

Adult/Geriatric Critical Thinking Worksheet

Student Name: Lissette Ortiz

Unit: S9

Pt. Initials: H.R.

Date: 3/2/2021

1. Disease Process & Brief Pathophysiology

A GI bleed due to abnormal, enlarged veins in the stomach. The cause for the abnormal veins to cause the GI bleed is when there is a varices which is are dilated blood vessels in the stomach that are caused by portal hypertension. Portal hypertension is the increase in pressure within the portal vein which is the vein that carries blood from the digestive organs to the liver. The increased pressure causes blood to be oushed away from the liver to smaller blood vessels which cannot handle the increased amount of blood. This causes large, swollen veins (varices) within the stomach. These varices are so fragile they can easily rupture which results in a loss of large amounts of blood.

4. Diagnostic Tests pertinent or confirming of diagnosis

Blood Test "P"

Stool Test

Nasogastric lavage

Upper endoscopy "P"

Colonoscopy "P"

Capsule endoscopy

Fleixible sigmoidoscopy

Angiography

Adopted: August 2016

2. Factors for the Development of the Disease/Acute Illness

Shock

Anemia "P"

Death

5. Lab Values that may be affected

Blood urea nitrogen

Creatinine

Hemoglobin "P"

Total protein

Lactate dehydrogenase

Platelet "P"

3. Signs and Symptoms

Bright red blood in vomit

Vomit that looks black

Black or tarry stool "P"

Dark blood mixed with stool

Rectal Bleeding

Abdominal pain

Chest pain

Fainting "P"

Difficulty breathing

6. Current Treatment

Inject medicines into bleeding site

Endoscopic thermal probe. Treat bleeding with heat probe, an electric current, or laser. Stops bleeding by coagulating the blood vessels or abnormal tissue "P"

Endoscopic clips. Close affected blood vessels with a band or clip "P"

Endoscopic band ligation

Engiographic embolization

IV drug known as a proton pump inhibitor (PPI) "P"

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7. Focused Nursing Diagnosis:

fatigue

8. Related to (r/t):

Anemia

GI bleed

Decreased hemoglobin and diminished oxygen-carrying capacity of the blood

9. As evidenced by (aeb):

Chronic tiredness or sleepiness

slowed reflexes and responses

low motivation

10. Desired patient outcome:

11. Nursing Interventions related to the Nursing Diagnosis in #7:

1. I will monitor hemoglobin, hematocrit, RBC counts, and reticulocyte counts by getting blood tests

Evidenced Based Practice:

Decreased RBC are associated with decrease oxygen-carrying capacity of the blood. It is critical to compare laboratory values to evaluate progression or deterioration in the client and identify life-threatening changes

2. I will watch the client's ability to perform activities of daily living

Evidenced Based Practice:

Fatigue can limit the client's ability to participate in self-care and perform his or her role responsibilities in family and society such as working outside the home

3. I will provide supplemental oxygen therapy as needed

12. Patient Teaching:

1. I will teach patient energy conservation methods

2. I will teach patient and patient's family about task organization methods and time organization methods

3. I will teach patient activities that are soothing

13. Discharge Planning/Community Resources:

1. Exercise as directed which is at least 30 minutes 3 days out of the week

2. Keep a regular sleep schedule

3. Eat a variety of healthy foods

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Pt will be alert at least 5 hours out of the day by
1500 on Thursday March 4th

Evidenced Based Practice:

Oxygen saturation should be kept at 90% or greater