

**MARGARET H. ROLLINS SCHOOL OF NURSING**  
**Nursing 102 – Nursing Care of Adults**  
**Unit IV - Gastrointestinal System (1)**  
**Class Prep**

**Part 1-Match the following GI terms to the correct definition.**

- |                          |   |
|--------------------------|---|
| 1. <u>C</u> Borborygmi   | <del>A.</del> Black tarry stool                     |
| 2. <u>A</u> Melena       | <del>B.</del> Fatty Stools                          |
| 3. <u>E</u> Pyrosis      | <del>C.</del> Loud, gurgling bowel sounds           |
| 4. <u>B</u> Steatorrhea  | <del>D.</del> Bright red blood in the stool         |
| 5. <u>D</u> Hematochezia | <del>E.</del> Heartburn                             |
| 6. <u>F</u> GERD         | <del>F.</del> Reflux of stomach acid into esophagus |

**Part 2-Complete and ATI Learning Template on Gastroesophageal Reflux Disease (GERD). Attach to the second page of this document or submit separately to the drop box.**

ACTIVE LEARNING TEMPLATE: **System Disorder**

STUDENT NAME Jacob Leitzke

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

**Alterations in Health (Diagnosis)**

Frequent regurgitation of stomach acid into the esophagus, leading to irritation and discomfort.

**Pathophysiology Related to Client Problem**

When the lower esophageal sphincter (LES) becomes weak or relaxes abnormally, allowing stomach acid to flow backward into the esophagus.

**Health Promotion and Disease Prevention**

Encourage maintaining a healthy weight, avoiding spicy & acidic foods, & eating smaller meals.

**ASSESSMENT**

**Risk Factors**

Obesity, Smoking, excessive alcohol intake, pregnancy, & consuming fatty or spicy foods.

**Expected Findings**

Heartburn, regurgitation, dysphagia, chest pain, Chronic cough.

**Laboratory Tests**

CBC, helicobacter pylori testing

**Diagnostic Procedures**

Endoscopy, esophageal pH monitoring, or esophageal manometry.

**SAFETY CONSIDERATIONS**

Educate on raising the HOB. Avoid late night meals, & preventing complications like esophageal erosion.

**PATIENT-CENTERED CARE**

**Nursing Care**

Educate on diet modifications, medication adherence, and recognize complications.

**Medications**

Proton pump inhibitors (PPIs), H2-receptor antagonists, and antacids.

**Client Education**

Avoid trigger foods, wait 2-3 hours after eating before lying down & maintain good oral hygiene.

**Therapeutic Procedures**

Endoscopic dilations or Nissen Fundoplication in severe cases.

**Interprofessional Care**

Collaborate w/ a gastroenterologist, dietitian, & primary care provider.

**Complications**

Barretts esophagus, esophageal strictures and increased cancer.