

Clinical Care Concept Map

Patient Presentation:
 w/ Hypoacusis and Bleach Targ
 steel
 pt presented Hypoacusis
 Contact/dysarthria

Assessment/note cues:

Assess Abt of Pains/level/consist
 Abdominal Assessment for Distention
 Ascites Present in Abd/pelvis
 RBC \downarrow 2.41
 HGB/HCT - 7.8/21.5 \downarrow
 PLT - 92 \downarrow
 ALT - 59 (w/)
 AST - 203 \uparrow
 K - 3.1 \downarrow
 Bili - 2.7 \uparrow

Primary Concept: Clothing - Due to decrease
 platelets.

Related Medical Diagnosis:
 Upper GI Bleed

Interpreting and Prioritizing cues:

Contribute to Anemia/low hct!
 GI bleed needs to be stopped - send for EGD!
 Less indicate low albumin and low RBC/PLT -
 Ascites is Post prandial!

Responding/take action:

EGD w/ banding - stop GI bleed
 correct ABC/ABT by giving PRBC and
 clothing Pedsol - T...
 Percutaneous Ab Ascites - drain fluid from
 Abd cavity.

Reflecting/evaluate outcomes:

EGD effective if bleed is no longer present in
 enosis/bleed!
 Transfusion effective - Ab blood pressure stability
 PLT/RBC less rise to WNL.
 Fluid drained off and Abd pain subsides.

**Relevant diagnostic Tests, Treatment, and
 Relevant Medications:**

EGD - Fu Venous
 CT Scan for - liver/Ascites
 Folic Acid - help RBCs!
 Blood Transfusion
 ifegimen
 Proteolix

Most Case Scenario/Potential Complications:

Recurrent GI bleeds due to pt inability
 to quit drinking - leading to further
 liver damage causing hepatic Encephalopathy
 Potential complications
 • could nick blooder w/ long procedure!
 • Merc Verrus Skew up causing bleed.

2024	March
T F S	S M
1 2 3	3 4
9 10	10 11
16 17	17 18
23 24	24 25
31	31

2024	Sept
S	S M
3 1	1 2
10 8	8 9
15 7	15 16
22 4	22 23
29	29

Hesi
 Preme and A
 feeding 3 RL

Hesi
 North prairie
 Praxing and 1 RL
 22

806-252-0992



Patient Preparation Worksheet

KeithRN.com

Time	Meds/Care Priorities	Labs/Glucose

Initials: RJ Room #: 14 Adm. Date 4/6 Post op day# 2

Diagnosis: Cirrhosis

Current problem: GI bleed

Patient Story: PT presented to ED w/ Hematemesis w/ Nausea - Alcoholic liver disease w/ Ascites.

EGD w/ Banding on 4/7/24

Allergies: ACE inhibitors & Shrimp/shellfish!

PRIORITY Body System to Assess: Abdominal Assessment

	CV	Resp	Neuro	* GI	GU	Skin	VS/Pain	Other
Prior Nursing Assessment	BP <u>172</u> HR <u>112</u> UNL	<u>Supp</u> UNL	LOC lethargic	Assess for GI bleed Pain/Abd in Abd			O4CO P-85 R-17 BP-85/55(66) O2-97%	
Current Nursing Assessment				CT Scan Shard Ascites Ascites in Abd/Relvis			1000 P-46 R-15 BP-92/62(68) O2-93%	

Abnormal Relevant Lab Tests	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
RBC	2.41 ↓	Indicating inadequate oxygenation/perfusion to organs
Hgb/ACT	7.86/21.5 ↓	liver function decreased
PLT	42	Clotting factor low - ↑ fall risk
Metabolic Panel Labs		
ALT	59 (N)	Indicating liver is Damaged!
AST	203 ↑	Significant Damage to liver
K	3.1 ↓	filtering out too much Potassium +
Misc. Labs		
Bilirubin	2.7 ↑	Indicating liver failure - not excreting Bilirubin - Jaundice
Lab TRENDS Concerning to Nurse?		
HGB, HCT, PLT all trending down from Day of Admit to 4/9!		

12
13
14

10
11
12
13
14

Daylight Saving Time Begins

St. Patrick's Day

4/31

Easter

2024	March
F S	S M T
1 10	3 4 5
2 11	10 11 12
3 12	17 18 19
4 13	24 25 26
5 14	31
6 15	
7 16	
8 17	
9 18	
10 19	
11 20	
12 21	
13 22	
14 23	
15 24	
16 25	
17 26	
18 27	
19 28	
20 29	
21 30	
22 31	

Code Status Full Code
 O2 therapy Room Air
 IV site OPc-2Gg - Rfa-1Kq
 IV Maintenance IV-Saline lock
 IV Drips _____
 Tubes _____
 Activity B Rest
 Fall Risk/Safety Yes-fall risk
 Diet 2g Na Diet
 Last BM 4/8-2300 - red dem stool
 Intake: 150
 Output: _____
 Therapies: RT/OT/PT _____
 Dressings _____

KEITHRN
 KeithRN.com

Notes:
 sclera yellow - indicating jaundice
 LOC - Lethargic
 I/O Retic = 250ml
 Anemic - 27-N (11-30)
 PT - failure to comply w/ safety ed. want use bed pan!
 EGD - banded varices 4 bands placed in lower third of Esophagus
 CIWA - 3
 Mild Nausea
 Mild Anxiety
 Mild Agitation

Pharmacology

List each medication you will administer this shift and the PRNs in the last 24 hours.

Medications	Pharm. Class	Mechanism of Action In OWN WORDS	Common Side Effects	Assessments/nursing responsibilities
Ceftriaxone 2g	cephalosporin	Fights broad spectrum infection treat spontaneous bacterial peritonitis	SABs, fatigue	Monitor IV site for infiltration/reaction
Polic Acid 1mg	Hemato-plateletic	To help produce Platelet Blood sugar cells.	N/V, Confusion	Monitor RBC levels, LOC, Nausea
Furosemide	diuretic	excretes waste from kidney	Hypotension	Monitoring Cerebral, H lab value, urine output
Lactulose	Laxative	↓ Ammonia level by getting rid of it through bowel	Abd pain, Bloating	monitor for bowel movements!
Pantoprazole (Protonix)	Ulcer PPI drug	Coats stomach to prevent stomach ulcers - causing bleed	dizziness, HTA, N/V	BP monitor, LOC monitor for lack of appetite - Bleeding in stool! Give w/ food
rifaximin	Ant. Infection	Preventative to prevent Hepatic encephalopathy!	Blurred vision, constipation	Hypersensitivity, bleed in stool, serum ammonia
spironolone	Diuretic	saves potassium while getting rid of waste.	Hyperkalemia Lethal Dysrhythmias	labs, urine output, cerebral monitor

Pathophysiology

Interpreting clinical data collected, what is the primary/current medical problem? State the pathophysiology of this problem in your own words.

Medical Problem	Pathophysiology of Medical Problem
GI Bleed Alcohol Consumption	The cause of the bleed is due to the patient's chronic alcohol use (causing varices in the upper GI tract). The patient's clotting time is elevated to 136 seconds and PLT count is low!

continued >

Problem Recognition

To prevent a complication based on the primary medical problem, answer each question in the table below.

Question	Most Likely	Worst Possible
Identify the most likely and worst possible complications.	Recurrent GI bleed	Hepatic Encephalopathy
What interventions can prevent them from developing?	Decreasing Alcohol consumption Adhering to Medications	prevent further damage of liver
What clinical data/assessments are needed to identify them early?	black Terry stool, Hematemesis, ↓BUN	LCG, Labs liver function
What nursing interventions will the nurse implement if the anticipated complication develops?	place pt on bed rest due to clotting ability Plan to send pt for a EGD to biopsy vessels	Nutritional support, G/FE, manage high ammonia

Putting it All Together to Provide Safe Patient Care

1. Which findings have you collected that are most important and need to be noticed as clinically significant?

Most Important Assessment Findings	Clinical Significance
Bleed in stool indicating GI bleed! • Lab values indicating liver failure	• Bleed in stool indicates that pt still has a bleed somewhere in the GI tract after EGD. • Lab values indicate that our pt is in liver failure

2. Identify the rationale for each provider order and its expected outcome.

Provider Order	Rationale	Expected Outcome
BCD bilateral leg Ext S/I/O Transfuse PRBC	• help pump blood back to heart/provide extremities • Due to ascites, need to be aware of what is going on and what is going out • provide more volume to help with vitals	• Good perfusion to Extremities • Possible Paracentesis for ascites • BP stabilizes, HR stabilizes

Nursing Management of Care

3. After interpreting clinical data collected, identify the nursing priority goal for your shift and three priority interventions specific for your patient. For each intervention write the rationale and expected outcome.

Nursing Priority	Rationale	Expected Outcome
Goal/Outcome Priority Intervention(s)	GI Bleed No Terry stool	1. Return to baseline 2. No SOB, BP might drop in the lab due to fluid change 3. PRBC and slow fluids will correct it.
1. Stop GI Bleed	1. Cent help at full bleedings stops! 2. need to get excess fluid off to help with work work at breathing 3. want to correct before paracentesis to prevent pt from bottoming out due to fluid	continued >
2. Diem Ascites / fluid from Abdomen		
3. Correct Hypotension		

Pathoph
Interpreting
this problem

Medical Pro

GI Bleed
Alcohol

4. What interventions/nursing responsibilities could be delegated?

Nursing Tasks/Interventions	Appropriate Delegation to Whom?	Rationale for Delegation
Assist pt w/ shower / Bed bath	Delegate to CNA.	pt is able to ambulate on own leg needs mentoring in shower.

5. To provide compassionate holistic care for this patient, answer the following questions.

What is the patient likely experiencing/feeling right now in this situation?	Fear / Anxiety, Impotence
What can you do to engage yourself with this patient's experience, and show that they matter to you as a person?	Take a interest in their beliefs and what they want to accomplish. Help set realistic goals and help start the pathway towards set goals.

6. Identify the psychosocial/holistic care priority specifically for your patient based on the findings you noticed as most important. List appropriate interventions, rationale, and expected outcomes.

Psychosocial/Holistic Care Priority	Priority Intervention(s)	Rationale	Expected Outcome
	Provide comfort to pt/family	pt/family both need comfort and reassurance.	Stay in hospital goes smoother and family/pt are more cooperative w/ staff

EDUCATION PRIORITIES/DISCHARGE PLANNING

7. Identify three priority educational topics that need to be included in a teaching plan to prevent complications and prepare this patient for discharge.

Teaching About Illness Care	Rationale	How are you going to teach?
1. Fall risk Safety due to pt and increased risk of bleeding.	1. ↓ PLT level - causes increased risk of bleeding	1. When pt is ambulating w/o staff present!
2. Ascites and removal of fluid through Paracentesis	2. due to liver failure, pt needs to monitor I/O	when draining Ascites/ 2. Palpating Abdomen Teach about excess fluid
3. Alcohol cessation!	3. pt still actively drinks beer	3. Teach about excessive use can cause recurrent GI Bleeds! Also further damage of liver

EVALUATION

8. After implementing the plan of care, interpret clinical data at the end of your shift to determine if your patient's condition has improved, has not changed, or has declined. (NCSBN: Step 6 Evaluate outcomes)

Most Important Data	Improved	No Change	Declined
Blood pressure			✓
AST			✓
ALT			✓
PLT	✓		
RBC			

9. Has the patient's overall status improved, declined, or remained unchanged during your shift? If the patient has not improved, what other interventions must be considered by the nurse? (NCSBN: Step 6 Evaluate outcomes)

Overall Status	Additional Interventions to Implement	Expected Outcome
Declined	PT Adjustment to illness/compliance	GI Bleed doesn't come back and prevent readmission

END OF SHIFT: Professional Communication-SBAR to Primary NURSE

Situation

- Name/age RJ 50 Y10
- Brief summary of primary problem GI bleed caused by varices and liver failure
- Day of admission/post-op # 4/7 EGD banded varices

Background

- Primary problem/diagnosis Alcoholic Cirrhosis
- Most important past medical history HTN, Ascites, Hematemesis, nausea
- Most important background data Chronic Alcohol use - continuous

Assessment

Most important clinical data:

- Vital signs P-96, BP-92/62 (68) O2-93% RA T-98.7
- Assessment
- Diagnostics/lab values

Trend of most important clinical data (stable-increasing/decreasing) - Decreasing liver lab values!

- How have you advanced the plan of care?
- Patient response
- Current status (stable/unstable/worsening)

Recommendation

- Suggestions to advance plan of care

continued >

10

10

11

12

Daylight Saving Time Begins

4/31

Patrick's Day

17

31st

2024 March
F S S M T W
1 2 3 4 5 6
7 8 9 10 11 12 13
14 15 16 17 18 19 20
21 22 23 24 25 26 27
28 29 30 31

September
S M T W
1 2 3 4
5 6 7 8 9 10 11
12 13 14 15 16 17 18 19
20 21 22 23 24 25 26 27
28 29 30

1. Which Most Important
Bleed, Lab val

Medical N
2. Identify th
Provider Orc
SCD - bilit
SI/O
Transfuse PR

Nursing Mana
3. After interpreti
interventions sp

Nursing Priority
Goal/Outcome
Priority Intervention

1. Stop GI Bleed
2. Diem Ascites/A
Abdomen
3. Correct Hypotension

Hesi
Meth
Prestis
Plex
Alec

POST-CLINICAL REFLECTION

To strengthen your clinical judgment skills, reflect on your knowledge and the decisions made caring for this patient by answering the reflection questions below.

Reflection Question	Nurse Reflection
What feelings did you experience in clinical? Why?	I was a little torn in class. My patient was very interesting but was very rude and obnoxious to staff. Due to the nature of his illness I felt less competent/empathetic and that he was refusing to comply w/ staff. Made me feel like they what do you want us to do for you since your not wanting the treatment we are offering.
What did you already know and do well as you provided patient care?	I knew the pt/family were going to be untrusting so I approached in a calm/mindful manner. I feel like even though I felt less empathetic, that didn't affect the care I provided the pt. I also knew the pt still drinks and doesn't want to quit.
What areas do you need to develop/improve?	Just looking at pt charts more and focus on connecting the dots in the plan of care and how underlying problems can be connected to the priority problem.
What did you learn today?	I learned how to care for a patient that doesn't want to care for themselves/help prevent recurrence of issue. I learned how widespread liver disease is among the adult population, mostly due to alcohol abuse.
How will you apply what was learned to improve patient care?	I will take what I learned and work on being more competent/empathetic in all cases no matter the situation!

2024
 W T F S
 1 2
 3 4 5 6 7 8 9
 10 11 12 13 14 15 16
 17 18 19 20 21 22 23
 24 25 26 27 28 29 30
 31

start 12M
 withdrawal
 depend
 daily vitamins
 at 1300

11

12

21

21
 this is a problem

22

15

29

Good Friday

29
 30
 31

F
 Tr
 I
 P
 V
 th
 W
 ne
 Wh
 nur
 cor

1. Whi
 Most
 8/1000
 . Lab

Medica
 2. Identif
 Provider
 3. D
 S.I/O
 Transfere

Nursing N
 3. After inte
 interventio

Nursing Prio
 Goal/Outcor
 Priority Inter
 1. Stop GI B
 2. Dicom Acc
 Problem
 3. Control Hyp

© 2023 KeithRN LLC, Ando

© 2023 K