N321 Care Plan 2

Lakeview College of Nursing

Ben Geisler

Demographics (3 points)

Date of Admission	**Client Initials**	**Age**	**Gender**
3/17/2020	T.P.	60	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Elementary School Teacher	Married	Shellfish, iodine
Code Status	**Height**	**Weight**	
Full Code	5’ 6”	63.5 kg	

Medical History (5 Points)

Past Medical History: Atrial fibrillation

Past Surgical History: Open reduction internal fixation (2017)

Family History: Diabetes (Mother), chronic kidney failure (Father), diabetes type 2 (Father), hypertension (Brother), Sister – deceased s/p ischemic stroke

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): Denies smoking, patient (pt) has one glass of wine one time per week with dinner

Assistive Devices: Pt does not use assistive devices

Living Situation: Pt lives at home with her husband

Education Level: Bachelor’s Degree in Early Childhood Education

Admission Assessment

Chief Complaint (2 points): Pt complains of blood stool this morning

History of Present Illness – OLD CARTS (10 points): Patient is a 60-year-old female who presented to the emergency department via private auto for blood in her stool this morning. Pt states she went to have a bowel movement and when she stood, she got dizzy and then noticed blood in her stool. Upon telling her husband, he immediately took her to the emergency department. A hemoccult test was completed and tested positive for blood in the stool. The patient has a history of atrial fibrillation for which she takes coumadin. An INR was drawn, and

it was supratherapeutic at 4.0. She was given vitamin K in the emergency department to help control her bleeding. She was given one unit of packed red blood cells due to her hemoglobin being 7.0. After the PRBCs her hgb was redrawn and it was 9.5. She did not appear to have a transfusion reaction. She had one bloody stool in the ED. The patient's admission has been accepted in the medical-surgical unit for further evaluation.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Gastrointestinal Bleeding

Secondary Diagnosis (if applicable): N/A

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

A gastrointestinal bleed is a bleed somewhere along the GI tract. A GI bleed can be caused by many things. These include but are not limited to, lesion, erosion, ulceration, varicose vein, or tear to the GI lining (Capriotti, 2020). These causes can be due to certain diseases such as Crohn's disease, diverticulosis/diverticulitis, peptic ulcer disease, ulcerative colitis, and hemorrhoids (Capriotti, 2020). The signs and symptoms of a GI bleed include hematemesis or coffee-ground emesis, melena, and occult blood (Capriotti, 2020). Hematemesis is blood in the vomit. Generally, the blood will look like coffee grounds (Capriotti, 2020). This appearance is due to the blood being digested before being thrown up (Capriotti, 2020). Melena is blood in the stool, which will generally present as black and tarry due to it being digested (Capriotti, 2020). A fecal occult blood test is a test that will look for red blood cells in stool that are otherwise invisible to the eye (Capriotti, 2020). Another sign might be low hemoglobin and/or low iron (Capriotti, 2020).

Specific testing for a GI bleed could be a fecal occult blood test, an endoscopy, and a CBC (Capriotti, 2020). An endoscopy will find where the bleed is occurring and be able to tell how big it is as well (Capriotti, 2020). This could be done the traditional way with a flexible camera down the throat or via a video capsule (Capriotti, 2020). With a video capsule endoscopy, the patient swallows a pill-shaped camera which will be able to visualize the entire digestive tract (Capriotti, 2020). This is far less invasive than a traditional endoscopy (Capriotti, 2020). A CBC is a good assistive diagnosis tool (Capriotti, 2020). A CBC will show low hemoglobin; however, it will not tell the specific location (Capriotti, 2020). However, the CBC will be able to show the severity of the bleed (Capriotti, 2020).

Treatment for a GI bleed includes fluid and blood replacement, insertion of an NG tube, drug therapy, and possible surgery (Hinkle et al., 2022). The blood and fluid replacement should be done rapidly to ensure that the patient is able to profuse efficiently (Hinkle et al., 2022). The insertion of an NG tube should be done to prevent abdominal distention if indicated (Hinkle et al., 2022). Drug therapy will primarily consist of a proton pump inhibitor and other possible medications depending on the cause (Hinkle et al., 2022). A proton pump inhibitor will decrease the amount of stomach acid production, which will reduce irritation (Hinkle et al., 2022). Surgery is only for severe, acute bleeds (Hinkle et al., 2022). Additionally, a lot of GI bleeds will come to a stop without intervention, and the patient might not even know that they have one (Hinkle et al., 2022).

My patient had several bowel movements visible blood in the stool. This made diagnosis relatively simple. Additionally, she had low hemoglobin, which indicates a bleed. Also, the patient is on warfarin which significantly increases the patient’s risk for bleeding. The patient

has stopped receiving warfarin which will probably make the bleed stop without invasive intervention.

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis.

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* [eBook edition] (15th ed.). Wolters Kluwer. https://fadavisreader.vitalsource.com/#/books/9781975186722/

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	4.0-5.8x10^6/ mcL	N/A	N/A	N/A
Hgb	12.0-15.8g/dL	9.5	N/A	The patient's low hemoglobin is related to the blood loss from the GI tract (Capriotti, 2020)
Hct	36.0-47.0%	28	N/A	The patient's low hematocrit is related to the blood loss from the GI tract (Capriotti, 2020)
Platelets	140-440K/ mcL	101	N/A	The patient's thrombocytopenia is related to their use of warfarin (Capriotti, 2020)
WBC	4.0-12.0K/ mcL	9.8	N/A	N/A
Neutrophils	1.7-7 $x10^9$/L	N/A	N/A	N/A
Lymphocytes	1.0-4.8 $x10^9$/L	N/A	N/A	N/A
Monocytes	0.3-0.9 $x10^9$/L	N/A	N/A	N/A
Eosinophils	0.05-0.5 $x10^9$/ L	N/A	N/A	N/A
Bands	0-5 $x10^9$/L	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-	134-145mmol/L	139	N/A	N/A
K+	3.5-5.1mmol/L	3.6	N/A	N/A
Cl-	97-106mmol/L	106	N/A	N/A
CO2	21-31mmol/L	N/A	N/A	N/A
Glucose	70-99mg/dL	147	N/A	The patient might have eaten prior to ED arrival, however, considering both the patient's parents have diabetes, the patient could be an undiagnosed type 2 diabetic (Capriotti, 2020)
BUN	7-25 mg/dL	15	N/A	N/A
Creatinine	0.50-1.20mg/dL	0.9	N/A	N/A
Albumin	3.5-5.7 g/dL	N/A	N/A	N/A
Calcium	8.6-10.3 mg/dL	N/A	N/A	N/A
Mag	1.6-2.6 mg/dL	N/A	N/A	N/A
Phosphate	2.4-4.5 units/L	N/A	N/A	N/A
Bilirubin	0.3-1.0 mg/dL	N/A	N/A	N/A
Alk Phos	20-140 units/L	N/A	N/A	N/A
AST	10-30 U/L	N/A	N/A	N/A
ALT	10-40 U/L	N/A	N/A	N/A

Amylase	40-140 U/L	N/A	N/A	N/A
Lipase	0-160 U/L	N/A	N/A	N/A
Lactic Acid	0.5-2.2 mmol/L	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	0.8-1.2	4.0	N/A	The patient's INR is elevated due to the use of warfarin (Capriotti, 2020)
PT	11-13 sec	16	N/A	The patient's PT is elevated due to the use of warfarin (Capriotti, 2020)
PTT	25-35 sec	60	N/A	The patient's PTT is elevated due to the use of warfarin (Capriotti, 2020)
D-Dimer	< 250 ng/mL	N/A	N/A	N/A
BNP	< 100 pg/mL	N/A	N/A	N/A
HDL	> 60 mg/dL	N/A	N/A	N/A
LDL	< 130 mg/dL	N/A	N/A	N/A
Cholesterol	< 200 mg/dL	N/A	N/A	N/A
Triglycerides	< 150 mg/dL	N/A	N/A	N/A
Hgb A1c	4-5.6%	N/A	N/A	N/A
TSH	0.5-5.0 mIU/L	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	yellow, clear	N/A	N/A	N/A
pH	5.0-9.0	N/A	N/A	N/A

Specific Gravity	1.001-1.031	N/A	N/A	N/A
Glucose	Negative	N/A	N/A	N/A
Protein	Negative or Trace	N/A	N/A	N/A
Ketones	Negative	N/A	N/A	N/A
WBC	0.0-0.5	N/A	N/A	N/A
RBC	0.0-3.0	N/A	N/A	N/A
Leukoesterase	Negative	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	Negative	N/A	N/A	N/A
Blood Culture	Negative	N/A	N/A	N/A
Sputum Culture	Negative	N/A	N/A	N/A
Stool Culture	Negative	N/A	N/A	N/A

Lab Correlations Reference (1) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

- EKG: The EKG showed normal sinus rhythm and an ST segment without ectopy
    - An EKG was done to rule out a cardiac event. The patient presented with some generalized abdominal pain which can be a common presentation of a myocardial infarction for women (Capriotti, 2020)

- Chest Xray: The chest Xray was negative for any acute abnormalities and showed that the cardiac silhouette was within normal limits.
    - This was done due to the patient GI bleeding and abdominal pain. The patient presented with a GI bleed which can be caused volvulus, Crohn's disease, ulcerative colitis, etc. (Hinkle et al., 2022)

Diagnostic Test Correlation (5 points):

- The patient received an EKG due to presenting with abdominal pain. Abdominal pain can be a common indication of a myocardial infarction, and this is a more common presentation in women. An EKG should be done with abdominal pain to rule out a cardiac event (Capriotti, 2020)
- The patient received a chest Xray for GI bleeding and for abdominal pain. A chest Xray can show conditions like volvulus, Crohn's disease, or ulcerative colitis. All those conditions will present with pain and might present with a GI bleed (Hinkle et al., 2022)

Diagnostic Test Reference (1) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis.

Hinkle, J. L., Cheever, K. H., & Overbaugh, K. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* [eBook edition] (15th ed.). Wolters Kluwer. https://fadavisreader.vitalsource.com/#/books/9781975186722/

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/ Generic	Warfarin/ COUMADIN	Multivitamin	N/A	N/A	N/A
Dose	10 mg	1 tablet	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	Pharm Class: Coumarin derivative Thera Class: Anticoagulant (Jones, 2021)	Pharm class: vitamin Thera class: vitamin	N/A	N/A	N/A
Mechanism of Action	Interferes with the liver's ability to synthesize vitamin K-dependent clotting factors, depleting clotting factors II, VII, IX and X (Jones, 2021)	The body will digest and absorb the vitamins in the vitamin tablet	N/A	N/A	N/A
Reason Client Taking	Atrial Fibrillation	Prevent vitamin deficiency	N/A	N/A	N/A
Contraindications (2)	Bleeding, diverticulitis (Jones, 2021)	Pregnancy (should use prenatal vitamin), malabsorption syndrome	N/A	N/A	N/A

		(Upper & Level, 2019)			
Side Effects/ Adverse Reactions (2)	Coma, anaphylaxis (Jones, 2021)	COULD NOT FIND SIDE EFFECTS	N/A	N/A	N/A
Nursing Considerations (2)	Cannot give warfarin to pregnant woman, avoid IM injections d/t excess bleeding and bruising (Jones, 2021)	Multivitamins can interact with medications, should be taken with food to promote absorption (Upper & Level, 2019)	N/A	N/A	N/A

Hospital Medications (5 required)

Brand/ Generic	Pantoprazole/ PROTINIX	Ondansetron/ ZOFRAN	Acetaminophen/ TYLENOL	Hydromorphone/ DILAUDID	Docusate/ COLACE
Dose	40 mg	4 mg	650 mg	1 mg	100 mg
Frequency	BID	q6hrs PRN	q6hrs PRN	Q4hrs PRN	BID PRN
Route	IV	ODT	PO	IV	PO
Classification	Pharm class: Proton pump inhibitor Thera class: Antiulcer (Jones, 2021)	Pharm class: Selective serotonin receptor antagonist Thera class: antiemetic (Jones, 2021)	Pharm class: nonsalicylate, para-aminophenol derivative Thera class: antipyretic, non-opioid analgesic (Jones, 2021)	Pharm class: opioid Thera class: opioid analgesic Controlled substance schedule: II (Jones, 2021)	Pharm class: surfactant Thera class: Laxative, stool softener (Jones, 2021)

Mechanism of Action	Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphate enzyme system, or proton pump, in gastric parietal cells (Jones, 2021)	Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine (Jones, 2021)	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system (Jones, 2021)	May bind with opioid receptors in the spinal cord and higher levels in the CNS. Hydromorphone is believed to stimulate kappa and mu receptors (Jones, 2021)	Acts as a surfactant that softens stool by decreasing surface tension between oil and water in feces (Jones, 2021)
Reason Client Taking	GI bleed	Nausea	Pain/Fever	Severe pain	Constipation
Contraindications (2)	Hypersensitivity to pantoprazole, concurrent therapy with rilpivirine-containing products (Jones, 2021)	Concomitant use of apomorphine, hypersensitivity to ondansetron (Jones, 2021)	Hypersensitivity to acetaminophen, severe hepatic impairment (Jones, 2021)	Acute asthma, severe respiratory depression (Jones, 2021)	Concomitant use with mineral oil, intestinal obstruction (Jones, 2021)
Side Effects/ Adverse Reactions (2)	Hepatotoxicity, pancreatitis (Jones, 2021)	Hypotension, arrhythmias (Jones, 2021)	Hypotension, hepatotoxicity (Jones, 2021)	CNS depression, hepatotoxicity (Jones, 2021)	Dizziness, palpitations (Jones, 2021)
Nursing Considerations (2)	Monitor urine output, fall risk due to increased risk of fractures (Jones, 2021)	Correct electrolyte imbalances before giving ondansetron (Jones, 2021)	Use acetaminophen cautiously with liver impairment, monitor renal function with long-term therapy (Jones, 2021)	Severe risk for abuse/addiction development, use cautiously in patients with chronic airway conditions (Jones, 2021)	Assess for laxative abuse syndrome, assess for electrolyte imbalances (Jones, 2021)

Medications Reference (1) (APA):

Jones, D.W. (2021). *Nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Upper, U. T., & Level, I. (2019). *dotFIT Multivitamin & Mineral Formulas Specialty Design Criteria.*

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	The patient was alert and oriented to person, place, time, and situation (A & O x4). The patient showed no signs of distress. The patient's overall appearance was clean, neat, and well groomed.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	The patient's skin color was appropriate for her ethnicity and the skin was warm, dry, and intact. The turgor was loose. There were no rashes, bruises, or wounds present. The patient's Braden score was 23 which means she is not at risk for developing a pressure ulcer. She had no drains present.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:**	The patient's head appeared normocephalic and the neck appeared symmetrical with a midline trachea. The ears had no visible drainage and were not tender to touch. The patient did not have difficulty hearing or seeing. The patient's eyes

Teeth:	were symmetrical and exhibited PERRLA and displayed good extraocular movement ability when fields of gaze were tested. Patient's nose was midline and straight. Patient has good oral hygiene. The tongue appeared pink and midline with no sores. Buccal mucosa was pink and moist. The patient does not have dentures.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	S1 and S2 were heard. S3 and S4 not heard. When auscultated, the patient appeared to be in normal sinus rhythm. The radial pulse was 2+ bilaterally. The pedal pulses were 2+ bilaterally. The capillary refill was intact and less than 3 seconds in all extremities. No neck vein distention or edema was noted.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	There was no accessory muscle use noted when assessing the breathing. When auscultating both anterior and posterior of the right and left lung breath sounds were bilateral, clear, and present in all lobes bilaterally.
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 ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	The patient has a regular diet at home and a clear liquid diet in the hospital. The patient is standing at 5'6" and weighs 63.5 kgs. The patient's bowel sounds were active in all 4 quadrants and the last bowel movement was in the morning of the assessment and the patient stated that the bowel movement had blood in it which is irregular for the patient. The patient felt no pain or tenderness upon palpation. The abdomen had no distention, incisions, scars, wounds, or drains. The patient did not have an ostomy, nasogastric tube, or a feeding tube.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:**	The patient's urine was not observed therefore color, character, and quantity were not noted. The patient reported no pain with urination and is not doing dialysis. The patient's genitals were not

Pain with urination: Y ☐ N ☒ **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	inspected at this time and the patient does not have an indwelling catheter.
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	The patient's neurovascular status was intact and the passive and active range of motion were intact. The patient did not use any supportive devices. The patient's upper and lower extremities were strong at 5/5 bilaterally. The patient had a fall score of 20 which does not make her a fall risk. The patient does not need assistance with her activities of daily living and does not use any assistive devices.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	The patient moves all extremities well and the pupils exhibited PERRLA. The patient exhibited 5/5 strength in all 4 extremities. The patient was alert and oriented times 4. The speech was clear. The recent and remote memories were intact as well.
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):**	The patient's husband is her coping method. Her developmental level is appropriate for her age. The patient did not state her religion. The patient graduated from a university. She lives at home with her husband.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	P-76 beats per minute	BP-120/68 mmHg	RR-16 breaths per minute	T-37.0°C	O_2-98% on room air
1100	P-69 beats per minute	BP-124/63 mmHg	RR-18 breaths per	T-36.9°C	O_2-97% on room air

			minute		

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	0/10	Abdomen	4	Generalized	Tylenol
1100	0/10	Abdomen	1	Generalized	No intervention necessary

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	The patient has an 18G Peripheral IV in both the right and left antecubital area. Both were inserted on 3/17/2020. Both IVs are patent and neither show signs of erythema, drainage, or inflammation. The left IV has D5NS running at a rate of 75 mL/hour. The right is a saline lock. Both have transparent dressings. Both dressings are clean, dry, and intact.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Water 300 mL with breakfast Coffee Juice 120 mL with breakfast Chicken broth 200 mL with breakfast Total: 620 mL	Urine 500 mL total voided in 4 hours Stool x1, small amount of blood noted. Total: 500 mL and stool x1

Nursing Care

Summary of Care (2 points)

Overview of care: The patient was very pleasant through the shift. I did not give her any medications. Her husband was in the room with her most of the time.

Procedures/testing done: The patient did not have any procedures or testing done throughout the shift.

Complaints/Issues: The patient did not have any complaints or issues throughout the shift.

Vital signs (stable/unstable): The patient's vitals remained stable throughout the shift.

Tolerating diet, activity, etc.: The patient did not enjoy the limitations of the clear liquid diet but was happy to stick to it for her recovery/treatment.

Physician notifications: The physician was not notified during the shift.

Future plans for client: The patient will return home and will follow-up with her primary care provider and a gastroenterologist for optimal treatment.

Discharge Planning (2 points)

Discharge location: The patient is expecting to be discharged to her home.

Home health needs (if applicable): The patient does not have any home health needs.

Equipment needs (if applicable): The patient does not have any equipment needs.

Follow up plan: The patient will follow up with her primary care provider and start seeing a Gastroenterologist for follow up testing and management related to her GI bleed.

Education needs: The patient will need to be educated on any new medication that she will start taking at home. The patient will need to be educated on signs and symptoms of a GI bleed and when to go to the emergency department related to her GI bleed. The patient will need to be educated on follow up appointments with a GI specialist and with her primary care provider.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • 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** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for bleeding r/t supratherapeutic INR AEB CBC results	This was chosen because if the patient does not have enough blood, they cannot profuse the body proficiently	**1.** Implement fall precautions **2.** Closely monitor the patient's CBC to assess significance of blood loss.	**1.** Get the patient's INR into a normal therapeutic range	The patient and family responded well to the fall precautions and understood the need for them. The outcome cannot be assessed as the patient has been taken of warfarin for the mean time. The patient did not fall during her stay.
2. Risk for electrolyte imbalance r/t GI bleed AEB blood in	This was chosen because electrolyte imbalance can have vast effects of other organ systems such as renal and	**1.** Monitor the CMP for electrolyte loss **2.** Tell the patient to monitor for s/s of electrolyte imbalance	**1.** Keep the patient's electrolyte within normal limits to avoid adverse effects	The patient responded well to the education. The electrolytes were kept within normal limits during her stay and the patient

the stool and low hemoglobin	cardiac.			will monitor symptoms upon discharge.
3. Deficient fluid volume r/t GI bleed AEB blood in stool and low hemoglobin	This was chosen because a deficient fluid volume can have adverse effects like hypotension and ineffective perfusion	**1.** Monitor the patient's fluid volume and hydration status **2.** Encourage consistent hydration	**1.** Keep the patient hydrated throughout their stay and give education on staying hydrated at home	The patient took well to education and was able to stay hydrated. The patient had plenty of fluids throughout the stay was able to stay hydrated.

Other References (APA):

Concept Map (20 Points):

Subjective Data

The patient denied having any pain. The patient stated that she had blood in her stool while at home.

Nursing Diagnosis/Outcomes

1. Risk for bleeding r/t supratherapeutic INR AEB CBC results
    a. The patient and family responded well to the fall precautions and understood the need for them. The outcome cannot be assessed as the patient has been taken of warfarin for the mean time. The patient did not fall during her stay.
2. Risk for electrolyte imbalance r/t GI bleed AEB blood in the stool and low hemoglobin
    a. The patient responded well to the education. The electrolytes were kept within normal limits during her stay and the patient will monitor symptoms upon discharge.
3. Deficient fluid volume r/t GI bleed AEB blood in stool and low hemoglobin
    a. The patient took well to education and was able to stay hydrated. The patient had plenty of fluids throughout the stay was able to stay hydrated.

Objective Data

Vital signs (1st set): P-76 beats per minute, BP-120/68 mmHg, R-16 respirations per minute, T-37.0°C, O2-98% Room Air

Vital signs (2nd set): P-69 beats per minute, BP-124/63 mmHg, R-18 respirations per minute, T-36.9°C, O2-97% Room Air

The patient had visible blood in her stool and had low hemoglobin. The patient had an INR of 4.

Client Information

60-year-old female with a history of atrial fibrillation and a ORIF on her left foot. The patient presented to the hospital because of blood in her stool. The patient had recurrent episodes of blood in stool in the hospital.

Nursing Interventions

1. Risk for bleeding r/t supratherapeutic INR AEB CBC results
    a. Implement fall precautions
    b. Closely monitor the patient's CBC to assess significance of blood loss.
2. Risk for electrolyte imbalance r/t GI bleed AEB blood in the stool and low hemoglobin
    a. Monitor the CMP for electrolyte loss
    b. Tell the patient to monitor for s/s of electrolyte imbalance
3. Deficient fluid volume r/t GI bleed AEB blood in stool and low hemoglobin
    a. Monitor the patient's fluid volume and hydration status
    b. Encourage consistent hydration