N321 Care Plan #1

Lakeview College of Nursing

Makynzie Wagner

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Demographics (3 points)

Date of Admission 01/28/2023	**Client Initials** MSM	**Age** 94 years old	**Gender** Female
Race/Ethnicity White	**Occupation** Retired	**Marital Status** Widowed	**Allergies** NKDA
Code Status No CPR- Comfort Focused Treatment	**Height** 5'5	**Weight** 211 lbs. 2 oz BMI: 35.13	

Medical History (5 Points)

Past Medical History: Bronchitis (2019), cellulitis of right hand (2019), chronic atrial fibrillation (2019), chronic gout unspecified without tophus, chronic pain, COVID, deep vein thrombosis, hypertension, hypothyroid, osteoarthritis, overdose of coumadin (2019), tinea pedis, unspecified dementia without behavioral disturbance.

Past Surgical History: No surgical history on file, patient unable to provide information.

Family History: Family history is unknown, patient unable to provide information.

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): No tobacco use history, no smokeless tobacco use history, no alcohol use history, no drug use history.

Assistive Devices: Wheelchair.

Living Situation: Patient is a resident at Hawthorne Inn nursing home facility.

Education Level: Education level is unknown; the patient is unable to provide information.

Admission Assessment

Chief Complaint (2 points): Coffee ground emesis, low back pain

History of Present Illness – OLD CARTS (10 points): A 94-year-old female came to the emergency room via EMS from Hawthorne Nursing Home facility after reporting coffee-ground emesis and back pain. Patient states that coffee ground emesis began on January twenty-eighth.

The pain is in the lower back. The pain is characterized as achy and is worse upon exertion. There are no relieving factors. No other treatment was sought for manifestations. It is unknown if the patient was given any medications prior to arrival at the emergency room. The severity of low back pain was rated a six out of ten.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): GI BLEED

Secondary Diagnosis (if applicable): N/A

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

"Acute gastrointestinal (GI) bleeding is a potentially life-threatening abdominal emergency that remains a common cause of hospitalization" (Bennie Ray Upchurch, 2021). Bleeding within the GI tract can be located anywhere from the mouth to the anus, and anywhere in between. It is known that the most common cause of a gastrointestinal bleed is due to peptic ulcer disease from the use of aspirin and other NSAIDs (Capriotti, 2020). Upper GI bleeding almost always presents as "coffee-ground" emesis, "dark-tarry" stools also known as melena, and bright red blood in either the vomit or stool, also known as hematemesis and hematochezia. Depending on the color of the blood present indicates a region the bleeding is occurring; the darker the blood indicates the upper GI tract, while the brighter the blood indicates the lower GI tract.

If a GI bleed is suspected, investigation begins with either an upper endoscopy and/or colonoscopy and a CT scan of the abdomen and pelvis. This decision is typically decided based on the symptoms presented by the patient. Patients are typically put on a NPO diet or a liquid diet during the time of investigating the location of the bleed. Chronic GI bleeding can cause iron

deficiency anemia, due to the amount of blood lost within the GI tract (Jones and Bartlett Learning, 2022). This is typically more common in premenopausal women. In worse cases, “chronic GI bleeding are causes of colorectal cancer, severe esophagitis, gastric or duodenal ulcers including from the use of aspirin and other NSAIDs, inflammatory bowel disease, gastric cancer, celiac disease vascular ectasis, diverticula and portal hypertensive gastropathy” (Phelps, 2020).

A gastrointestinal bleed can be caused due to a wide variety of pathologies which all differ in their locations, clinical presentations, and onsets. “Accurate clinical diagnosis is crucial in determining the investigation of choice and specific treatment interventions. The correct diagnostic algorithm relies on good understanding of the type of GI bleeding, risk evaluation, and clinical presentation which may indicate the nature and source of bleeding” (Jones and Bartlett Learning, 2022).

Pathophysiology References (2) (APA):

Bennie Ray Upchurch, I. I. I. (2021, October 17). *Upper Gastrointestinal Bleeding (UGIB).* Practice Essentials, Background, Etiology. Retrieved February 1, 2023, from https://emedicine.medscape.com/article/187857-overview

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

Phelps, L.L. (2020). *In Spark’s & Taylor’s Nursing Diagnosis Reference Manual 11th ed. Essay*. Wolters Kluwer.

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	3.80-5.30 10(6)/mcL	**3.93**	**3.39**	**RBC count is low due to the patient's GI bleed (Jones and Bartlett Learning, 2022).**
Hgb	12.0-15.8 g/dL	**11.7**	**10.1**	**Hgb level is low due to the patient's GI bleed (Jones and Bartlett Learning, 2022).**
Hct	36.0-47.0%	**36.1**	**31.1**	**Hct level is low due to the patient's GI bleed (Jones and Bartlett Learning, 2022).**
Platelets	140-440 10(3)/mcL	218	190	Platelet count is within normal limits.
WBC	4.0-12.0 10(3)/mcL	8.10	7.20	WBC count is within normal limits.
Neutrophils	47.0-73.0%	**65.3**	**46.1**	**Neutrophil count is low due to possible infection and/or GI bleed (Jones and Bartlett Learning, 2022).**
Lymphocytes	18.0-42.0%	25.7	37.3	Lymphocytes are within normal limits.
Monocytes	4.0-12.0%	7.5	12.0	Monocytes are within normal limits.
Eosinophils	0.0-5.0%	0.8	3.5	Eosinophils are within normal limits.
Bands	N/A	N/A	N/A	Bands were not obtained.

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-	136-145 mmol/L	**141**	**140**	Sodium levels are within normal limits.
K+	3.5-5.1 mmol/L	**4.1**	**4.0**	Potassium levels are within normal limits.
Cl-	98-107 mmol/L	**108**	**111**	**Chloride levels are high due to possible kidney impairment & dehydration (Jones and Bartlett Learning, 2022).**
CO2	22-30 mmol/L	**24**	**22**	CO2 levels are within normal limits.

Glucose	70-99 mg/dL	**174**	**91**	**Glucose upon admission was high due to coffee ground emesis (Jones and Bartlett Learning, 2022).**
BUN	7-25 mg/dL	**33**	**19**	**BUN upon admission was high due to possible lack of kidney function (Jones and Bartlett Learning, 2022).**
Creatinine	0.50-1.20 mg/dL	1.20	1.02	Creatinine levels are within normal limits.
Albumin	3.5-5.0 g/dL	**3.5**	**3.2**	**Albumin levels are low and could be indicative of malnutrition or lack of kidney function (Jones and Bartlett Learning, 2022).**
Calcium	8.7-10.5 mg/dL	9.4	9.0	Calcium levels are within normal limits.
Mag	1.6-2.6 mg/dL	N/A	1.7	Mag level is within normal limits.
Phosphate	34-104 mg/dL	N/A	N/A	Phosphate levels were not obtained.
Bilirubin	0.2-1.2 mg/dL	0.4	1.1	Bilirubin level is within normal limits.
Alk Phos	40-150 U/L	124	103	Alk Phos level was within normal limits.
AST	5-34 U/L	28	20	AST level was within normal limits.
ALT	0-55 U/L	20	14	Amylase level was within normal limits.
Amylase	60-120 U/L	N/A	N/A	Amylase was not obtained.
Lipase	8-78 U/L	N/A	N/A	Lipase levels were not obtained.
Lactic Acid	0.5-2.2 mmol/L	N/A	N/A	Lactic acid was not obtained.

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	1.0	N/A	INR level upon admission was

				within normal limits.
PT	10.1-13.1 seconds	11.4	N/A	PT level upon admission was within normal limits.
PTT	25-36 seconds	31	N/A	PTT level upon admission was within normal limits.
D-Dimer	> 250 mg/L FEU	N/A	N/A	D-Dimer was not obtained.
BNP	100-400 pg/mL	N/A	N/A	BNP was not obtained.
HDL	> 60 mg/dL	N/A	N/A	HDL was not obtained.
LDL	< 130 mg/dL	N/A	N/A	LDL was not obtained.
Cholesterol	<200 mg/dL	N/A	N/A	Cholesterol was not obtained.
Triglycerides	40-180 mmol/L	N/A	N/A	Triglycerides were not obtained.
Hgb A1c	< 7 mg/dL	N/A	N/A	Hgb A1c level was not obtained.
TSH	0.5-5.0 mIU/mL	N/A	N/A	TSH was not obtained.

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	Clear, yellow	N/A	N/A	Urine sample was not obtained.
pH	5.0-9.0	N/A	N/A	Urine sample was not obtained.
Specific Gravity	1.003-1.030	N/A	N/A	Urine sample was not obtained.
Glucose	Negative	N/A	N/A	Urine sample was not obtained.
Protein	Negative	N/A	N/A	Urine sample was not obtained.
Ketones	Negative	N/A	N/A	Urine sample was not obtained.
WBC	Negative	N/A	N/A	Urine sample was not obtained.
RBC	Negative	N/A	N/A	Urine sample was not obtained.
Leukoesterase	Negative	N/A	N/A	Urine sample was not obtained.

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 <10,000 Positive >100,000	N/A	N/A	Urine culture was not obtained.
Blood Culture	Negative	N/A	N/A	Blood culture was not obtained.
Sputum Culture	Normal upper respiratory tract	N/A	N/A	Sputum culture was not obtained.
Stool Culture	Normal intestinal flora	N/A	N/A	Stool culture was not obtained.

Lab Correlations Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). *2022 Nurse's Drug Handbook* (20th ed.).

Diagnostic Imaging

(Since admission)

All Other Diagnostic Tests (5 points):

- CT Abdomen Pelvis w/ Contrast
    - Clinical Indication: N/V, GI BLEED?
    - Impression:
        - Gallstones in the gallbladder. The gallbladder is contracted.
        - Large hiatal hernia. The distal esophagus is distended suggestive of gastroesophageal reflux. Endoscopy and direct visualization of the stomach may be of clinical value.
        - Copious amounts of stool in the cecum and ascending colon, descending colon and sigmoid colon suggestive of constipation.

- XR Chest Single View
    - Clinical Indication: 94-year-old, SOB
    - Impression:
        - No acute disease.

Diagnostic Test Correlation (5 points): The patient received a CT scan of the abdomen and pelvis regions to determine if there was an active GI bleed causing the coffee ground emesis. The patient received a XR of the chest due to age and shortness of breath.

Diagnostic Test Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). *2022 Nurse's Drug Handbook* (20th ed.).

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed
CITE MECHANISM OF ACTION AND NURSING CONSIDERATIONS

Home Medications (5 required)

Brand/Generic	Pantoprazole (PROTONIX)	Levothyroxine (SYNTHROID)	Senna (SENOKOT)	Polyethylene Glycol (MIRALAX)	Aspirin EC
Dose	20 mg tablet	88 mcg tablet	8.6 mg tablet	17 g packet, dissolved in 4-8 oz. of liquid	81 mg
Frequency	Once daily	Once daily	Once daily	Once daily	Once daily
Route	By mouth	By mouth	By mouth	By mouth	By mouth
Classification	Proton pump inhibitor	Synthetic thyroxine	Stimulant, stool softener	Osmotic laxatives	Salicylate, NSAID

Mechanism of Action	Interferes with gastric acid secretion by inhibiting the hydrogen-potassium-adenosine triphosphatase enzyme system, or proton pump, in gastric parietal cells (Jones & Bartlett Learning, 2022).	Replaces endogenous thyroid hormone, which may exert its physiologic effects by controlling DNA transcription and protein synthesis (Jones and Bartlett Learning, 2022).	Irritates luminal sensory nerve endings, which stimulate colonic motility and reduce colonic water absorption (Jones and Bartlett Learning, 2022).	Forms hydrogen bonds with water molecules. Can prevent the reabsorption of water, which causes water retention in the stool and increases the osmotic pressure (Jones and Bartlett Learning, 2022).	Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis (Jones and Bartlett Learning, 2022).
Reason Client Taking	Gastroesophageal reflux	Hypothyroidism	Constipation	Constipation	Age, atrial fibrillation
Contraindications (2)	Concurrent therapy with rilpivirine. Allergy to benzimidazoles.	Uncorrected adrenal insufficiency. Active cardiac arrhythmias.	Ulcerative colitis. Fecal impaction.	Bowel obstruction. Appendicitis.	Active bleeding or coagulation disorder. Current or recent GI bleed.
Side Effects/Adverse Reactions (2)	GI: Clostridium difficile-associated diarrhea MS: Rhabdomyolysis	CNS: Seizures CV: Arrhytmias	GI: Stomach cramping. CV: Irregular heartbeat.	CNS: Seizures in pediatric population. GI: Rectal hemorrhage	GI: Hepatotoxicity RESP: Bronchospasm
Nursing Considerations (2)	Ensure the continuity of gastric acid suppression during transition from oral to	Be aware that levothyroxine therapy is not to be used for treatment of obesity or for weight loss.	Monitor intake and output carefully. Urine and stool can become	Nausea, abdominal bloating, cramping and flatulence can occur.	Be aware that elderly patients and dehydrated febrile children are at higher

	IV pantoprazole. Expect to monitor PT or INR during therapy if patient is taking an anticoagulant (Jones & Bartlett Learning, 2022)	Monitor PT of patient who is receiving anticoagulants, as a dosage adjustment may be required (Jones & Bartlett Learning, 2022).	discolored (Jones and Bartlett Learning, 2022).	High doses of polyethylene glycol can produce diarrhea and excessive stool frequency (Jones and Bartlett Learning, 2022).	risk for toxicity. Expect aspirin therapy to be temporarily halted 5 to 7 days before elective surgery to reduce risk of bleeding (Jones and Bartlett Learning, 2022).

Hospital Medications (5 required)

Brand/Generic	Docusate Sodium (COLACE)	Acetaminophen (Tylenol)	Magnesium Hydroxide (MILK OF MAGNESIA)	Ondansetron (ZOFRAN-ODT)	Melatonin
Dose	100 mg capsule	650 mg tablet	400mg/5mL suspension 30mL	4 mg disintegrating tablet	6 mg tablet
Frequency	Twice daily	Every 4 hours as needed for pain	Once daily as needed for constipation	Every 6 hours as needed for nausea	Once nightly as needed for insomnia
Route	By mouth	By mouth	By mouth	By mouth	By mouth
Classification	Stool softener	Non-salicylate, para-aminophenol derivative	Saline laxatives	Selective serotonin (5-HT3) receptor antagonist	Biogenic amine
Mechanism of Action	Lowers the surface tension at the oil-water	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and	Neutralizes gastric acid by reacting with hydrochloric acid in the	Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at	Binds to melatonin receptor type 1A, which acts on

	interface of the feces, allowing water and lipids to penetrate the stool (Bartlett and Jones Learning, 2022).	interfering with pain impulse generation in the peripheral nervous system (Jones & Bartlett Learning, 2022.)	stomach to form magnesium chloride and water; works by increasing the osmotic effect in the intestinal tract and drawing water in (Jones and Bartlett Learning, 2022).	vagal nerve terminals in the intestine (Jones & Bartlett Learning, 2022)	adenylate cyclase and the inhibition of a cAMP signal transduction pathway (Jones and Bartlett Learning, 2022).
Reason Client Taking	Constipation	Pain	Constipation	Nausea and vomiting	Insomnia
Contraindications (2)	Appendicitis symptoms. Fecal impaction.	Severe hepatic impairment, severe active liver disease.	Renal failure, myocardial damage, or heart block.	Concomitant use of apomorphine. Irregular heartbeat.	High blood pressure, bleeding disorders.
Side Effects/Adverse Reactions (2)	SKIN: Blistering or peeling skin. RESP: Chest tightness	CV: Hypotension RESP: Atelectasis	GI: Rectal bleeding CNS: Decrease sense of taste	SKIN: Toxic epidermal necrolysis CNS: Hypotension	GI: Constipation GU: Incontinence during the night
Nursing Considerations (2)	Monitor electrolyte levels for abnormally decreased levels. Monitor output for excessive bowel activity (Jones and Bartlett Learning, 2022).	Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease. Know that before and during long-term therapy including parenteral therapy, liver	Monitor serum magnesium and serum potassium labs for electrolyte imbalances. Use caution with renal insufficiency (Jones and Bartlett Learning, 2022).	Know that if hypokalemia or hypomagnesemia is present, these electrolyte imbalances should be corrected before ondansetron is administered. Monitor patient's electrocardiogram, as ordered, and especially in	Avoid driving or doing other activities that require alertness until the response of the medication is known. Avoid the

		function test results must be monitored because acetaminophen may cause hepatotoxicity (Jones & Bartlett Learning, 2022).		patients with bradyarrthymias or CHF (Jones and Bartlett Learning, 2022).	concurrent use of alcohol or other CNS depressants (Jones and Bartlett Learning, 2022).

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). *2022 Nurse's Drug Handbook* (20th ed.).

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and oriented to person, place, time, and situation. Patient is well-groomed and is in no acute distress. **Patient is obese.**
INTEGUMENTARY: **Skin color:** Normal for ethnicity. **Character:** Warm and dry. **Temperature:** 98.6 **Turgor:** Return to normal state in <3 seconds. **Rashes:** None noted. **Bruises:** None noted. **Wounds:** .None noted. **Braden Score:** 14 **Drains present: Y☐ N ☒** **Type:**	Skin is a normal color for ethnicity, warm and dry upon palpation. No bruises, rashes, or wounds present. Skin turgor returns to normal state < 3 seconds. 22 G IV located in the left posterior hand, IV site is clean, dry, and intact. Saline lock is in place.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is without deviation, thyroid is nonpalpable, with no nodules noted. Normocephalic and atraumatic. Auricles are moist and pink bilaterally without discharge or lesions noted. Pulses are palpable +2 bilaterally throughout. Both PERRLA and EOMs

	are intact. Conjunctivae are pink bilaterally, sclera are white bilaterally and cornea are clear bilaterally. Septum is midline, bilateral turbinates are pink and moist. Oral dentition is all intact and present, oral mucosa is pink and dry, without lesions present. .
CARDIOVASCULAR: **Heart sounds:** No murmurs, gallops, or rubs heard. **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** < 3 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema: Lower extremities.**	Clear S1 and S2 sounds without murmurs, rubs, or gallops. Capillary refill is less than 3 seconds. Radial pulse regular, **apical pulse irregular due to A-fib. Lower extremities show edema bilaterally.**
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Lung sounds are without crackles, rhonchi, or wheezing. Respiratory rate 18. Patient is not in respiratory distress.
GASTROINTESTINAL: **Diet at home:** Regular **Current Diet** Regular **Height:** 5'5 **Weight:** 211 lbs. 2 oz. **Auscultation Bowel sounds:** Heard in all four quadrants, normoactive. **Last BM:** 1/27/2023 **Palpation: Pain, Mass etc.:** **Inspection:** **Distention: Slight.** **Incisions:** None noted. **Scars:** None noted. **Drains:** None noted. **Wounds:** None noted. **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Abdomen is slightly distended, soft and nontender upon palpation. No rebound tenderness or guarding by the patient. No nonverbal ques that pain is present.
GENITOURINARY: **Color:** Yellow **Character:**	Patient has no complaints of pain upon urination but is incontinent. Patient had one void during shift.

Quantity of urine: 1 occurrence of incontinence. **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM: Active and passive** **Supportive devices:** Wheelchair **Strength:** **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score: 81** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☒ **Needs support to stand and walk** ☒	Patient has slight active ROM, but mainly passive ROM. Patient uses a wheelchair at nursing home facility but is a two-person assist here.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status: Diminished due to dementia.** **Speech:** Clear **Sensory:** **LOC:** Alert and oriented.	Patient is alert, but unable to answer questions due to mental status and dementia. Speech is clear.
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):**	Patient is calm and cooperative. Patient is accepting of visitors and any care. Patient is in a safe environment. Pastoral care is openly accepted by the patient and friend.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1100	77 bpm	166/80	20	98.7	94% on room air

1500	77 bpm	165/67	18	98.6	96% on room air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0800	Numeric 0-10	N/A	0	N/A	N/A
1500	Numeric 0-10	N/A	0	N/A	N/A

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22 G **Location of IV:** Left posterior hand. **Date on IV:** 01/28/2023 @ 2100 **Patency of IV:** IV patent; flushed. **Signs of erythema, drainage, etc.:** None noted. **IV dressing assessment:** Clean, dry & intact.	Saline lock is present; no fluids are currently running.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
< 25%, 120 mL	Incontinent urine x1, no bowel movement.

Nursing Care

Summary of Care (2 points)

Overview of care: I met the patient and introduced myself at 1245 with the nurse in charge. We repositioned the patient in bed, ordered the patient's lunch, and checked to ensure the patient didn't need to be changed. After having a bath this morning, the patient

wanted to rest this afternoon. Towards the end of my shift, I obtained a set of vitals at 1400, which we stable. Finally, I ensured the patient had no further needs before reporting off to the nurse.

Procedures/testing done: None obtained.

Complaints/Issues: None made.

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

Tolerating diet, activity, etc.: Tolerated a regular diet, one occurrence of urinary incontinence.

Physician notifications: None.

Future plans for client: Return to home facility to continue care.

Discharge Planning (2 points)

Discharge location: LTC, Hawthorne Inn.

Home health needs (if applicable): Monitoring labs, monitoring pain occurrences, monitoring for future occurrences of nausea and/or vomiting.

Equipment needs (if applicable): Patient has any equipment needed.

Follow up plan: Follow up with primary care physician or nursing home physician.

Education needs: Education about a GI bleed and its signs and symptoms.

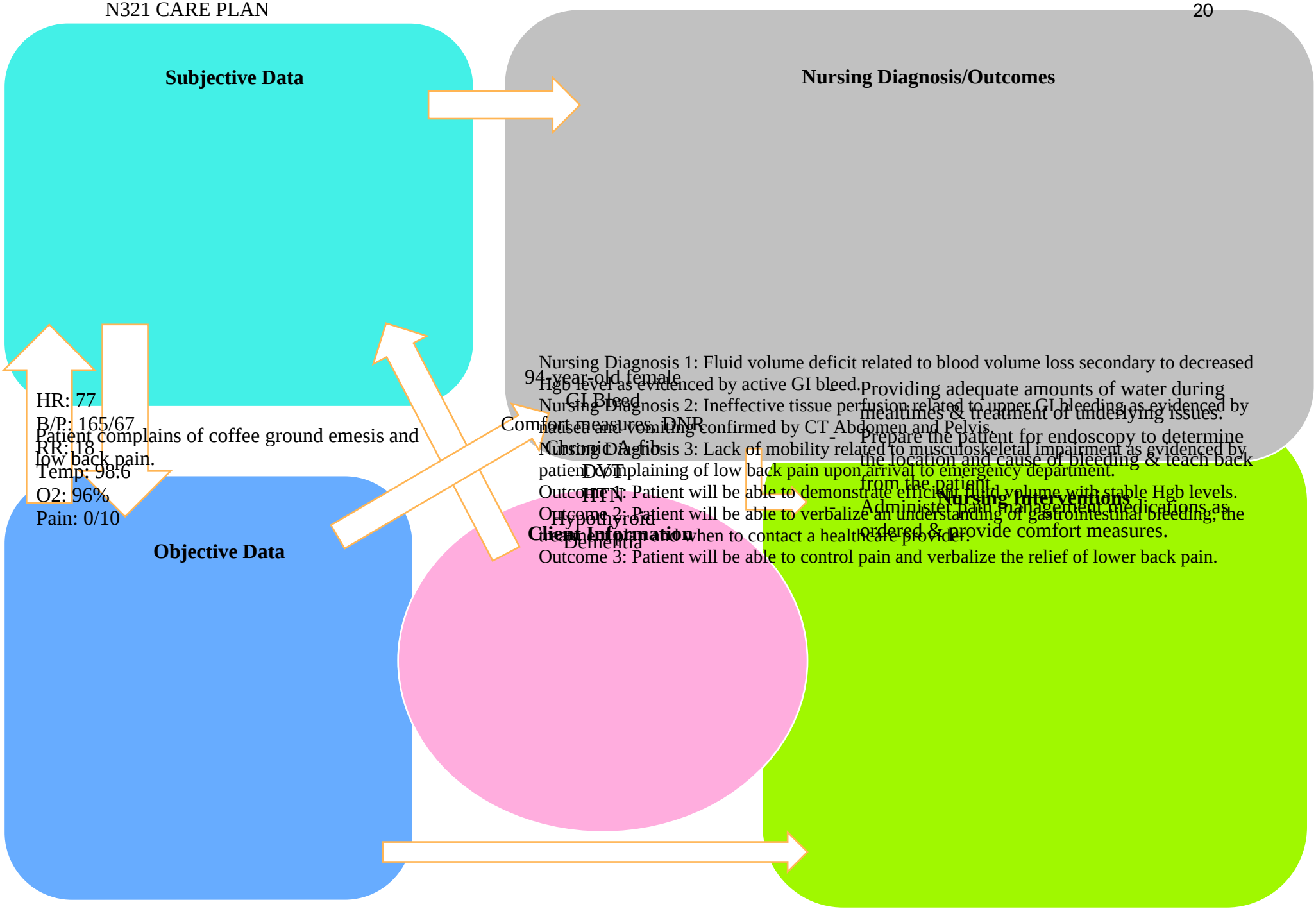
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by"	• Explain why the nursing diagnosis			• How did the client/family respond to the nurse's

components • Listed in order by priority – highest priority to lowest priority pertinent to this client	was chosen			actions? • Client response, status of goals and outcomes, modifications to plan.
1. Fluid volume deficit related to blood volume loss secondary to decreased Hgb level as evidenced by active GI bleed.	Nursing diagnosis was chosen due to patient's coffee ground emesis.	**1.** Providing adequate amounts of water during mealtimes. **2.**Treating underlying issues.	**1.** Patient will be able to demonstrate efficient fluid volume with stable Hgb levels.	The patient's Hgb level was stable and remained stable. The patient also maintained a balanced intake and output.
2. Ineffective tissue perfusion related to upper GI bleeding as evidenced by nausea and vomiting confirmed by CT Abdomen and Pelvis.	Nursing diagnosis was chosen due to active nausea and vomiting.	**1.** Prepare the patient for endoscopy to determine the location and cause of bleeding. **2.**Teachback from the patient.	**1.** Patient will be able to verbalize an understanding of gastrointestinal bleeding, the treatment plan and when to contact a healthcare provider.	Patient able to teach back information learned about preparation for an endoscopy.
3. Lack of mobility related to musculoskeletal impairment as evidenced by patient complaining of low back pain upon arrival to emergency department.	Nursing diagnosis chosen due to patient's manifestation of lower back pain.	**1.** Administer pain management medications as ordered. **2.** Provide comfort measures.	**1.** Patient will be able to control pain and verbalize the relief of lower back pain.	Patient was provided with comfort measures and verbalized as relief of pain.

Other References (APA):

Concept Map (20 Points):


Subjective Data
Patient complains of coffee ground emesis and low back pain.
Objective Data
HR: 77
B/P: 165/67
RR: 18
Temp: 98.6
O2: 96%
Pain: 0/10
Nursing Diagnosis/Outcomes
Nursing Diagnosis 1: Fluid volume deficit related to blood volume loss secondary to decreased Hgb level as evidenced by active GI bleed.
Nursing Diagnosis 2: Ineffective tissue perfusion related to upper GI bleeding as evidenced by nausea and vomiting confirmed by CT Abdomen and Pelvis.
Nursing Diagnosis 3: Lack of mobility related to musculoskeletal impairment as evidenced by patient complaining of low back pain upon arrival to emergency department.
Outcome 1: Patient will be able to demonstrate efficient fluid volume with stable Hgb levels.
Outcome 2: Patient will be able to verbalize an understanding of gastrointestinal bleeding, the treatment plan, and when to contact a healthcare provider.
Outcome 3: Patient will be able to control pain and verbalize the relief of lower back pain.
Client Information
94-year-old female
GI Bleed
Comfort measures, DNR
Chronic A-fib
DVT
HTN
Hypothyroid
Dementia
Nursing Interventions
Providing adequate amounts of water during mealtimes & treatment of underlying issues.
Prepare the patient for endoscopy to determine the location and cause of bleeding & teach back from the patient.
Administer pain management medications as ordered & provide comfort measures.