

ACTIVE LEARNING TEMPLATE: *System Disorder*

STUDENT NAME RDH

DISORDER/DISEASE PROCESS Gastroesophageal Reflux Disease (GERD) REVIEW MODULE CHAPTER _____

Alterations in Health (Diagnosis)
Gastric content and backflow into the esophagus.

Pathophysiology Related to Client Problem
Gastric content and backflow exposes the esophagus to the stomach's acidic fluids, causing more irritation.

Health Promotion and Disease Prevention
Maintain a BMI below 30, stop smoking, limit alcohol and tobacco, eat a low fat diet, avoid eating or drinking 2 hours before bed, avoid tight fitting clothes, elevated HOB 6-8 inches.

ASSESSMENT

Risk Factors
Obesity, older age, sleep apnea, nasogastric tube; prolonged abdominal distention, certain medications, hiatal hernia, lying flat, increased abdominal pressure

Expected Findings
dyspepsia, radiating pain, report of feeling of having heart attack, pyrosis, odynophagia, pain that worsens with positions, throat irritation, increased flatus and eructation, pain that is relieved by drinking water, sitting upright, or taking antacids.

Laboratory Tests
Esophageal pH monitoring: pH readings are taken in relation to food, position, and activity through small catheter in esophagus.

Diagnostic Procedures
Esophagogastroduodenoscopy (EGD) allows visualization of the esophagus, revealing esophagitis, or Barrett's epithelium.
Esophageal manometry: records esophageal sphincter pressure and peristaltic activity
Barium Swallow: identifies structural abnormalities

SAFETY CONSIDERATIONS

PATIENT-CENTERED CARE

Nursing Care
Place the client in a semi-Fowlers position for meals and for 1 to 2 hrs after meals, keep oral suction at bedside

Medications
Proton Pump Inhibitors (PPIs): inhibit cellular pump of gastric parietal cells
Antacids: neutralizes excess acid
Histamine2 receptor antagonists: reduce the secretion of acid by inhibiting histamine at the gastric parietal cells
Prokinetics: increases the motility of the esophagus and stomach

Client Education
remain upright after eating, avoid carbonated drinks, lose weight if applicable, walk daily, report any abnormal symptoms or signs of complications

Therapeutic Procedures
Stretta: radiofrequency energy causes the LES muscle tissue to contract and tighten
Fundoplication: fundus of the stomach is wrapped around and behind the esophagus

Interprofessional Care
Gastroenterologist, dietician, pharmacy

Complications
Aspiration of gastric secretion, Barretts epithelium (pre-malignant) and esophageal adenocarcinoma