

Medications:

Lisinopril (Prinivil): Patient is taking for high blood pressure. Pharmacologic: ACE inhibitor/Therapeutic: Antihypertensive. Nursing consideration: Use cautiously in patients with fluid volume deficit, heart failure, impaired renal function.

Linezolid (Zyvox): Patient is taking antibiotic for infection. Pharmacologic: Oxazolidinone/Therapeutic: Antibiotic. Nursing Consideration: Obtain culture and sensitivity tests as ordered, before giving first dose of linezolid.

Dapagliflozin (farxiga): Patient is taking for diabetes. Pharmacologic: Sodium glucose co-transporter 2 inhibitor/Therapeutic: Antidiabetic. Nursing consideration: Monitor patient's blood pressure and cholesterol level throughout therapy.

Pravastatin (Pravachol): Patient taking to lower cholesterol. Pharmacologic: HMG-CoA reductase inhibitor (statin)/Therapeutic: Antilipemic. Nursing Consideration: Monitor liver enzymes before therapy starts and as indicated during therapy.

Propranolol (Diprivan): Patient taking as beta blocker to help treat angina, a-fib, htn. Pharmacologic: Phenol derivative/Therapeutic: Sedative-hypnotic. Nursing consideration: Expect patient to recover from sedation within 8 minutes

Lab Values/Diagnostics:

Imaging: N/A

Glucose (74-100):111 This is due to chronic problems (Pagana 2019)

Calcium(8.9-10.6):7.6 This is due to vitamin deficiency (Pagana 2019)

Sodium(135-145):135 Normal range

BUN(8-26):15 Normal range

Creatinine(0.55-1.30):1.21 Normal range

Potassium(3.5-5.1):4.4 Normal range

Chloride(98-107):112 Due to kidney function and electrolyte imbalance (Pagana 2019)

CO2(22-29):18 Related to kidney problems or shock (Pagana 2019)

WBC(4-11):1.95 Related to infection due to chornic conditions (Pagana 2019)

RBC(4.10-5.70):2.80 Due to blood loss (Pagana 2019)

HGB(12-18):7.3 due to disease HTN and blood loss (Pagana 2019)

HCT(37-51):24.3 due to iron deficiency and blood loss (Pagana 2019)

Platelet(14-400):40 Normal range but on the lower side becoming chronic

AST(5-34):22 Normal range

ALT(0-55):11 Normal range

Albumin(3.4-4.8):2.4 Related to malnutrition or kidney disease (Pagana 2019)

Bilirubin(0.2-1.2):0.9 Normal range

Demographic Data

Date of Admission: 3/20/22

Admission Diagnosis/Chief Complaint: Bright red blood in rectum (BRBPR)

Age: 75

Gender: Male

Race/Ethnicity: white/Caucasian

Allergies: Iodine and sulfa

Code Status: DNAR

Height in cm: 167.6 cm

Weight in kg: 132.6 kg

Psychosocial Developmental Stage: Highschool degree

Cognitive Developmental Stage: Alert and aware and respond to questions accurately

Braden Score: 15

Morse Fall Score: 15

Infection Control Precautions: N/A

Admission History

Patient started having difficulty passing urinating on 3/18, had fresh blood in urine, painless, not mixed with stool. During mobilization patient needs assistance and complains of weakness and dizziness. Patient denies no LOC, SOB, and chest pain. Previously received 6 units of blood twelve years ago related to esophageal varices treated for iron transfusions for underlying pancytopenia.

Medical History

Previous Medical History includes Anemia, diabetes, esophageal varices, fatty liver, hypertension, hyperlipidemia, NASH, portal hypertension, sleep apnea, and rectal bleeding.

Prior Hospitalizations: May 2021 patient hospitalized for iron transfusion with underlying pancytopenia.

Previous Surgical History: Cholecystectomy, colonoscopy, upper GI endoscopy, ureteroscopy, and vasectomy.

Social History: Patient is a non-smoker, currently a non-drinker, and has never used drugs.

Pathophysiology

Disease process: In the proximal lower GI tract, but it can also be from diseases specific to the rectal region such as hemorrhoids and fissures (Sabry, 2021). GI bleeding is divided into upper and lower GI tract bleeding based on whether bleeding originates from above or below the ligament of the duodenum (Sabry, 2021). Rectal bleeding is mainly caused by the lower GI tract which includes the small intestine beyond the duodenum, colon, rectum, and anal canal (Sabry, 2021).

S/S of disease: Small amounts of blood on toilet paper after wiping, and a few drops of blood in the toiled bowl after defecation.

Method of Diagnosis: Diagnosis of rectal bleeding should include consideration for proximal sources of bleeding, especially the colon (Sabry, 2021). Once colonic causes have been ruled out (colon cancer, IBD, ischemic colitis) other etiologies to consider include hemorrhoids, anal fissures, and rectal carcinoma (Sabry,2021).

Treatment of disease: Treatment includes surgery, removing tumor if cancerous, ligations, infrared coagulation, have a high fiber diet (Sabry, 2021).

Active Orders

- Urology Consult
- OT Evaluation
- PT Evaluation
- Gastroenterology Consult
- Consult pulmonary and chest medicine
- Endoscopy, Lower Colonoscopy

These are all good orders needed for this patient. The consults are very good and needed to see what is going on with the patient and what maybe causing his complications of urinating blood. Patient has history of HTN and cirrhosis of the liver, and esophageal varices so pulmonary consult is good to make sure there are no further complications there. Patient is dizzy and weak when trying to get around so OT and PT are in place to help patient gain strength.

Physical Exam/Assessment

General: Patient is alert and oriented to person, time, place, and situation, patient is in no apparent distress, Hair is messy and unkept, offered patient a bath and he said yes and offered assistance.

Integument: Skin is warm to the touch, skin turgor is less than 2 seconds, capillary refill is less than 3 seconds, there are no apparent rashes or wounds, there is two bruises present on the right arm right below the elbow.

HEENT: Head and neck are symmetrical, No discharge from ears, patient was a little bit hard of hearing, PERLLA present, EOM's intact, eyes and nose symmetrical, no deviation, patient had all teeth present and in good condition.

Cardiovascular: Heart sounds are normal S1 and S2 are present, no murmurs or gallops, capillary refill is less than 3 second bilaterally in upper and lower extremities, no neck vein distention, and no presence of edema.

Respiratory: Respirations are regular and nonlabored anteriorly and posteriorly, no crackles or wheezes present, Lung sounds are clear.

Genitourinary: There was no urine to be collected while I was with this patient. Patient states he doesn't have pain when urinating, urine is red due to bleeding patient is having (this is why the patient is in the hospital and is trying to figure out what is causing the bleeding), denies sense or urgency.

Musculoskeletal: Muscle strength grip weak bilaterally in upper and lower extremities, patient is able to get up and walk with a walker, he needs assistance getting up and being supported.

Neurological: Bilateral arms and legs are weak; MAEW: difficulty moving legs, can move arms well, but is weak; PERLA present bilaterally; Cognitive to time, place situation, and person; No LOC; Cognitive to time, place, situation, and person, speaks well and clearly and is able to respond to questions appropriately.

Most recent VS (include date/time and highlight if abnormal): Vital signs taken at 1545 on 3/24/22. Temperature: 98.1 F, oral, **Respirations: 18**, Blood Pressure: 127/56, Pulse: 64, and **Oxygen: 94% on room air**. All Vitals are normal the only ones that would be slightly abnormal would-be oxygen at 94% and respirations at 18(normal 12-16).

<p align="center">Nursing Diagnosis 1</p> <p>Fluid Volume Deficit related to blood volume loss as evidenced by hematuria, low BP, and lightheadedness.</p>	<p align="center">Nursing Diagnosis 2</p> <p>Deficient knowledge related to lack of health teaching to GI bleeds as evidenced by failure to go to regular doctors' appointments for checkups.</p>	<p align="center">Nursing Diagnosis 3</p> <p>Fatigue related to low hemoglobin level related to GI bleed as evidenced by lack of energy and ability to do physical activity.</p>
<p align="center">Rationale</p> <p>This patient is continuously urinating blood which will lead to fluid volume deficit if patient isn't able to keep fluids down, and his blood pressure is low.</p>	<p align="center">Rationale</p> <p>Patient doesn't have a very high level of education and may need extra teaching on his health conditions and the precautions that he needs to take, and that follow-up doctor appointments are very important.</p>	<p align="center">Rationale</p> <p>Due to the patient having hematuria, this is causing a low hemoglobin level which causing lack of energy and patient fatigue.</p>
<p align="center">Interventions</p> <p>Intervention 1: Assess vital signs Intervention 2: Monitor intake and output</p>	<p align="center">Interventions</p> <p>Intervention 1: Ask the patient when and how the GI bleeding started Intervention 2: Assess the patient's knowledge about GI bleeding and its underlying causes</p>	<p align="center">Interventions</p> <p>Intervention 1: Encourage the patient the need for rest periods and sleep, and no strenuous activities Intervention 2: Monitor patients hemoglobin level every three months</p>
<p align="center">Evaluation of Interventions</p> <p>Patient's vital signs were monitored every 2 hours and documented, and intake and output were being monitored including episodes of vomiting and going to the bathroom.</p>	<p align="center">Evaluation of Interventions</p> <p>Patient was given teachings and instructions on there current diagnosis, and was told what to look for, and that it is very important that patient goes to follow up visits with his primary care provider, patient verbalized understanding.</p>	<p align="center">Evaluation of Interventions</p> <p>Patient is currently attending physical therapy and occupation therapy to help regain strength and energy.</p>

References (3) (APA):

Jones & Bartlett Learning (2021). 2021 Nurses' Drug Handbook. Burlington, MA

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Sabry, Ahmed O., and Sood, Tanuj (2021). *Rectal Bleeding*. NCBI Bookshelf. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK563143/>.

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