

Medications

Home

- **Albuterol Neb Soln 0.083% (Salbutamol): 1 nebuler; Inhale; PRN**
 - o Oral Beta-2 Agonists; Respiratory Short-Acting Beta-2 Agonists (SABA)
 - o Asthma
 - o Monitor lung sounds and respiratory rate
- **Flonase (Fluticasone propionate): 2 sprays; daily**
 - o Corticosteroids; Intranasal; Immunosuppressive; PHD
 - o Seasonal allergies
 - o Obtain complete health history including allergies, drug history and possible drug interactions; Assess for presence or history of seasonal allergic rhinitis.

***NEXT PAGE CONTINUES MEDICATIONS!**

Lab Values/Diagnostics

Chloride: 108 (98-107)
Calcium: 8.1 (8.6-10.3)
Protein: 5.8 (6.4-8.9)
UA: WBC: 8 (<5)
D-dimer: 0.69 (0.00-0.62)
 CT Abdomen and Pelvis w/contrast: Mild wall thickening and mild colitis

*** PAGE 3 DISCUSSES ABNORMAL LABS!**

Demographic Data

Date of Admission: 4/10/22
Admission Diagnosis/Chief Complaint: Rectal bleeding/ GI Bleed (potential colitis)
Age: 67
Gender: Female
Race/Ethnicity: Caucasian
Allergies: Latex and NSAIDs: no reactions stated
Code Status: Full Code
Height in cm: 150 cm
Weight in kg: 64.0 kg
Psychosocial Developmental Stage: Normal for age
Cognitive Developmental Stage: Normal for age
Braden Score: 19
Morse Fall Score: 60
Infection Control Precautions: Contact (Stool study not completed)

Admission History

Patient came to the ED 4/10/22 after experiencing rectal bleeding and lower abdominal pain. The patient stated that the bleeding and abdominal pain began early Sunday morning which made her decide to come in. She stated that around 8pm she was having nausea, diarrhea, and dizziness. She also rated her pain 6 out of 10. She came straight to the ED once her symptoms started.

Medical History

Previous Medical History: Hyperlipidemia; hypertension; asthma; anxiety; arthritis; bursitis; gastric ulcer; osteoporosis; Hiatal hernia; high cholesterol; lumbar radiculopathy; myalgia; seasonal allergies
Prior Hospitalizations: Yes, for her hysterectomy.
Previous Surgical History: Hysterectomy
Social History: Never smoked; Denies use of alcohol; denies use of drugs; Lives at home with husband

Pathophysiology

Disease process: Gastrointestinal bleeding could occur in the upper or lower GI tract based on where the bleeding originates (Capriotti, 2020). Rectal bleeding is caused by the lower GI tract: the duodenum, colon, rectum, or anal canal. Lower GI bleed occurs in response to reduced mesenteric flow to the colon due to decreased cardiac output, vasospasm, or atherosclerotic disease (Capriotti, 2020). Common causes are hemorrhoids, inflammatory bowel disease such as colitis, and NSAIDs (Overbaugh, 2021). However, this patient does not take NSAIDs. People experiencing a GI bleed will complain of blood in the stool, abdominal pain and cramps, diarrhea, dizziness, weakness, paleness, and shortness of breath (Capriotti, 2020). This patient was experiencing rectal bleeding, diarrhea, and 6 out of 10 lower abdominal pain. A colonoscopy, blood work, and stool test will be done to diagnose a GI bleed (Overbaugh, 2021). A stool test was not done since the patient came in with rectal bleeding; however, a blood test was drawn the right way (low potassium and protein; increased chloride due to diarrhea), and a colonoscopy was ordered. The patient also received a CT w/ contrast that revealed mild colitis.

CONT. ON PAGE 3!

Active Orders

NPO 0800 4/11/22
 Magnesium citrate finished before 0800
 Colonoscopy
 Reasoning: Patient needed to be NPO and needed to drink mag citrate to cleanse the colon before the colonoscopy to find the source of bleeding.

Medications Cont.**Home Medications Cont.**

- **Benadryl (Diphenhydramine): 25 mg; PO; daily**
 - Antihistamines; antitussives
 - Seasonal Allergies
 - Assess vital signs; Assess respirations
- **Atorvastatin (Lipitor): 20 mg; PO; HS**
 - HMG-CoA reductase inhibitor; Antihyperlipidemic
 - Hyperlipidemia (controls lipid levels)
 - Monitor liver function; Obtain patients drug history; Assess for allergies
- **Calcium Carbonate (TUMS): 600 mg; PO; daily**
 - Mineral and electrolyte replacements; Antacids
 - Prevent/ help with osteoporosis; relieve discomfort from antacids
 - Monitor blood pressure; Allergy assessment

Hospital

- **Citalopram (Celexa): 20 mg; PO; Daily**
 - Antidepressants; Selective serotonin reuptake inhibitors (SSRIs)
 - Anxiety
 - Assess orientation; assess bowel sounds and urinary output
- **Lisinopril (Prinivil): 5mg; PO; Daily**
 - Antihypertensives; Angiotensin-converting enzyme inhibitors
 - Management of hypertension
 - Assess vital signs; Assess kidney function
- **Oxybutynin (Diplopan): 10 mg; PO; Daily**
 - Urinary tract antispasmodics; anticholinergics
 - Patient could have bladder problems but not stated in medical history
 - Assess history of bladder problems; assess history of internal bleeding
- **Pantoprazole (Protonix): 40 mg; PO; Daily**
 - Antiulcer agents; Proton-pump inhibitor
 - Prevention of gastric ulcers
 - Assess liver enzymes; assess patients for blood clots
- **Magnesium Citrate (Citroma): 300 mL; Soln-oral; One time**
 - Gastrointestinal agent; saline cathartic
 - Cleanse colon
 - Assess for allergies; assess bowel sounds

Lab values/ Diagnostic testing

- **Chloride:** High chloride levels are typically due to fluid loss and this patient was experiencing diarrhea (Capriotti, 2020).
- **Calcium:** Causes of hypocalcemia may be caused by certain medications such as bisphosphonate used to treat osteoporosis (Capriotti, 2020). This patient does have osteoporosis and is taking medications for it.
- **Protein:** The patient may not be getting enough protein in her diet.
- **UA: WBC:** Could indicate UTI, but all other UA were normal (Capriotti, 2020).
- **D-dimer:** Used to determine clotting disorders, but could indicate heart disease, trauma, or infection (Capriotti, 2020).
- **CT scan:** CT of the abdomen and pelvis was to help find the source of bleeding and the pain that the patient was experiencing.

Pathophysiology

When treating a lower GI bleed is dependent on the source of bleeding. For instance, if the colonoscopy revealed colitis, aminosaliclates and corticosteroids will help with the inflammation (Capriotti, 2020). Some immune system suppressors such as cyclosporine and azathioprine suppress the process of inflammation. Anti-diarrheal, pain relievers, and antispasmodics are other medications to manage colitis symptoms (Capriotti, 2020).

Physical Exam/Assessment

General: A&O x4; no signs of distress; overall appearance was appropriate

Integumentary: Normal for ethnicity; warm and dry; normal turgor < 3 seconds; no clubbing

HEENT: No deviation of the trachea; no sinus pain or abnormal drainage; PERLA; symmetrical, pink conjunctiva; Teeth intact, no visible dental caries; No drainage, grey-pink tympanic membrane

Cardiovascular: S1/S2 heart sounds heard; No murmur or gallops heard; Steady rate and rhythm; no edema

Respiratory: Clear and equal bilaterally; no use of accessory muscles

Genitourinary: Urine output not documented since patient was up and ad lib; continent; active bowel sounds in all four quadrants; normal diet at home; NPO 0800 on 4/11/22

Musculoskeletal: Active ROM on all four extremities; No use of supportive devices; Shows no signs of weakness

Neurological: Able to move all extremities; A/O x4 denies numbness or tingling.; Sensory is appropriate; Alert and awake answers questions appropriately

Most recent VS (include date/time and highlight if abnormal): 4/11/22 @ 0745: BP: 150/71 (patient has hypertension but HTN is well managed); HR: 76 bpm; RR: 18 bpm; Temp: 36.5 C; O2: 95% room air

Pain and pain scale used: 0800: 2/10; numeric; discomfort/ nausea; patient refused interventions and was NPO

<p>Nursing Diagnosis 1 Fluid volume deficit related to blood volume loss as evidence by hematochezia and dizziness</p>	<p>Nursing Diagnosis 2 Acute pain related to abdominal pain as evidence by pain score of 6 out 10 when admitted.</p>	<p>Nursing Diagnosis 3 Anxiety related to change in health status as evidence by anxiousness.</p>
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<p style="text-align: center;">Rationale</p> <p>The patient presented to the ED with rectal bleeding and reported dizziness and diarrhea which could indicate a loss of too much fluid.</p>	<p style="text-align: center;">Rationale</p> <p>The patient presented to the ED complaining of lower abdominal pain.</p>	<p style="text-align: center;">Rationale</p> <p>This client suffers from anxiety and expressed concerns about her rectal bleeding.</p>
<p style="text-align: center;">Interventions</p> <p>Intervention 1: Assess vital signs, specially BP as GI bleeding can cause hypovolemia lowering the blood pressure. Intervention 2: Start IV fluid</p>	<p style="text-align: center;">Interventions</p> <p>Intervention 1: Administer medications to alleviate pain Intervention 2: Put patient NPO</p>	<p style="text-align: center;">Interventions</p> <p>Intervention 1: Provide a safe environment and include the patient in the plan of care. Intervention 2: Monitor for signs of an anxiety attack.</p>
<p style="text-align: center;">Evaluation of Interventions</p> <p>The patients BP was in normal ranges, especially for having hypertension and other vital signs were within normal ranges. The patient was receiving normal saline drip 125 mL/hr.</p>	<p style="text-align: center;">Evaluation of Interventions</p> <p>Pain medication was given to the patient once admitted and at 0800 on 4/11/22 the patient was NPO to prepare for a colonoscopy that was scheduled early afternoon. Her pain was about a 2 out of 10 from discomfort and nausea and was able to remain NPO.</p>	<p style="text-align: center;">Evaluation of Interventions</p> <p>The patient felt a sense of relief after the nurse came in to discuss the plan of care and the procedures that would happen for that day. After being involved/ caught up with her care, her sense of fear seemed to go away.</p>

References (3) (APA):

Capriotti, T. M. (2020). *Davis Advantage for Pathophysiology Introductory Concepts and Clinical Perspectives* (2nd Edition). F. A. Davis Company.

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

Overbaugh, J. L., Hinkle, K. H., & Cheever, K. (2021). *Lippincott CoursePoint Enhanced for Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (15th Edition). Wolters Kluwer Health.