

Objective Data

- Positive for palpitations, leg swelling bilaterally, jugular vein distention.
- Obese
- Ill-appearance
- Dark black stool
- Chest X-ray: both lungs have a ground glass appearance with interstitial markings that can be an indication of swelling, inflammation, scarring, probably from COPD.
- Hypovolemic
- Acute on chronic anemia
- Low levels of red blood cells
- Low levels of hemoglobin
- Low levels of hematocrit
- Low glomerular filtration rate
- Low levels of albumin
- Increased levels of BUN
- Increased levels of creatinine
- Increased levels of troponin
- 5L of oxygen

Nursing Diagnosis and Outcomes

Subjective Data

Fluid overload related to ERSO as evidenced by SOB.

The client stated that he had no pain.

- Patient will monitor fluids and take measures to prevent fluid excess.
- Patient will reduce signs of edema.

Risk for bleeding related to GI bleed as evidenced by dark black stool.

- Patient will take measures to prevent bleeding.
- Patient will recognize signs of bleeding that need to be reported to a healthcare worker immediately.

Deficient knowledge related to information misinterpretation as evidenced by inaccurate follow-through of instructions.

- Patient will verbalize understanding of condition and potential complications.
- Patient will participate in treatment regimen.

Medical Interventions and Nursing Interventions

- GI consult for active GI bleed.
- Possible blood transfusion and follow up with CBC.
- Nephrology consults for dialysis and electrolyte management.
- Administer diuretics as ordered.
- Increased troponin, possibly due to acute obstructive pulmonary disease (COPD) is admitted for severe shortness of breath (SOB). Monitor troponin levels.
- Monitor with telemetry.
- Inform patient to monitor color and consistency of stools.
- Educate the patient on avoiding NSAIDs.
- Record intake and output.
- Weigh client. Due to dark black stool, a gastrointestinal (GI) bleed is suspected.
- Fluid and sodium restrictions when indicated.
- Regulate protein intake.
- Medication education, since he is refusing them.

Patient Information

- 50-year-old male with a history of end stage renal disease (ESRD), chronic obstructive pulmonary disease (COPD)