

N321 Care Plan #1

Lakeview College of Nursing

Lauren McClain

Demographics (3 points)

Date of Admission 03/17/20	Client Initials T.P.	Age 60	Gender Female
Race/Ethnicity Caucasian	Occupation Elementary School Teacher	Marital Status Married	Allergies Shellfish, Iodine
Code Status Full code	Height 5'6"	Weight 140lb	

Medical History (5 Points)

Past Medical History: Atrial fibrillation on Coumadin

Past Surgical History: Open reduction and internal fixation, left foot repair, 2017

Family History: Mother: diabetes; **Father:** chronic kidney failure, DM II; **Brother:** Hypertension; **Sister:** deceased status post ischemic stroke

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):

Patient denies smoking; Drinks 1 glass of wine every Saturday night with dinner; No information about the use of drugs.

Assistive Devices: None

Living Situation: Lives at home with her husband

Education Level: Bachelor's Degree in Early Childhood Education

Admission Assessment

Chief Complaint (2 points): Bloody stools

History of Present Illness – OLD CARTS (10 points): A 60-year-old patient was taken to the hospital after finding blood in her stool this morning. After having a bowel movement and standing, she stated that she had become dizzy. A hemoccult was performed and came back positive for bleeding. While in the ED, she also began to experience abdominal pain, which she stated was a 4 out of 10 but experienced no nausea or vomiting. Her INR was at 4.0, and she was

given Vitamin K in the ED to reduce bleeding. While in the ED, the patient had one bowel movement that also had blood.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Gastrointestinal bleeding

Secondary Diagnosis (if applicable): N/A

Pathophysiology of the Disease, APA format (20 points):

There are two kinds of gastrointestinal (GI) bleeds that can occur, either upper or lower, and classified as acute and chronic. An acute bleed is related to a rupture, tear, or perforation in the esophageal or gastric lining (Capriotti, 2020). In contrast, chronic GI bleeds are due to a small tear in the GI tract that causes a small amount of blood loss over time (Capriotti, 2020). The cause of a GI bleed depends on the bleed's location. An upper GI bleed can be due to many things, such as duodenal ulcers, gastric erosions, varices, and gastric ulcers (Ansari, 2021). For a lower GI bleed, common causes are anal fissures, angiodysplasia, colitis, diverticular disease, inflammatory bowel disease (Ansari, 2021). Risk factors of GI bleeds include chronic vomiting, alcoholism, medications such as NSAIDs and anticoagulants (Capriotti, 2020). This patient is currently on Warfarin for atrial fibrillation. The common signs and symptoms of a GI bleed are black or tarry stools, bright red blood in emesis or coffee grounds, cramps in the abdomen, blood mixed with stool, dizziness, SOB, and weakness (Ansari, 2021). Typically, you will see blood in the stool (melena) with chronic bleeding (Capriotti, 2020). This patient came into the ED due to experiencing bloody stools and dizziness; she also began having generalized abdominal pain rated 4/10. GI bleeding's typical vital signs are tachycardia, tachypnea, pallor, diaphoresis, oliguria, confusion, and anemia (Ansari, 2021). A fecal occult test can determine a GI bleed,

which determines the presence of blood in the stool (Capriotti, 2020). Another test includes an upper endoscopy if an upper GI bleed is suspected, a colonoscopy if a lower GI bleed is suspected, and CBC with other labs. Endoscopy visualizes the GI tract, including the small intestine walls (Capriotti, 2020). A CBC will be done with other labs, such as coagulation studies looking at the patients' clot time and liver tests (Ansari, 2021). CBC will look at the hemoglobin and hematocrit levels typically below an active GI bleed. Coagulation studies look at how long it takes for the blood to clot, which takes longer, especially if there is excessive bleeding (Capriotti, 2020). This client received a hemoccult, which looks at the stool to find blood, hers came back positive; however, she did not receive other diagnostic tests, such as an endoscopy or colonoscopy. After receiving a CBC, her hemoglobin (initial 7.0 with a repeat value of 9.5), hematocrit (28), and platelets (101) were low, indicating blood loss. Her white blood cells (9.8) were high, meaning that there was inflammation. The coagulation labs that were received showed increased INR (4.0), PT (16), and PTT (60), indicating that clotting is taking longer than usual. Since this patient has a history of atrial fibrillation, an EKG was done to determine an abnormal sinus rhythm since GI bleeds can cause tachycardia. The results showed ST without ectopy, meaning there were no abnormalities. Treatment includes fluid replacement, nasogastric tube placement, and blood transfusion. A blood transfusion may be needed if bleeding is continuous. This patient had a standing order for a blood transfusion if hemoglobin dropped below 8. Chronic GI bleeding is treated with an IV proton pump inhibitor (PPI) such as omeprazole for 4 to 8 weeks (Capriotti, 2020). The patient's treatment plan is still unclear; however, current treatment will be administering medications to help alleviate the inflammation and pain.

Pathophysiology References (2) (APA):

Ansari, P. (2021, April). *Overview of gastrointestinal bleeding - gastrointestinal disorders*. Merck Manuals Professional Edition.
<https://www.merckmanuals.com/professional/gastrointestinal-disorders/gastrointestinal-bleeding/overview-of-gastrointestinal-bleeding#v889825>

Capriotti, T., Frizzell, J.P, *Pathophysiology: Introductory Concepts and Clinical Perspectives* (2nd ed.). F.A. Davis Company.

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	N/A	N/A	N/A	N/A
Hgb	12.0-15.5	9.5	N/A	Decreased hemoglobin due to gastrointestinal bleeding (Capriotti, 2020).
Hct	35-45	28	N/A	Decreased hematocrit due to gastrointestinal bleeding (Capriotti, 2020).
Platelets	140-400	101	N/A	Decreased platelet count due to the loss of blood from gastrointestinal bleed (Capriotti, 2020).
WBC	4.0-9.0	9.8	N/A	Increased WBC may be due to inflammation in the GI from the bleeding (Capriotti, 2020).
Neutrophils	N/A	N/A	N/A	N/A
Lymphocytes	N/A	N/A	N/A	N/A
Monocytes	N/A	N/A	N/A	N/A
Eosinophils	N/A	N/A	N/A	N/A
Bands	N/A	N/A	N/A	N/A

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	135-145	139	N/A	N/A

K+	3.5-5.0	3.6	N/A	N/A
Cl-	98-107	106	N/A	N/A
CO2	N/A	N/A	N/A	N/A
Glucose	70-99	147	N/A	Glucose may increase due to stress on the body, which may be caused by the gastrointestinal bleed (Capriotti, 2020).
BUN	6-20	15	N/A	N/A
Creatinine	0.50-1.00	0.9	N/A	N/A
Albumin	N/A	N/A	N/A	N/A
Calcium	N/A	N/A	N/A	N/A
Mag	N/A	N/A	N/A	N/A
Phosphate	N/A	N/A	N/A	N/A
Bilirubin	N/A	N/A	N/A	N/A
Alk Phos	N/A	N/A	N/A	N/A
AST	N/A	N/A	N/A	N/A
ALT	N/A	N/A	N/A	N/A
Amylase	N/A	N/A	N/A	N/A
Lipase	N/A	N/A	N/A	N/A
Lactic Acid	N/A	N/A	N/A	N/A

Other Tests **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	0.8-1.1	4.0	N/A	Increased due to excessive/ fast bleeding, not allowing the blood to clot fast enough (Capriotti, 2020).
PT	11-13.5	16	N/A	Increased due to excessive/ fast bleeding, not allowing the blood to clot fast enough (Capriotti, 2020).
PTT	30-40 sec	60	N/A	Increased due to excessive/ fast bleeding, not allowing the blood to clot fast enough (Capriotti, 2020).
D-Dimer	N/A	N/A	N/A	N/A
BNP	N/A	N/A	N/A	N/A
HDL	N/A	N/A	N/A	N/A
LDL	N/A	N/A	N/A	N/A
Cholesterol	N/A	N/A	N/A	N/A
Triglycerides	N/A	N/A	N/A	N/A
Hgb A1c	N/A	N/A	N/A	N/A
TSH	N/A	N/A	N/A	N/A

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	N/A	N/A	N/A	N/A
pH	N/A	N/A	N/A	N/A
Specific Gravity	N/A	N/A	N/A	N/A
Glucose	N/A	N/A	N/A	N/A
Protein	N/A	N/A	N/A	N/A
Ketones	N/A	N/A	N/A	N/A
WBC	N/A	N/A	N/A	N/A

RBC	N/A	N/A	N/A	N/A
Leukoesterase	N/A	N/A	N/A	N/A

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	N/A	N/A	N/A	N/A
Blood Culture	N/A	N/A	N/A	N/A
Sputum Culture	N/A	N/A	N/A	N/A
Stool Culture	Negative	Positive	N/A	Positive hemocult due to blood in stool which typically is due to a GI bleed (Capriotti, 2020).

Lab Correlations Reference (1) (APA):

Lakeview College of Nursing, "Tab: Diagnostics: Lab"

Capriotti, T., Frizzell, J.P, *Pathophysiology: Introductory Concepts and Clinical Perspectives* (2nd ed.). F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- **Chest X-ray:** negative for any acute abnormalities. Cardiac silhouette is within normal limits.
- **EKG:** ST without ectopy
- **Hemocult:** positive

Diagnostic Test Correlation (5 points): An EKG was done due to the patient's history of atrial fibrillation, findings show normal sinus rhythm. Hemocult was done due to blood found in stools, findings are positive for bleeding.

Diagnostic Test Reference (1) (APA):

Schulman, J., (2018). Hemocult: What You Need to Know. *Healthline*.

<https://www.healthline.com/health/hemocult>

**Current Medications (10 points, 1 point per completed med)
*10 different medications must be completed***

Home Medications (5 required)

Brand/Generic	Warfarin (Coumadin)	Multivitamin	N/A	N/A	N/A
Dose	10mg	1 tab	N/A	N/A	N/A
Frequency	Daily	Daily	N/A	N/A	N/A
Route	PO	PO	N/A	N/A	N/A
Classification	Anticoagulan t	Vitamin supplement	N/A	N/A	N/A
Mechanism of Action	Completely inhibits vitamin K epoxide reductase complex 1, essential for activating the vit. K available in the body	Most vitamins are active in the form of a coenzyme, which together with enzymes facilitate essential metabolic processes in the body.	N/A	N/A	N/A
Reason Client Taking	Atrial fibrillation	Treat/ prevent vitamin deficiency	N/A	N/A	N/A
Contraindications (2)	Low vitamin K levels; Increased risk for bleeding due to clotting	Impaired renal function; Nephrolithiasis	N/A	N/A	N/A

	disorder				
Side Effects/Adverse Reactions (2)	Black or tarry stools; Severe bleeding	Constipation; dark stools	N/A	N/A	N/A
Nursing Considerations (2)	Watch for signs of bleeding and hemorrhage; Obtain a full history of supplements and herbs	Stress the need for adequate nutrition; Advise not to take mineral oil with fat soluble vitamins since they won't be adequately absorbed.	N/A	N/A	N/A

Hospital Medications (5 required)

Brand/Generic	Panto-prazole (Protonix)	Ondansetron (Zofran)	Acetaminophen (Tylenol)	Hydrocodone/acetaminophen	Docusate (Colace)
Dose	40mg	4mg	650mg	5/325 1-2 tabs	100mg
Frequency	BID	Q6h PRN	Q6h PRN	BID PRN	Daily PRN
Route	IV	PO (ODT)	PO	PO	PO
Classification	Proton pump inhibitor; Antiulcer	Selective serotonin receptor antagonist; antiemetic	Nonnarcotic Analgesic Antipyretic	Narcotic Analgesic	Surfactant; Laxative, stool softener
Mechanism of Action	Interferes with gastric acid secretion by inhibiting the proton pump in the gastric parietal cells.	Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally	Reduces the production of prostaglandin causing analgesia and antipyretic properties	Full opioid agonist with relative selectivity for the mu-opioid receptor.	Acts as a surfactant that softens stool by decreasing surface tension between

		at vagal nerve terminals in the intestine.			oil and water in feces.
Reason Client Taking	GI bleed	Nausea/fever	Pain relief	Pain relief	Constipation
Contraindications (2)	Concurrent therapy with rilpivirine-containing products; hypersensitivity to pantoprazole	Concomitant use of apomorphine; hypersensitivity to Ondansetron	Liver impairment, Renal Impairment	Patients with severe respiratory depression; hypersensitivity to either components	Fecal impaction; hypersensitivity to docusate
Side Effects/Adverse Reactions (2)	Abdominal pain; Dizziness	Arrhythmias; diarrhea	Hepatotoxicity, Renal impairment	Dizziness; Chest pain	Dizziness ; palpitations
Nursing Considerations (2)	Flush IV line with D5W, normal saline before and after giving drug; Give drug over 2 minutes.	Monitor closely for signs and symptoms of hypersensitivity; If hypokalemia is present it should be corrected before administration.	Take with food to prevent GI upset, Do not exceed 4,000 mg a day	Educate patient to take with food or milk if it causes upset; Avoid drinking alcohol	Tell patient not to use when she's having abdominal pain; Take with a full glass of milk or water

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2019). 2019 Nurse's Drug Handbook. Burlington, MA

Assessment

Physical Exam (18 points) – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Alert and responsive ANO X4 No visible signs of distress Overall appearance was appropriate
INTEGUMENTARY:	

<p>Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Skin is pink, warm and dry Supple Warm Elastic turgor No rashes No bruises No wounds 22 N/A</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Unremarkable Normocephalic, no deviation of trachea No drainage, grey-pink tympanic membrane No drainage, symmetrical, pink conjunctiva No septum deviation, polyps, turbinate Teeth intact, no visible dental caries</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>S1/S2 heart sounds heard No murmur or gallops heard Steady rate and rhythm Peripheral pulses 3+/ Radial pulse 2+ Capillary refill 2 sec N/A</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Patent with no signs of change in clinical course Clear and equal bilaterally</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	<p>Normal diet at home Clear liquid diet 5'6" 140lbs Active in all four quadrants This morning; bloody stool Pain upon palpation (4/10) Skin warm and color usual for ethnicity No distention observed No incisions observed No scars observed No drain observed No wounds observed</p>

<p>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>N/A N/A</p>
<p>GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Light yellow Clear 300 mL voided Appropriate for age N/A</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input checked="" type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Nail bed pink, capillary refill: 3 sec on all four extremities Active ROM on all four extremities No use of supportive devices Strength 5 – active motion against full Resistance N/A not given and not enough information to determine Encouraged to ambulate with assistance</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>Able to move all extremities A/O x4 denies numbness or tingling. Sensory is appropriate Alert and awake answers questions appropriately</p>
<p>PSYCHOSOCIAL/CULTURAL: Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):</p>	<p>Pt. is mature and is aware of their state of health. Pt’s lives at home with her husband.</p>

Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	76	120/68	16	37.0	98% room air
1100	69	124/63	18	36.9	97% room air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	Numeric	Generalized abdominal pain	4/10	N/A	Tylenol administered
1100	Numeric	Generalized abdominal pain	1/10	N/A	None at this time

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: (2)18G Location of IV: left and right antecubital Date on IV: Both inserted 3/17/20 Patency of IV: Both are patent Signs of erythema, drainage, etc.: neither have signs of erythema or phlebitis IV dressing assessment: Both are dry and intact	18 G on left antecubital is administering D5NS at 75 mL/hr

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Water: 300mL Coffee/ Juice: 120mL D5W Normal Saline: 75mL	Urine: 500mL Stool: 1 time with small amount of blood

Chicken broth: 200mL.	Total: 695mL	
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Nursing Care

Summary of Care (2 points)

Overview of care: The patient is stable and A&O x4. The patient had minimal complaints of abdominal pain. When the patient expressed pain, she reported pain a 4/10 on a numeric scale and was given Tylenol to help with the pain. The patient must maintain a clear liquid diet; advancement will occur if there is no bleeding for 24 hours. The patient should have serial CBCs every eight hours, monitoring for decreased hemoglobin and hematocrit. If hemoglobin drops below 8, the provider must be called immediately for blood transfusion orders. The patient is encouraged to ambulate with assistance. Must maintain off-site telemetry due to a history of atrial fibrillation.

Procedures/testing done: Serial CBC

Complaints/Issues: Patient did complain of abdominal pain being a 4 out of 10

Vital signs (stable/unstable): Vitals were stable.

Tolerating diet, activity, etc.: Must maintain a clear liquid diet. Encouraged to ambulate with assistance.

Physician notifications: Physician must be notified if hemoglobin drops below 8.

Future plans for client: Once bleeding is controlled, patient will be able to have an advanced diet.

Discharge Planning (2 points)

Discharge location: After being discharged, the patient will go back home with her husband.

Home health needs (if applicable): There is no need for home health, as the patient’s husband will be there to help her when needed.

Equipment needs (if applicable): The patient will not need any additional equipment.

Follow up plan: The patient should get serial CBC’s to check hemoglobin levels and maintain off-site telemetry.

Education needs: If bleeding reoccurs, tell the client to seek care immediately. Teach the client to avoid or limit caffeine and spicy foods and eat small amounts to help heal the digestive system. Educate the patient to restrict NSAIDs, as they increase the risk for ulcers and GI bleeding. Since the patient drinks a glass of wine every Saturday, she is encouraged to stop drinking, as alcohol can also cause ulcers. The patient should also be given a list of things to eat while on a clear liquid diet. This includes water, fruit juice with no pulp, broth, ice, and gelatin.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components • Listed in order by priority – highest priority to lowest priority pertinent to this client 	Rationale <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation <ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan.
1. Fluid volume deficit related to blood loss as evidence by low hemoglobin and blood in	The patient came into the ED due to having blood in her stools, after running labs the pt’s Hbg	1. Assess hemoglobin regularly, to ensure levels don’t drop below 8. 2. Start IV	1. The patient will have an absence of GI bleeding, a hemoglobin in normal ranges (12.0-15.5). IV fluids will	The patient was given D5NS 75 mL/hr. Bloody stools occurred twice prior to admission and in the ED. With a hemocult

stool.	was 9.5.	fluids if prescribed.	replenish fluids and electrolytes lost and promote better blood circulation.	positive for bleeding.
2. Fatigue related to decreased ability to transport oxygen as evidence by deficient blood volume.	The patient's hemoglobin and hematocrit are low. Since hemoglobin transports oxygen, decreased levels may cause dizziness which she experienced.	<p>1. Monitor patients vital signs and labs regularly.</p> <p>2. Anticipate standing orders for fluid and blood transfusions.</p>	1. The patient will demonstrate reduced fatigue and hemoglobin and hematocrit levels will increase.	The patient is encouraged to ambulate with assistance due to the experienced dizziness. And if hemoglobin drops below 8, a blood transfusion will be performed.
3. Acute pain related to compromised stomach lining as evidence by pain being a 4 out of 10.	The patient reported generalized abdominal pain.	<p>1. Administer prescribed medications to help alleviate pain.</p> <p>2. Implement a clear liquid diet to allow bowels to rest.</p>	1. The patient's pain will decrease. The clear liquid diet will allow the bowel to rest in order for the bleeding to stop.	The patient was given Tylenol to help alleviate the pain. The patient is compliant with being on a clear liquid diet until no bleeding occurs for about 24 hours.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Nursing Diagnosis/Outcomes

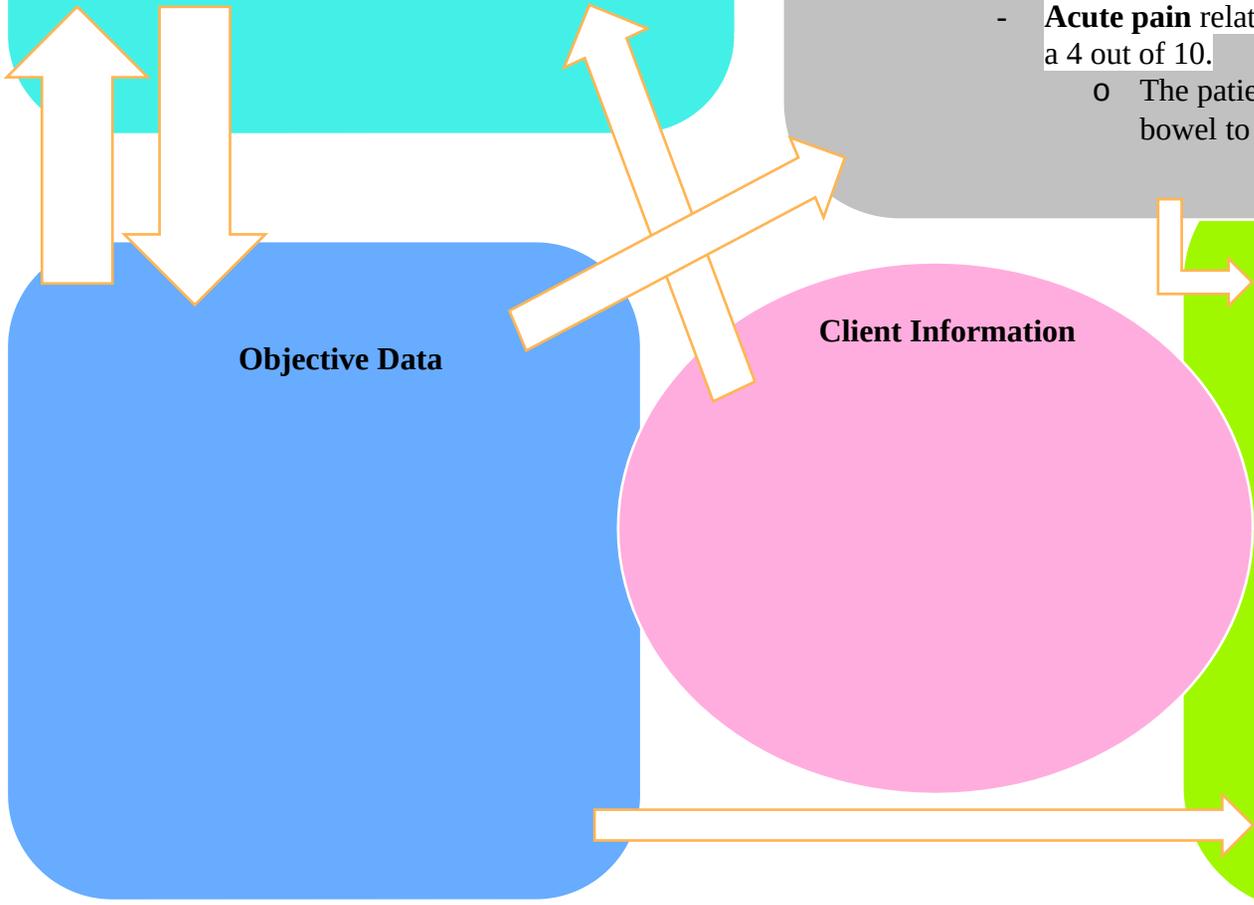
- **Fluid volume deficit** related to blood loss as evidenced by low hemoglobin and blood in stool
 - Pt. rated pain 3/10 on the numeric scale
 - o The patient will have an absence of GI bleeding, a hemoglobin in normal ranges (12.0-15.5). IV fluids will replace fluids and electrolytes lost and promote better blood circulation.
- **Fatigue** related to decreased ability to transport oxygen as evidence by deficient blood volume.
 - o The patient will demonstrate reduced fatigue and hemoglobin and hematocrit levels will increase.
- **Acute pain** related to compromised stomach lining as evidence by pain being a 4 out of 10.
 - o The patient's pain will decrease. The clear liquid diet will allow the bowel to rest in order for the bleeding to stop.

Objective Data

Client Information

Nursing Interventions

- Assess hemoglobin regularly, to ensure levels don't drop below 8.
- Start IV fluids if prescribed.
- Monitor patients vital signs and labs regularly.
- Anticipate standing orders for fluid and blood transfusions.
- Administer prescribed medications to help alleviate pain.
- Implement a clear liquid diet to allow bowels to rest.



61-year-old female with a history of atrial fibrillation using Coumadin. Came to the ED with chief complaint of blood in the stool. Pt. rated pain 4/10. Abnormal labs: decreased Hgb, Hct, and Plt. Increased WBC, glucose, PT, PTT, and INR.

