N321 CARE PLAN # 1

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Lakeview College of Nursing

N321: Adult Health I

Professor Henry

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Demographics

Date of Admission 02/08/2026	**Client Initials** EU	**Age** 54	**Biological Gender** Male
Race/Ethnicity White Caucasian Not Hispanic, Latino/a, or Spanish	**Occupation** Disability	**Marital Status** Single	**Allergies** Metoclopramide Hydroxyzine
Code Status Full Code	**Height** 5’2”	**Weight** 123lbs	

Medical History

Past Medical History: Anemia, Anorexia, Asthma, Cerebral Palsy, Gastroesophageal reflux disease (GERD), Hip dysplasia, Moderate intellectual disability, Seasonal allergies, Stroke, and Visual Impairment

Past Surgical History: No past surgical history listed

Family History: No family history listed or reported

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient reports never smoking, never using smokeless tobacco, he does not use drugs and does not drink alcohol

Education: No education listed

Living Situation: Schultz House (group home)

Assistive devices: Wheelchair, Glasses

Admission History

Chief Complaint: Blood in Vomit

History of Present Illness (HPI)– OLD CARTS

Patient is a 54-year-old male who presented to the Emergency department with complaints of vomiting black emesis one day prior to arrival. Symptoms began one day prior to

admission with coughing followed by the episodes of black-colored emesis. Patient reports of abdominal discomfort localized to the abdomen. Intermittent nausea and vomiting occurring throughout the day prior to arrival. Emesis described as black in color. Associated symptoms include abdominal pain and nausea. Black emesis is concerning possible upper gastrointestinal bleeding. Symptoms appear associated with oral intake of food and liquids. No relieving factors reported. Mother of patient did not indicate any interventions that improved symptoms. No treatment noted prior to arrival at hospital. On arrival patient rated abdominal pain a 4/10.

Admission Diagnosis

Primary Diagnosis: Acute upper gastrointestinal (GI) bleed

Secondary Diagnosis (if applicable): No secondary diagnosis applicable

Pathophysiology

An acute upper gastrointestinal (GI) bleed occurs when bleeding develops in the upper portion of the gastrointestinal tract, including the esophagus, stomach, or duodenum. Common causes include gastritis and peptic ulcer disease. In this client, a history of gastroesophageal reflux disease (GERD) increases the risk for chronic irritation and inflammation of the mucosal lining, which can weaken the protective barrier and lead to bleeding (Hinkle & Cheever, 2026).

At the cellular level, prolonged exposure to gastric acid and inflammatory processes damages the mucosal defense system that would normally protect the gastrointestinal lining. When that barrier is disrupted, the acid and digestive enzymes can penetrate deeper layers of tissue, leading to injury of small blood vessels and subsequent bleeding. As blood loss occurs,

red blood cell volume decreases, resulting in reduced hemoglobin and hematocrit levels, which are evident in this client's laboratory findings (Capriotti, 2024).

Ultimately, acute blood loss can impair oxygen delivery to tissues. The body activates sympathetic responses, including increased heart rate, maintaining cardiac output and tissue perfusion to make up for the blood loss. If bleeding continues, the client is at risk for anemia, hypovolemia, and hemodynamic instability (Hinkle & Cheever, 2026).

Common signs and symptoms of an upper GI bleed include nausea, weakness, and fatigue. Expected clinical findings include decreased hemoglobin and hematocrit levels and positive occult blood testing. Blood urea nitrogen (BUN) levels may also be elevated due to the digestion and absorption of blood proteins within the gastrointestinal tract (Capriotti, 2024). Diagnostic testing such as complete blood count (CBC) and occult blood testing helps confirm the presence and severity of bleeding.

Treatment of an acute upper GI bleed focuses on preventing further bleeding, reducing gastric acid secretion, and supporting recovery. Medications such as Pantoprazole (Protonix) help coat the stomach by decreasing the acid production. Medications like ondansetron are administered to control nausea and prevent continued vomiting, which could worsen bleeding. Iron supplements may be required to treat anemia caused by blood loss. This client's clinical presentation, laboratory abnormalities, and diagnostic findings are consistent with an acute upper gastrointestinal bleed (Hinkle & Cheever, 2026; Capriotti, 2024).

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Pathophysiology: Introductory concepts and clinical perspectives* (2nd ed.). F.A. Davis.

Hinkle, J. L., & Cheever, K. H. (2026). *Brunner & Suddarth's textbook of medical-surgical nursing* (16th ed.). Wolters Kluwer.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Hemoglobin	10.8 g/dL	8 g/dL	13-16.5 g/dL	Decreased due to acute blood loss from upper gastrointestinal bleed
Hematocrit	35.3%	26.1%	38-50%	A low hematocrit corresponds with a decreased red blood cell volume due to blood loss, supporting the diagnosis of anemia related to gastrointestinal bleeding
MCV	79.1 fL	79.1 fL	82-100 fL	Decreased consistency with iron-deficiency anemia related to blood loss
MCH	24.2 pg	24.2 pg	26-32 pg	A low MCH reflects reduced hemoglobin content within red blood cells which is consistent with iron deficiency anemia
MCHC	30.6 g/dL	30.7 g/dL	31-36 g/dL	Decreased MCHC suggests hypochromic red blood cells which are often seen in anemia caused by chronic blood loss
Neutrophils	80.3%	73.2%	40-68%	An elevated neutrophil

				count indicates an inflammatory response which may indicate bleeding, infection or injury to the tissues
Absolute Lymphocytes	0.67 per microliter	1.56 per microliter	0.90-3.30 per microliter	Decreased absolute lymphocytes may be related to stress or an inflammatory response
Creatinine	0.61 mg/dL	0.70 mg/dL	0.70-1.30 mg/dL	Decreased Creatinine may be related to decreased muscle mass
BUN/Creatinine	34 ratio	20 ratio	12-20 ratio	Elevated due to absorption of blood proteins in the GI tract
Glucose	104 mg/dL	110 mg/dL	70-99 mg/dL	Elevated glucose may be related to the stress or acute illness of the body
C-Reactive Protein (CRP)	3.61 mg/dL	NA	<0.5 mg/dL	Elevated CRP may indicate that there is inflammation or acute bleeding
Lipase	95 U/L	NA	8-78 U/L	Increased lipase will increase with an acute illness of the body or a gastrointestinal disorder
Urine Protein	Trace	NA	Negative	Trace of urine protein may occur with an acute illness
Urine Ketones	Trace	NA	Negative	Trace of urine ketones may be present due to decreased oral intake or vomiting
Occult Blood	Positive	NA	Negative	Positive occult blood confirms that there is gastrointestinal bleeding

Previous diagnostic prior to	**Previous diagnostic results and**	**Current Diagnostic Test & Purpose**	**Clients Signs and Symptoms**	**Results and correlate to client diagnosis**

admission (ER, clinic etc.) if pertinent to admission diagnosis	correlation to client admission			and condition
PET GI Esophageal	Normal PET CT, correlated to client admission because of an acute GI bleed and was vomiting black emesis	CT Abdomen Pelvis w/o contrast is used to evaluate abdominal organs to identify potential sources of gastrointestinal bleeding, inflammation, masses, or obstruction.	Patient presented with abdominal pain, nausea and vomiting, and signs of a gastrointestinal bleed	No specific etiology for patients' nausea and vomiting is evident which his good because a CT scan is used to evaluate of where the gastrointestinal bleeding may be coming from
		Chest X-Ray Single View is used to assess heart size, lung fields, and mediastinal structures, and to evaluate for aspiration, infection or cardiopulmonary complications that are related to gastrointestinal bleeding	Patient with abdominal pain and complaints of vomiting black emesis	No acute disease noted from chest x-ray, results may help rule out cardiopulmonary issues related to the GI bleeding

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2025). *Mosby's diagnostic and laboratory test reference* (17th ed.). Elsevier.

Active Orders

Active Orders	Rationale
Contact Isolation	Patient is on Contact Isolation for candida auris (C. Auris) which is a multidrug-resistant organism that can spread easily
CPR- Full Treatment	Indicates that the patient wants to receive all life saving measures in the event of his heart to stop beating
General Diet	Indicates the patient can eat a general diet if it is tolerated well
BMP/CBC	Ordered to monitor electrolyte levels, hemoglobin, hematocrit and white blood cell count which are all critical when evaluating someone for a GI Bleed.
Gastric occult blood	Used to help monitor or confirm gastrointestinal bleeding
Pulse oximetry	Monitors oxygen saturation to ensure that the patient is getting the proper oxygenation especially with anemia
Cardiac Monitoring	Provides a continuous monitor to assess the heart's rhythm for any changes related to anemia or an electrolyte imbalance
Intake and Output	Monitors the bodies fluid balance to assess hydration status
Sequential compression devices	Used to prevent deep vein thrombosis in patients with decreased mobility
Insert/Maintain Peripheral IV	Make sure there is venous access for administration of IV medications and fluids
Vital Signs per/unit	Used to monitor blood pressure, heart rate, respiratory rate, and temperature

Hospital Medications (Must List ALL)

Brand/Generic	Baclofen	Ferrous	Gabapentin	Lact	Mirtazapine	Ondansetro

	(Lioresal)	sulfate	(Neurontin)	ated Ringers Infusion	(Remeron)	n (Zofran)
Dose, frequency, route	20mg, PO, 2x daily	325mg, PO, 1x daily	300mg, PO, 2x daily	1000 ml/hr, IV	15mg, PO, 1x day, Nightly	4mg, IV, every 6 hrs PRN
Classification (Pharmacological and therapeutic and action of the drug	Acts as a skeletal muscle relaxant	Replaces iron for hemoglobin production	Prevents exaggerated responses to relieve restless legs syndrome symptoms		Acts as a antidepressant and enhances serotonin activity	Selective serotonin receptor antagonist, Antiemetic. It prevents nausea and vomiting.
Reason Client Taking	Managing muscle spasticity related to cerebral palsy	To prevent or treat iron-deficiency anemia	To manage neuropathic pain related to cerebral palsy	To maintain hydration and electrolyte balance	To manage appetite stimulation and to monitor depression	To prevent vomiting and symptoms of nausea
Two contraindications (pertinent to the client)	1. Renal Impairment 2. A hypersensitivity to baclofen	1. Hemolytic anemias 2. Hypersensitivity to iron salts or their components	1. Hypersensitivity to gabapentin or its components 2. Renal impairment		1. Hypersensitivity to mirtazapine or its components 2. Use within 14 days of MAO inhibitor	1. Prolonged QT syndrome 2. Hypersensitivity to ondansetron or its components
Two side effects or adverse effects (Pertinent to the client)	1.Drowsiness 2. Dizziness	1.Hypotension 2. Stool discoloration	1. Fatigue 2. Vertigo		1. Anxiety 2. Tremors	1.Hypotension 2.Constipation
Key nursing	1. Assess	1.Assess	1. Assess		1. Monitor	1. Monitor

assessment(s) prior to administration	level of consciousness and respiratory status 2. Assess for muscle tone	for GI tolerance 2. Look at hemoglobin and hematocrit levels	pain level of patients 2. Assess Neurological status of patient		weight and appetite of the patient 2. Assess the patient's mood	EKG if indicated of a rhythm change 2. Assess for worsening of nausea and vomiting

Brand/Generic	Pantoprazole (Protonix)	Acetaminophen (Tylenol)	Calcium Carbonate (Tums)	Melatonin
Dose, frequency, route	40mg, IV 1x daily	650mg, PO, every 4 hours PRN	1000mg, PO, every 8 hours PRN	6mg, PO, Nightly PRN
Classification (Pharmacological and therapeutic and action of the drug	Proton pump inhibitor, Antiulcer and treats erosive esophagitis associated with gastroesophageal reflux disease (GERD)	No salicylate, para-aminophenol derivative and Antipyretic, nonopioid analgesic, relieves mild or moderate pain	Calcium salts, antiacid and treats hyperphosphatemia	Regulates circadian rhythm to promote sleep
Reason Client Taking	Prevention or treatment of gastric irritation	To manage mild or moderate pain as needed	Relieves indigestion as needed	Relieves patient from having difficulty sleeping as needed
Two contraindications (pertinent to the client)	1. Concurrent therapy with rilpivirine containing products 2. Hypersensitivity to pantoprazole	1. Severe liver disease or liver impairment 2. Hypersensitivity to acetaminophen	1. Hypercalcemia 2. Concurrent use of calcium supplements	1. Use with sedatives 2. Hypersensitivity to melatonin
Two side effects	1. Diarrhea	1. Rash	1. Constipation	1. Daytime

or adverse effects (Pertinent to the client)	2. Headache	2. Anxiety	2. Hypotension	sleepiness 2. Dizziness and Vertigo symptoms
Key nursing assessment(s) prior to administration	1.Assess for GI bleeding or abdominal pain 2. If in long term use watch magnesium levels	1. Assess patients' pain level 2. Do not exceed daily dose of 4,000 mg a day	1. Assess patients' GI symptoms 2. Monitor calcium levels if used frequently	1. Assess level of alertness of the patient 2. Assess patients sleep patterns

Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Pantoprazole (Protonix)	Chosen because it decreases gastric acid secretion to prevent GERD and coats the stomach while the patient is multiple medications from	1. Diarrhea 2. Headache
2. Ondansetron (Zofran)	Chosen because it helps prevent and treat nausea and vomiting symptoms	1. Constipation 2. Headache
3. Baclofen (Lioresal)	Chosen because this medication will help keep the patient comfortable by managing muscle spasticity that is associated with cerebral palsy	1. Muscle weakness 2. Drowsiness

Medications Reference (1) (APA)

Jones & Bartlett Learning. (2025). *Nurses' drug handbook 2025*. Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** Alert **Orientation:** Oriented to self **Distress:** No acute distress noted **Overall appearance:** Well groomed **Infection Control precautions:** Contact Isolation **Client Complaints or Concerns:** No current complaint or concerns	
VITAL SIGNS: **Temp:** 97.4 F **Resp rate:** 16/min **Pulse:** 99bpm **B/P:** 140/80 mmHg **Oxygen:** 92% **Delivery Method:** Room Air	
PAIN ASSESSMENT: **Time:** 0913 **Scale:** 0/10 **Location:** denies pain **Severity:** 0/10 **Characteristics:** denies pain **Interventions:** none required	
IV ASSESSMENT: **Size of IV:** 20 G **Location of IV:** Right forearm **Date on IV:** 02/08/2026 **Patency of IV:** IV patent **Signs of erythema, drainage, etc.:** No redness, swelling, or drainage noted **IV dressing assessment:** Dressing clean, dry and intact **Fluid Type/Rate or Saline Lock:** Saline locked	
INTEGUMENTARY: **Skin color:** Skin color appropriate for ethnicity, no abnormal discoloration noted **Character:** Skin dry and intact **Temperature:** Warm to touch **Turgor:** Skin turgor good **Rashes:** No rashes noted **Bruises:** No bruises noted **Wounds:** No wounds noted	

Braden Score: 14 **Drains present: Y☐ N ☒** **Type:**	
HEENT: **Head/Neck:** Normocephalic, atraumatic **Ears:** within normal limits **Eyes:** visual impairment, wears glasses **Nose:** within normal limits **Teeth:** dental decay/caries noted	.
CARDIOVASCULAR: **Heart sounds:** S1 and S2, no S3, S4, or murmurs noted **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** Normal sinus rhythm **Peripheral Pulses:** palpable and equal bilaterally **Capillary refill:** less than 3 seconds **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:** No edema noted upon assessment	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** Breath sounds clear bilaterally	.
GASTROINTESTINAL: **Diet at home:** General Diet **Current Diet:** General Diet **Is Client Tolerating Diet?** Tolerating well **Height:** 5'2" **Weight:** 123lbs **Auscultation Bowel sounds:** normoactive **Last BM:** unknown of last BM **Palpation:** abdomen soft, non-tender **Pain, Mass etc.:** No pain or mass noted **Inspection:** **Distention:** no distension noted **Incisions:** no incisions noted **Scars:** no scars noted **Drains:** no drains noted **Wounds:** no wounds noted **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒**	.

Size: **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	
GENITOURINARY: **Color:** yellow **Character:** clear **Quantity of urine:** 600 ml **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	
Intake (in mLs) 480 ml total **Output (in mLs)** 600 ml urine	
MUSCULOSKELETAL: **Neurovascular status:** pulses palpable bilaterally; capillary refill less than 3 seconds; extremities warm intact with sensation **ROM:** Limited ROM in bilateral lower and upper extremities **Supportive devices**: wheelchair, sit-to-stand **Strength:** Equal bilaterally **ADL Assistance: Y☒ N ☐** **Fall Risk: Y ☒ N☐** **Fall Score:** 27 **Activity/Mobility Status:** wheelchair bound **Activity Tolerance:** activity limited **Independent (up ad lib)** **Needs assistance with equipment** **Needs support to stand and walk**	.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐**	.

Orientation: oriented to self **Mental Status:** disoriented to time, place, and situation **Speech:** speech clear **Sensory:** sensation intact bilaterally **LOC:** alert	
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** supported through visits with family **Developmental level:** impacted by cerebral palsy **Religion & what it means to pt.:** no religious or spiritual needs expressed at this time **Personal/Family Data (Think about home environment, family structure, and available family support):** Lives at a group home with 8 other adults, good family support and group home support with care related to cerebral palsy	.

Discharge Planning

Discharge location: Schultz Home

Home health needs: None currently

Equipment needs: None currently continues to use personal wheelchair

Follow up plan: Follow up with primary care provider and GI specialist

Education needs: Instruct caregiver/family to monitor new or worsening symptoms and return to the Emergency department if symptoms worsen or develop

Nursing Process
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	**Outcome Goal (1 per dx)**	**Interventions (2 per goal)**	**Evaluation of interventions**
1. Risk for Bleeding related to GI bleed as evidenced by patient vomiting black emesis	Chosen because patient is vomiting black emesis and has a low hemoglobin	Patient will maintain stable lab levels and show no signs of increased blee during hospitalization	1.Obtain clinical laboratory tests 2. Correlate interview findings, risk factors, and current episode of care and patient condition to determine the imminent level of risk for bleeding	Patient receives careful monitoring of existing risk factors
2. Risk for electrolyte imbalanced related to GI bleed as evidenced by patient vomiting	Chosen because patient has vomited multiple times	Patient will maintain electrolyte levels within normal limits	1. Monitor patient for physical signs of electrolyte imbalance 2.Collect and evaluate serum electrolyte results as	Patients' electrolyte levels remain within normal limits

			ordered to allow for prompt diagnosis and treatment of any abnormalities	
3. Risk for acute pain related to abdominal pain as evidenced by patient reporting abdominal pain on arrival	Chosen because patient was having abdominal pain	Patient will rate pain on a scale of 1 to 10 on a standardized scale	1. Assess patients signs and symptoms of pain behavioral cues and administer pain medication as prescribed Monitor and record the medications effectiveness and adverse effects 2. Perform comfort measures to promote relaxation, such as massage, bathing, repositioning, and relaxation techniques	Patient identifies most effective pain relief measures

Nursing Process Prioritization	**Rationale**
1. Risk for bleeding	Patient has an active GI bleed placing the

	patient at a high risk for continued blood loss which can worsen hemoglobin level.
2. Risk for electrolyte imbalance	Patient has an active GI bleed and is vomiting black emesis which places the patient at a high risk for an electrolyte imbalance due to blood and fluid loss.
3. Risk for acute pain	Patient is at risk for abdominal pain die to GI bleed which caused inflammation of the gastrointestinal mucosa

Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual* (12th ed.). Elsevier.