Medications

- Dicyclomine hydrochloride: 20 mg PO TID
  - Pharmacologic: anticholinergic (Jones, 2021)
  - Therapeutic: antispasmodic (Jones, 2021)
  - Taking for IBS
  - Assess for tachycardia and bowel obstruction (Jones, 2021)
- Pantoprazole sodium: 40 mg IV q12hrs
  - Pharmacologic: proton pump inhibitor (Jones, 2021)
  - Therapeutic: antiulcer (Jones, 2021)
  - Taking for GERD prophylaxis
  - Assess PTT, PT, INR, and liver enzymes (Jones, 2021)
- Sennosides-docusate sodium: 8.6 mg/50 mg PO BID
  - Pharmacologic: surfactant (Jones, 2021)
  - Therapeutic: laxative, stool softener (Jones, 2021)
  - Taking for EGD bowel prep
  - Assess for bowel obstruction (Jones, 2021)

Physical Exam/Assessment

…person, place, time, and situation (A & O x4). The patient showed no…

…priate for her age and humidity, and the skin was warm, dry, and intact. The t…

…was … There were no drains present. The patient has bilateral 18G PIVs…

…ent. There were no signs of erythema or drainage. There were transp…

…halic, and the neck seemed symmetrical with a midline trachea. The…

…ring or seeing. The patient's eyes were symmetrical, exhibited PERRL…

…ient's nose was midline and straight. The patient has good oral hygie…

…he patient does not have dentures. The thyroid appeared and felt nor…

…4 were not heard. When auscultated, the patient appeared to be in r…

The capillary refill was intact and less than 3 seconds in all extremitie…

…e noted when assessing the breathing. When auscultating both anter…

…obes bilaterally.

…alized; therefore, color, clarity, and quantity could not be noted. The…

…ot inspected at this time. The patient does not have a catheter.

Gastrointestinal: The patient has a regular diet at home and was NPO at the hospital due to getting an EGD later in the day. The patient is 160 cm and weighs 53.4 kg. The patient's bowel sounds were active in all four quadrants, and the last bowel movement was the day before the assessment. 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 feeding tube. The patient stated there was blood in her most recent bowel movement.

Musculoskeletal: The patient's neurovascular status and 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 60. The patient does need assistance with her ADLs.

Neurological: The patient moves all extremities well, and the pupils exhibited PERRLA. The patient showed 5/5 strength in all four extremities. The patient was alert and oriented times 4. The speech was clear. The recent and remote memories were intact as well.

Most recent VS (include date/time and highlight if abnormal): P: 71 bpm, RR: 18 rpm, BP: 125/78 mmHg, T: 36.9°C, SpO_2: 99% on room air; vital signs taken on 6/28/2022 at 0937

Pain and pain scale used: The patient stated she is at a 0/10 on the numeric scale; no intervention was necessary.

Demographic Data

Date of Admission: 6/26/2022

Admission Diagnosis/Chief Complaint: GI bleed/blood in stool, dizziness, nausea, lightheaded, syncope

Age: 84 years old

Gender: Female

Race/Ethnicity: Caucasian

Allergies: Benazepril (cough), codeine (nausea/vomiting), diclofenac (diarrhea), misoprostol (diarrhea), morphine (nausea)

Code Status: DNR/DNI

Height in cm: 160 cm

Weight in kg: 53.4 kg

Psychosocial Developmental Stage: Integrity vs. despair

Cognitive Developmental Stage: Formal operational

Braden Score: 19

Morse Fall Score: 60

Infection Control Precautions: Standard

Pathophysiology

Disease process: A GI bleed is bleeding somewhere in the gastrointestinal tract (Capriotti, 2020). Many different things can cause GI bleeds. Causes can be hemorrhoids, PUD, esophageal varices, cancer, or other things (Capriotti, 2020). Depending on the bleed's cause and length, GI bleeds can be acute or chronic (Capriotti, 2020). Bright red blood indicates a current bleed lower in the GI tract, while dark, tarry stools can indicate a bleed higher up in the GI tract where the blood mixes with stomach acid (Capriotti, 2020).

S/S of disease:
Signs and symptoms include syncope, blood in stool or emesis, dizziness, low hematocrit, hemoglobin, and red blood cells (Capriotti, 2020).

Method of Diagnosis:
GI bleeds can be diagnosed with a hemoccult occult blood, CT scan, esophagogastroduodenoscopy, or colonoscopy (Capriotti, 2020). A CT, EGD, and colonoscopy will allow a more direct view of the bleeding, while a hemoccult test will test for blood in the stool (Capriotti, 2020).

Treatment of disease:
Treatment of a GI bleed revolves around treating the cause of the bleeding (Capriotti, 2020). For example, if the cause of the bleed is peptic ulcer disease, after the ulcers are treated, the bleeding will stop.

My patient:
My patient experienced dizziness, nausea, lightheadedness, syncope, and bright red blood in the stool. She had a low hematocrit and hemoglobin as well. My patient received a hemoccult test, colonoscopy, and EGD. The colonoscopy showed the cause of the bleeding, which was hemorrhoids.

Lab Values/Diagnostics

The patient's labs were unremarkable after two units of packed red blood cells.

- On admission
  - RBC: 1.6…, Hct: 15.6%, hgb: 5.…
  - Hemoccult: negative
- The patient was given two units of packed red blood cells due to her admission values.
- After the two units of PRBCs
  - Hct: 41.9%, hgb: 14.3
- The PT and INR were within normal limits as well
  - PT: 13.8 seconds, INR: 1.03
- The patient's blood type is A+
- Imaging
  - CT brain/head without contrast
    - No acute intracranial abnormalities
    - This was done due to dizziness and syncope
  - Chest X-ray
    - No acute cardiopulmonary process
    - This was done due to the patient's dizziness and syncope
  - Esophagogastroduodenoscopy
    - Results pending
    - This was done due to blood in the patient's stool

Admission History

The patient arrived at the Sarah Bush Emergency Department on 6/26 via private auto with a chief complaint of lightheadedness, nausea, dizziness, and syncope. The patient denies pain but states she has had bright red blood in her stool recently. The patient had a colonoscopy about two months ago that showed internal and external hemorrhoids. The patient did not attempt to manage symptoms at home and came…

Medical History

Previous Medical History: Anxiety, arthritis, hypertension, irritable bowel syndrome, internal and external hemorrhoids

Prior Hospitalizations: No previous hospitalizations

Previous Surgical History: Colonoscopy (4/20/2022), cataracts, cholecystectomy, skin cancer, tonsillectomy, adenoidectomy

Social History: The patient denies alcohol, drug, and tobacco use.

Active Orders

- NPO at midnight
  - This is relevant because the patient is scheduled for an EGD that day.
- SCDs (VTE prophylaxis)
  - This is relevant to the prevention of venous thromboembolism.
- H&H q6hrs
  - This is relevant because it will help assess the amount of blood the patient is losing and if interventions are necessary.
- Ambulate with assistance
  - Ambulation will help prevent venous thromboembolism, and the patient needs assistance to prevent falls because falls will cause blood loss, and the patient does not have blood to lose.
- Vital signs q2hrs
  - This will assist in the early detection of excessive blood loss.

Nursing Diagnosis 1	Nursing Diagnosis 2	Nursing Diagnosis 3
Risk for deficient fluid volume related to blood in the stool as evidenced by the patient stating her stool was bright red (Phelps, 2020).	Impaired comfort related to hemorrhoids as evidenced by blood in stool and a colonoscopy (Phelps, 2020).	Increased anxiety related to hospitalization, blood loss, and procedures, as evidenced by the patient stating she is anxious about the EGD (Phelps, 2020).
Rationale	**Rationale**	**Rationale**
This was chosen because deficient fluid volume can cause several complications for the patient and be detrimental to their health.	This was chosen because the patient stated multiple times that she was uncomfortable in the bed.	This was chosen because anxiety during hospitalization can be very mentally taxing on the patient.
Interventions	**Interventions**	**Interventions**
Intervention 1: Monitor H&H q6hrs **Intervention 2:** Monitor vital signs q2hrs	**Intervention 1:** Turn the patient frequently **Intervention 2:** Give pillows or cushion to sit on	**Intervention 1:** Make time for the patient to discuss her feelings of anxiety **Intervention 2:** Obtain an order for anxiety medication if necessary
Evaluation of Interventions	**Evaluation of Interventions**	**Evaluation of Interventions**
These interventions were effective. The patient's blood loss slowed down, but if the patient did lose a significant amount of blood, it would have been noticed.	These interventions were relatively effective. The patient stated that she was more comfortable with the cushions but did not like the turning.	The interventions were effective. The patient felt that discussing what made her anxious and further staff explanation of the procedure helped ease her anxiety. The patient did not feel that anxiety medication was necessary.

References (3) (APA):

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

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

Phelps, L.L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.