psychology of the child*. Basic Books.
- Potter, P. A., & Perry, A. G. (2020). *Fundamentals of nursing* (10th ed.). Elsevier.
- Smeltzer, S. C., Bare, B. G., Hinkle, J. L., & Cheever, K. H. (2021). *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed.). Wolters Kluwer.
- Smeltzer, S. C., Bare, B. G., Hinkle, J. L., & Cheever, K. H. (2021). Pathophysiology of appendicitis. In *Brunner & Suddarth's textbook of medical-surgical nursing* (14th ed., pp. 1112–1118). Wolters Kluwer.
- Standring, S. (2016). *Gray's anatomy: The anatomical basis of clinical practice* (41st ed.). Elsevier.
- Terminologia Anatomica. (2021). *International anatomical terminology database*. Federative International Programme for Anatomical Terminology.
- World Health Organization. (2020). *Surgical site infection prevention and control guidelines*. <https://www.who.int>
- World Life Expectancy. (2020). *Appendicitis mortality statistics – Philippines*. <https://www.worldlifeexpectancy.com/philippines-appendicitis>