

## Gastrointestinal System

### Hiatal Hernia and GERD

- Causes
- S/S – heartburn after eating, feeling full after eating
- Diagnosed by diagnostic tests
- Identify nursing interventions

### Peptic Ulcer Disease

- Common cause of GI bleeding
- S/S – burning or “gnawing” pain to mid-epigastric area, heartburn
- Diagnosed by EGD, Upper GI
- Treatment – antacids preferably liquid to coat, PPI’s, H2 antagonists, Sucralfate, possible treatment for H. Pylori if positive
  - o Lifestyle – smoking cessation, decrease stress, avoid caffeine, do not discontinue med

### Gastric Ulcers

- S/S – malnourished appearance, hemoptysis

### Duodenal Ulcers

- S/S – well nourished appearance, nighttime pain, bloody stools

### Inflammatory Bowel Disease

- Ulcerative Colitis located in the large intestine
- Crohn’s Disease located in small intestine, but can occur in large
- Symptoms are similar except for liquid stools 10-20 times per day with UC
- Diagnose by colonoscopy
- Treatment – low residue diet, smoking cessation, avoid foods which exacerbate, meds might include steroids, aminosalicylates and biologics or immunomodulators
- Possible surgery if treatment ineffective

\*\*\*Watch for perforation!

## Diverticular Diseases

- Diverticulosis – usually goes unknown
- Diverticulitis – painful, diagnosed by colonoscopy or barium
  - o Laxatives, low fiber progressing to high fiber, avoid popcorn and nuts,
  - o Surgery may be required if perforation – temporary colostomy
  - o Observe for obstruction, peritonitis, infection

## Intestinal Obstruction

- S/S – pain and distention
- Treatment – NPO, IV fluids, NG tube, pain meds, surgery may be required

## Colorectal Cancer

- S/S – rectal bleeding, change in bowel habits, weight loss, etc.
- Diagnostics – colonoscopy and when should you start screening?
- Treatment – Surgery with usual colostomy – make sure you know colostomy care

## Cirrhosis

- Causes – not always alcohol
- S/S – jaundice, abdominal pain, chronic dyspepsia, ascites, anorexia, firm, nodular liver, weakness
- Diagnostics – ultrasound, CT, MRI, liver biopsy (know nursing care for biopsy)
- Labs - ↑ liver enzymes, bilirubin, PT, ammonia, alkaline phosphatase, ↓H&H, K, NA and albumin
- Treatment – stop alcohol, I/O and daily weights, measure abdominal girth, skin care, diet low in protein and sodium, may see lactulose, may see paracentesis (know nursing care)
- Watch for bleeding, hepatic coma, esophageal varices, avoid narcotics

## Hepatitis – A, B & C

- Know risks
- Know different types
- Know nursing implications

## Pancreatitis can be acute or chronic

- Causes – alcohol & biliary tract disease like gallstones

- Symptoms – pain, bruising around umbilicus (Cullen’s sign), maybe around flank area (Grey Turners), fever, N/V, hypotension, jaundice, ↑ Lipase, amylase, triglycerides, glucose, WBC’s, ALT, AST
- Treatment – NPO, Narcotics, NG, PPI’s, H2Receptor antagonists, antacids, nutrition - ?TPN, ?insulin, daily weights, no alcohol, avoid fatty and spicy food

#### Cholecystitis & Cholelithiasis

- Cholecystitis – IV fluids, pain meds, antibiotics, anticholinergics, diet change to avoid fatty, spicy and reduce calorie, ?NG
- Cholelithiasis – ERCP, cholecystectomy