

Adult/Geriatric Critical Thinking Worksheet

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Unit:

Pt. Initials:

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1. Disease Process & Brief Pathophysiology

Gastroesophageal reflux disease (GERD) is a condition where the reflux of gastric contents into the esophagus provokes chronic symptoms of mucosal damage to the lining of the esophagus and affects quality of life. Gastric content back flows as a result of transient lower esophageal sphincter relaxation and pressure abnormalities. The mucosal defensive factors however have an important role against development of GERD. This happens by neutralizing the back diffusion of hydrogen ion into the esophageal tissue.

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

Obesity
Pregnancy
Delayed stomach emptying (P)
Smoking
Hiatal hernia
Medication
Incompetent lower esophageal sphincter

3. Signs and Symptoms

Chest pain
Difficulty swallowing
Regurgitation of food (P)
Sensation of lump in throat
Disrupted sleep
Chronic cough
Weight loss (P)

4. Diagnostic Tests pertinent or confirming of diagnosis

Upper endoscopy (P)

pH probe test

Esophageal manometry

Barium abdominal X-ray (P)

5. Lab Values that may be affected

CBC (P)

Cardiac enzymes

6. Current Treatment

Medications - H2-receptor blockers, Proton pump inhibitors

Surgery - Fundoplication, LINX device, Transoral incisionless fundoplication

Diet modifications

Weight management

Elevate head of bed after meals

Eat food slowly

7. Focused Nursing Diagnosis:

Imbalanced Nutrition: Less Than Body Requirements

8. Related to (r/t):

Inability to intake enough food because of reflux

9. As evidenced by (aeb):

Weight loss

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

1 .Learn patient's nutritional history

Evidenced Based Practice:

Knowing the patient's current feeding habits can provide a basis for establishing a nutritional plan

2. Encourage small meals more frequently high in calories and protein

Evidenced Based Practice:

12. Patient Teaching:

1. Teach patient to limit intake of things that may irritate the stomach lining such as coffee or alcohol

2. Teach patient the precautions of taking NSAIDs such as Aspirin or Ibuprofen

3. Teach patient to avoid eating close to bedtime

13. Discharge Planning/Community Resources:

1. Follow up with primary provider for continued management of symptoms

Small and frequent meals are easier to digest

2. Help create a meal schedule for patient to follow to assist with spacing out meals

3. Instruct patient to eat slowly and chew food well prior to swallowing

3. Nutritional consultation if needed

10. Desired patient outcome:

Patient will ingest daily nutritional requirements in accordance to activity level and metabolic needs by 3/24/2021 at 1500

Evidenced Based Practice:

This can help improve reflux episodes

Sources:

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