

N311 Care Plan 2

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N311: Foundations of Professional Practice

Professor Dowell

10/5/2025

Demographics

| | | | |
|--------------------------|-------------------------|-----------------------|--------------------------|
| Date of Admission | Patient Initials | Age | Biological Gender |
| 9/20/2025 | VC | 79 | Female |
| Race/Ethnicity | Occupation | Marital Status | Allergies |
| Caucasian | Retired | Widowed | Empagliflozin Aspirin |
| Code Status | Height | Weight | Ibuprofen Codeine |
| Full | 5'1" | 274lbs | |

Medical History

Past Medical History: Dementia, Type 2 diabetes, cellulitis, hypertension, and arthritis.

Past Surgical History: Cataract removal, right middle toe amputation

Family History:

Father: type 2 diabetes, cancer

Mother: type 2 diabetes

Sister: cancer

Son: type 2 diabetes

Brother: type 2 diabetes

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):

Patient states she quit smoking 25 years ago. Before then she had been smoking two packs a day since she was 15 years old. She also endorses only the occasional alcoholic drink (<3 drinks per month) and denies any other drug use.

Education: High school

Living Situation: Lives alone with home health coming every Wednesday

Assistive devices: Rollator

Admission Assessment

Chief Complaint: Dark tarry stools

History of Present Illness (HPI)– OLD CARTS: Patient presented to ER on 9/20 for acute onset of tarry black stool earlier that morning. Upon assessment she was found to be hypotensive and tachycardic with a positive fecal occult blood test. During workup in the ER patient had an instance of coffee ground emesis. Location of GI bleed was suspected to be upper due to the coffee ground emesis and tarry stool. No alleviating, aggravating, or relieving factors noted, no treatment was tried at home, and severity unable to be determined.

Primary Diagnosis

Primary Diagnosis on Admission: Upper GI bleed

Secondary Diagnosis (if applicable): N/A

Pathophysiology

An upper gastrointestinal bleed (UGIB) is bleeding anywhere in the esophagus, stomach, or duodenum and is classified as either an acute or chronic bleed (Capriotti, 2024). Acute UGIBs are caused by either a rupture, tear, or perforation in the lining of the esophagus or stomach (Capriotti, 2024). In this case, the patient has a perforation in her esophagus. In acute UGIBs the symptoms are directly related to the amount of blood loss like hypovolemia, hypotension, and tachycardia (Capriotti, 2024). Of which the patient presented with both tachycardia and hypotension. Another symptom of an acute bleed is hematemesis (Capriotti, 2024). In hematemesis it can either be bright red or partially digested, which is said to resemble coffee grounds (Hoffman, 2020). In the patient's case, she had an instance of coffee ground emesis in the ER.

In chronic UGIBs the symptoms are more subtle related to the long-term loss of blood. These symptoms include fatigue, lethargy, low hemoglobin and iron levels in the blood, and iron deficiency anemia (Capriotti, 2024). Another indication of either acute or chronic GI bleeds include melena (dark tarry stools) and a positive fecal occult blood test (Hoffman, 2020). Of which the patient had both.

Diagnosis of a UGIB involves an endoscopy to find the source of the bleeding and to stop it through either sutures, cautery, ligation, or fibrin glue (Capriotti, 2024). In the patient's case she had an endoscopy, and the surgeon used electrocautery to stop the bleeding. Laboratory tests include an elevated blood urea nitrogen related to decreased fluid volume and the absorption of blood proteins into the small intestine (Capriotti, 2024). A history should also be taken to assess for use of non-steroidal anti-inflammatory drugs (NSAID), like ibuprofen or acetaminophen, as NSAIDS are known to wear down the mucosal lining of the stomach over time as well as alcohol

use and smoking history as those are also known to damage the endothelial lining of the esophagus (Hoffman, 2020).

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives*. Philadelphia: F. A. Davis. Retrieved 09 12, 2025

Hoffman, J. S. (2020). *Davis Advantage for Medical-Surgical Nursing: Making Connections to Practice*. Philadelphia: F. A. Davis.

Vital Signs, 1 set – **HIGHLIGHT ALL ABNORMAL VITAL SIGNS**

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen SAT | Oxygen Delivery Method |
|------|-------|----------------|-----------|--------|------------|------------------------|
| 0751 | 80bpm | 107/71 mmHg | 16rr | 96.9°F | 97% | Room air |

Pain Assessment, 1 set

| Time | Scale | Location | Severity | Characteristics | Interventions |
|------|-------|----------|----------|-----------------|---------------|
| 0751 | 1-10 | NA | 0 | NA | NA |

Intake and Output

| Intake (in mL) | Output (in mL) |
|----------------|----------------|
| | |

| | |
|-------------------------------|---|
| 480mL oral | 200mL urine |
| No IV drips currently running | No bowel movements, drains, emesis, or sweating |

NANDA APPROVED Nursing Diagnosis

| Nursing Diagnosis | Rationale | Interventions (2 per dx) | Outcome Goal (1 per dx) | Evaluation |
|---|--|---|---|--|
| <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” • Listed in order by priority | <ul style="list-style-type: none"> • Explain why the nursing diagnosis is chosen | | | <ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? • Client response, status of goals and outcomes, modifications to plan. |
| Ineffective tissue perfusion related to acute blood loss from GI bleed as evidenced by hypotension and orthostatic hypotension (Phelps, 2023) | Patient has hypertension and normally takes medicine for it. While she has been in the hospital, she has not had any blood pressure medications because she has been hypotensive since she was admitted. | <ol style="list-style-type: none"> 1. Administer prescribed medications like antiemetics and analgesics as ordered 2. Take patient’s vitals every four hours or more frequently as needed | Patient will demonstrate adequate tissue perfusion as evidenced by blood pressure within normal limits and lack of orthostatic hypotension by 10/12 | Patient responded well to ordered antiemetics and analgesics and was able to tolerate vitals. Patient’s perfusion is improving from when she was first admitted but the blood pressure still needs to increase before she can go home. |
| Imbalanced nutrition: less than body requirements related to | Patient did not have any | <ol style="list-style-type: none"> 1. Talk to patient and | Patient will be back to | Will talk to family about additional foods the patient likes when they |

| | | | | |
|--|---|--|---------------------------|--|
| loss of appetite as evidenced by lethargy and fatigue (Phelps, 2023) | breakfast and did not eat much of her dinner the night before | <p>family about what foods she likes to eat and keep those foods at the bedside for snacks if possible</p> <p>2. Provide small, frequent meals with minimal seasoning and encourage eating</p> | eating full meals by 10/8 | come to visit. Patient still not eating much but verbalizes understanding of the importance of proper nutrition while in the hospital. |
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Other References (APA)

Phelps, L. (2023). *Nursing Diagnosis Reference Manual*. Philadelphia : Wolters Kluwer.