

# Cirrhosis

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**John Richards, 45 years old**

<b>Primary Concept</b>
<b>Nutrition</b>
<b>Interrelated Concepts (In order of emphasis)</b>
1. Fluid and Electrolyte Balance
2. Perfusion
3. Cognition
4. Clinical Judgment

## Cirrhosis

### History of Present Problem:

John Richards is a 45-year-old male who presents to the emergency department (ED) with abdominal pain and worsening nausea and vomiting the past three days that have not resolved. He is feeling more fatigued and has had a poor appetite the past month. He denies any ETOH (alcohol) intake the past week, but admits to episodic binge drinking on most weekends. John weighs 150 pounds (68.2 kg) and is 6'0" (BMI 17.6). You are the nurse responsible for his care.

### Personal/Social History:

John is single, has never married, and lives alone in his own apartment. He has struggled with heroin use/abuse in the past, but has not used in the past two years. John is currently unemployed and has no health insurance. He was diagnosed with hepatitis C ten years ago but has had minimal follow-up medical care since.

*What data from the histories is RELEVANT and has clinical significance to the nurse?*

RELEVANT Data from Present Problem:	Clinical Significance:
RELEVANT Data from Social History:	Clinical Significance:

### Patient Care Begins:

Current VS:	P-Q-R-S-T Pain Assessment (5th VS):	
<b>T:</b> 100.5 F/38.1 C (oral)	<b>Provoking/Palliative:</b>	Nothing/nothing
<b>P:</b> 110 (regular)	<b>Quality:</b>	Ache
<b>R:</b> 20	<b>Region/Radiation:</b>	RUQ/epigastric
<b>BP:</b> 128/88	<b>Severity:</b>	6/10
<b>O2 sat:</b> 95% RA	<b>Timing:</b>	Continuous

#### Orthostatic BP's:

Position:	HR:	BP:
Lying	110	128/88
Standing	132	124/80

*What VS data is RELEVANT and must be recognized as clinically significant by the nurse?*

RELEVANT VS Data:	Rationale:

<b>Current Assessment:</b>	
GENERAL APPEARANCE:	Appears uncomfortable, body tense, occasional facial grimacing
RESP:	Breath sounds clear with equal aeration bilaterally, nonlabored respiratory effort
CARDIAC:	Pink, warm & dry, 1+ pitting edema lower extremities, heart sounds regular-S1S2, pulses strong, equal with palpation at radial/pedal/post-tibial landmarks
NEURO:	Alert & oriented to person, place, time, and situation (x4)
GI:	Abdomen distended, large-rounded-firm to touch, bowel sounds audible per auscultation in all 4 quadrants
GU:	Voiding without difficulty, urine clear/light orange, loss of pubic hair
SKIN:	Skin integrity intact, color normal for patient, sclera of eyes light yellow in color, lips and oral mucosa tacky dry, softball sized ecchymosis on abdomen

*What assessment data is RELEVANT and must be recognized as clinically significant by the nurse?*

RELEVANT Assessment Data:	Rationale:

### Lab Results:

Complete Blood Count (CBC:)	Current:	High/Low/WNL?	Previous:
WBC (4.5–11.0 mm <sup>3</sup> )	12.8		9.5
Hgb (12–16 g/dL)	10.2		11.2
Platelets (150-450 x10 <sup>3</sup> /μl)	98		122
Neutrophil % (42–72)	88		75
Band forms (3–5%)	3		0

*What lab results are RELEVANT and must be recognized as clinically significant by the nurse?*

RELEVANT Lab(s):	Clinical Significance:	TREND: Improve/Worsening/Stable:

Basic Metabolic Panel (BMP:)	Current:	High/Low/WNL?	Previous:
Sodium (135–145 mEq/L)	135		138
Potassium (3.5–5.0 mEq/L)	3.5		3.8
Glucose (70–110 mg/dL)	78		88
BUN (7–25 mg/dl)	38		25
Creatinine (0.6–1.2 mg/dL)	1.5		1.1

*What lab results are RELEVANT and must be recognized as clinically significant by the nurse?*

<b>RELEVANT Lab(s):</b>	<b>Clinical Significance:</b>	<b>TREND: Improve/Worsening/Stable:</b>

<b>Coags:</b>	<b>Current:</b>	<b>High/Low/WNL?</b>	<b>Previous:</b>
PT/INR (0.9–1.1 nmol/L)	1.5		1.2

<b>RELEVANT Lab(s):</b>	<b>Clinical Significance:</b>	<b>TREND: Improve/Worsening/Stable:</b>

<b>Liver Function Test (LFT):</b>	<b>Current:</b>	<b>High/Low/WNL?</b>	<b>Previous:</b>
Albumin (3.5–5.5 g/dL)	2.5		2.9
Total Bilirubin (0.1–1.0 mg/dL)	4.2		2.2
Alkaline Phosphatase male: 38–126 U/l female: 70–230 U/l	285		155
ALT (8–20 U/L)	128		65
AST (8–20 U/L)	124		85
<b>Misc. Labs:</b>			
Ammonia (11–35 mcg/dL)	35		28

*What lab results are RELEVANT and must be recognized as clinically significant by the nurse?*

<b>RELEVANT Lab(s):</b>	<b>Clinical Significance:</b>	<b>TREND: Improve/Worsening/Stable:</b>

## **Clinical Reasoning Begins...**

- 1. What is the primary problem that your patient is most likely presenting with?*
- 2. What is the underlying cause/pathophysiology of this primary problem?*

## Collaborative Care: Medical Management

Care Provider Orders:	Rationale:	Expected Outcome:
Establish peripheral IV  NS 0.9% bolus of 1000 mL  Ondansetron 4 mg IV every 4 hours PRN  Orthostatic BP		

### PRIORITY Setting: Which Orders Do You Implement First and Why?

(remember your ABC's!)

Care Provider Orders:	Order of Priority:	Rationale:
1. Establish peripheral IV 2. NS 0.9% bolus of 1000 mL 3. Ondansetron 4 mg IV every 4 hours PRN nausea 4. Orthostatic BP		

## Collaborative Care: Nursing

3. *What nursing priority (ies) will guide your plan of care? (if more than one, list in order of PRIORITY)*

4. *What interventions will you initiate based on this priority?*

Nursing Interventions:	Rationale:	Expected Outcome:

5. *What body system(s) will you most thoroughly assess based on the primary/priority concern?*

6. *What is the worst possible/most likely complication to anticipate?*

7. *What nursing assessments will identify this complication EARLY if it develops?*

*8. What nursing interventions will you initiate if this complication develops?*

*9. What psychosocial needs will this patient and/or family likely have that will need to be addressed?*

*10. How can the nurse address these psychosocial needs?*

## **Caring and the “Art” of Nursing**

*1. What is the patient likely experiencing/feeling right now in this situation?*

*2. What can you do to engage yourself with this patient’s experience, and show that he matters to you as a person?*

## **Use Reflection to THINK Like a Nurse**

Reflection-IN-action (Tanner, 2006) is the nurse’s ability to accurately interpret the patient’s response to an intervention in the moment as the events are unfolding to make a correct clinical judgment and transfer what is learned to improve nurse thinking and patient care in the future.

*1. What did I learn from this scenario?*

*2. How can I use what has been learned from this scenario to improve patient care in the future?*