

N311 Care Plan 2

Lakeview College of Nursing

Jennifer Colbert

Demographics (5 points)

Date of Admission 01/18/2020	Patient Initials J.L.	Age 36 (DOB:06/29/1984)	Gender Female
Race/Ethnicity Caucasian	Occupation Office Manager	Marital Status Single	Allergies Sulfa
Code Status Full Code	Height 5'6"	Weight 130lbs	

Medical History (5 Points)

Past Medical History: Chron’s Disease (Diagnosed at age 19), intermittent gastritis, depression and anxiety, and hypertension.

Past Surgical History: Ileostomy (July of 2009), colonoscopy, and tonsillectomy.

Family History: Father has a history of high cholesterol. Mother has a history of hypertension and breast cancer. Sister has a history of anxiety and depression.

Social History (tobacco/alcohol/drugs): She reports drinking on average 2 glasses of wine a week and denies any past or current drug and tobacco usage.

Admission Assessment

Chief Complaint (2 points): Abdominal pain, bloody stools, and dizziness.

History of present Illness (10 points): Onset: On January 18, 2020 at 0800, a Caucasian, female comes into the emergency room here at OSF: Heart of Mary for bloody stools, generalized weakness, abdominal pain, and dizziness starting around 0600 this morning after she woke up.

She brought herself into the emergency room and is currently waiting on the arrival of her sister.

Location: Client reports pain in upper left quadrant “at the top of her stomach”. Duration:

Symptoms began this morning and have been persistent. Characteristics: Client describes pain as, “very sure and crampy” and rates abdominal pain a 6/10. Aggravating: Client reports

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occupational and body image stressors in her life give her headaches, for which she takes ibuprofen. Upon taking ibuprofen, client reports worsening abdominal pain, but relief from headaches. Relieving Factors: The ibuprofen improves her headaches, but nothing relieves her constantly worsening abdominal pain, generalized weakness, or dizziness. Treatment: This is the first-time client is seeking treatment for current symptoms.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Gastrointestinal (GI) Bleed

Secondary Diagnosis (if applicable):NA

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

A Gastrointestinal (GI) bleed is the presence of blood anywhere in the esophagus, stomach, small intestine, large intestine, rectum, or anus (Capriotti & Frizzell, 2016). If the bleed is in the esophagus, stomach, or the duodenum of the small intestine it is considered a upper GI bleed (Wint, 2019). It is considered a lower GI bleed in all the remaining portions of the GI tract. The bleed may be caused from a lesion, erosion, ulceration, varicose vein, or a tear in the GI lining (Capriotti & Frizzell, 2016). GI bleeds are classified as upper and lower GI bleeds. If a client presents with dark, black, tarry stool it is an upper GI bleed, but if they have bright red blood in their stool, it is a lower GI bleed. An upper GI bleed is four times more common than a lower GI bleed (Capriotti & Frizzell, 2016).

There are numerous causes of a GI bleed including disorders such as PUD, esophageal varices, Mallory-Weiss syndrome, Boerhaave syndrome, esophageal cancer, and hemorrhagic gastritis (Capriotti & Frizzell, 2016). The severity and morbidity of the GI bleed is determined by the amount of blood loss. Rapid blood loss is very dangerous.

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There are also acute and chronic GI bleeds. An acute GI bleed is related to a rupture, tear, or perforation somewhere along the tract (Capriotti & Frizzell, 2016). A chronic GI bleed is related to a small tear or opening in the tract that causes blood to leak out slowly (Capriotti & Frizzell, 2016). A client experiencing a chronic GI bleed will experience fatigue, low hemoglobin, and low iron levels, and will likely lead to anemia (Capriotti & Frizzell, 2016).

A client with a GI bleed will present with either bright red blood in their stool or dark tarry blood depending on the location of the bleed as previously described. They might also only present with symptoms such as fatigue and lethargy, and pain may or may not be involved (Capriotti & Frizzell, 2016). If the client is experiencing a large, acute GI bleed they will have symptoms such as anxiety, dizziness, weakness, shortness of breath, change in mental status, tachycardic, tachypnea due to decreased cardiac output, and the skin will be pale and clammy (Capriotti & Frizzell, 2016).

There are several ways to diagnose a GI bleed. One common way is a guaiac test, which is also known as a fecal occult blood test that determines if there is any blood in the stool (Capriotti & Frizzell, 2016). The blood work will likely show low hemoglobin and low iron levels meaning you are anemic. The blood will also show an elevated BUN level secondary to decreased fluid volume and the absorption of blood proteins into the intestine (Capriotti & Frizzell, 2016). Another test commonly done is an endoscopy.

The treatment for an acute GI bleed includes rapid fluid replacement, insertion of a NG tube to prevent abdominal distention, administration of blood transfusion, and surgery to fix the source of the bleed (Capriotti & Frizzell, 2016). The treatment of a chronic GI bleed involves taking omeprazole for four to eight weeks. Also, sucralfate is used to augment the gastric lining if ulceration is present (Capriotti & Frizzell, 2016).

This pathophysiology is evident in Ms. Liberman because not only did her occult stool come back positive for the presence of blood, but she is also experiencing fatigue and dizziness. Her lab values are also indicative of a GI bleed with a low RBC count, low hemoglobin, low hematocrit, and elevated BUN. Her chronic use of ibuprofen to treat her migraines brought on by stress are likely the cause of her GI bleed. NSAIDS such as ibuprofen irritate and erode the gastric lining which leads to PUD one of the causes of GI bleeds (Capriotti & Frizzell, 2016).

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company.

Wint. C. (2019). *Everything you need to know about gastrointestinal bleeding*. Healthline.
<http://www.healthline.com/health/gastrointestinal-bleeding>

Laboratory Data (20 points)

If laboratory data is unavailable, values will be assigned by the clinical instructor

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	4.0-4.9 million/mm³	2.7 million/mm³	N/A	RBCs low because of blood loss from GI bleed.
Hgb	12.0-16.0g/dL	7g/dL	N/A	HgB is low because RBCs are low form blood loss.
Hct	37.0-48.0%	21%	N/A	Hct is low because of low RBCs from blood loss.
Platelets	150-400 10³/uL	162 10³/uL	N/A	
WBC	4.1-10.9 10³/uL	6.0 10³/uL	N/A	
Neutrophils	1.50-7.70 10³/	4.5 10³/uL	N/A	

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Lymphocytes	1.00-4.90 10³/uL	2.5 10³/uL	N/A	
Monocytes	0.00-0.80 10³/uL	0.05 10³/uL	N/A	
Eosinophils	0.00-0.50 10³/uL	0.00 10³/uL	N/A	
Bands	0.00-1.0 10³/uL	0.00 10³/uL	N/A	

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-	136-145mEq/L	146mEq/L	N/A	Na is slightly high because of loss of fluid.
K+	3.5-5.1mEq/L	4.2mEq/L	N/A	
Cl-	98-107Eq/L	100Eq/L	N/A	
CO2	21.0-32.0 mmHg	N/A	N/A	
Glucose	60-99 mm/dL	N/A	N/A	
BUN	5-20 mm/dL	26mm/dL	N/A	BUN is elevated because of decreased fluid volume.
Creatinine	0.5-1.5 mg/dL	1.2mg/dL	N/A	
Albumin	3.4-5.4g/dL	4.8g/dL	N/A	
Calcium	8.5-10.1 mg/dL	N/A	N/A	
Mag	1.6-2.6mg-dL	N/A	N/A	
Phosphate	2.5-4.5mg/dL	N/A	N/A	
Bilirubin	0.0-0.4mg/dL	0.6mg/dL	N/A	Elevated bilirubin because of anemia from blood loss.

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Alk Phos	20-140 IU/L	N/A	N/A	
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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	Colorless	Clear	N/A	
pH	5.0-7.0	5.8	N/A	
Specific Gravity	1.003-1.005	1.006	N/A	Specific gravity is elevated because of decreased fluid volume.
Glucose	Negative	Negative	N/A	
Protein	Negative	Negative	N/A	
Ketones	Negative	Negative	N/A	
WBC	0-25/uL	0	N/A	
RBC	0-20/uL	0	N/A	
Leukoesterase	Negative	Negative	N/A	

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	N/A	N/A	N/A	
Blood Culture	N/A	N/A	N/A	

Sputum Culture	N/A	N/A	N/A	
Stool Culture	Negative for blood	Positive for blood in stool	N/A	

Lab Correlations Reference (APA):

Capriotti, T., & Frizzell, J.P. (2016). *Pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Coagulation Study:

Partial Thromboplastin Time (PTT): 21 seconds

(Normal 10-14, but therapeutic is 20-42 seconds)

Prothrombin Time (PT): 12.2 Seconds

(Normal 25-40, but therapeutic is 50-120 seconds)

PT is low because of the GI bleed. The proportion of red blood cells to fluid is low making the PT lower than normal.

International Normalized Ratio (INR): 0.7

(Normal is 1.0, but therapeutic is 2-3)

INR is low because of the GI bleed. The proportion of red blood cells to fluid is low making the INR lower than normal.

Type and Cross Match:

Type and Cross Match including antibody screen: Blood Type A, RH Negative

**Current Medications (10 points, 2 points per completed med)
*5 different medications must be completed***

Medications (5 required)

Brand/Generic	Morphine Sulfate (Arymo ER)	1000mL 0.9% sodium chloride	Infliximab (Remicade)	Citalopram (Celexa)	Lisinopril (Prinivil)
Dose	4mg bolus	150mL/hr	5mg/kg	20mg	10mg
Frequency	Q2 hrs (PRN)	Continuous	Every 8 weeks (maintenance)	Once a day	Once a day
Route	IV	IV	IV	Oral	Oral
Classification	Opioid	Crystalloid	Monoclonal antibody	Selective serotonin reuptake inhibitor	ACE inhibitor
Mechanism of Action	Binds with and activates opioid receptors in brain and spinal cord to produce analgesia and euphoria.	Saline allows for the regulation of fluid levels by working with osmotic forces.	Binds with cytokine tumor necrosis factor-alpha, preventing it from binding with its receptors.	Blocks serotonin reuptake by adrenergic nerves, which normally release their neurotransmitter from their storage sites when activated by a nerve impulse.	May reduce blood pressure by inhibiting conversion of angiotensin I to angiotensin II.
Reason Client Taking	To relieve pain	Regulation and replacement of fluids.	To control moderate to severe Chron's disease long-term.	To treat depression.	To treat hypertension

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Contraindications (2)	Paralytic ileus and withdrawal syndrome	Renal disease and edema.	Hypersensitivity to infliximab and hypersensitivity to murine proteins	Hypersensitivity to citalopram and cardiac arrhythmias.	Hypotension and surgery
Side Effects/Adverse Reactions (2)	Coma and thinking disturbances	Renal failure and hemolysis	Numbness and seizures	Abdominal pain and decreased libido	Depression and headache

Medications Reference (APA):

Jones & Bartlett Learning. (2020). *Nurse’s drug handbook*. (19th edition). Jones & Bartlett Learning, LLC.

Prescriber’s Digital Reference. (2020). *Drug information*. <http://www.pdr.net/drug-summary/Sodium-Chloride-sodium-chloride-24245>

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Alert and orientated to time, place, person, and current events X4 Appears to be in pain Well-groomed and dressed appropriately
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:	Pale Moist Cool Good Recoil None None None 19
HEENT: Head/Neck:	Head and neck symmetrical. Thyroid and lymph

<p>Ears: Eyes: Nose: Teeth:</p>	<p>nodes non palpable. Clients ears are pink and moist, canal is clear and free of drainage, tympanic membrane pearly grey Eyes: Sclera is white, conjunctiva is pink, EOM is intact, Rosenbaum 14/14 Septum is midline, turbinates pink and moist, non-tender sinuses. Good dention</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>S1, S2 heard with no gallops, murmurs, or rubs. Pulses symmetrical and 2+ throughout. HR elevated. Good capillary refill, less than 3 seconds.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Respirations are nonlabored. Breath sounds are clear in vesicular lung and no adventitious sounds present.</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>Heart Healthy Clear Liquid 5'6" 130lbs Bowel sounds are normoactive in each of the 4 quadrants. Last BM: Today, client has an ileostomy. Serosanguinous stool present Pain in upper left quadrant upon palpation. No distension, incisions, scars, drains, or wounds Client has an ileostomy. Stoma appears red and beefy.</p>
<p>GENITOURINARY: Color: Character:</p>	<p>Yellow Clear</p>

<p>Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>500 void</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Normal ROM Does not use supportive devices Strength in extremities is good. Fall score is 16 (High Fall Risk) Moves with one assist and gait belt. Watch for dizziness.</p>
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>Legs and arms are both strong Orientated to time, place, location, and current events. Mature mental status Speech intact Alert</p>
<p>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):</p>	<p>Coping method is eating unhealthy diet when stressed. Mature developmental status Catholic. Attends church twice a month Lives at home alone. Sister lives nearby, and they spend a lot of time together.</p>

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1500	110 right radial pulse	94/56 right upper arm	26	98.6 °F Oral	95% 2L nasal canula
1530	114 right	100/60 right	22	98.8°F Oral	95% 2L nasal

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	radial pulse	upper arm			canula
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Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1500	0-10	Left upper quadrant. Top of the stomach.	6/10	“Very sore and crampy”	Administer IV morphine 4mg bolus

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
100ml Water	Voided 500mL @ 1500
400mL Chicken broth (Clear liquid diet)	
300 IV Fluid	
TOTAL: 800mL	

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
<ul style="list-style-type: none"> Include full nursing diagnosis with “related to” and “as evidenced by” components 	<ul style="list-style-type: none"> Explain why the nursing diagnosis was chosen 		<ul style="list-style-type: none"> How did the patient/family respond to the nurse’s actions? Client response, status of goals and outcomes, modifications to plan.
1. Fluid volume	The serosanguinous	1 Administer the	Goal partially met: Blood

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<p>deficit related to GI bleed as evidenced by hypotension</p>	<p>blood coming from her ileostomy is body fluids our bodies usually maintains and do not get rid of. This means she has less fluid volume running through her body which is shown in her low blood pressure.</p>	<p>prescribed 0.9% sodium chloride fluids to maintain and replenish lost fluids 2. Encourage oral intake of fluids to maintain and replenish lost fluids.</p>	<p>pressure improved from 94/56 to 100/60. It is still slightly low. Skin turgor has also improved. Goal met: Client had an oral input of 500ml between water and chicken broth. Skin turgor has improved and patient output is 500ml which indicates the body is hydrated.</p>
<p>2. Impaired tissue integrity related to ibuprofen usage as evidenced by ulcer causing a GI bleed.</p>	<p>The client is taking ibuprofen frequently which can create an ulcer, which can cause the GI bleed. This ulcer is an abnormality and a disruption to the normal tissue of the GI tract. It is a breakdown of normal tissue.</p>	<p>1. Educate the client on the risk of long-term usage of NSAIDS like ibuprofen. 2.Help client come up with other coping mechanisms for stress that might prevent her headaches.</p>	<p>Goal met: Client was very receptive of the information and now understands the dangers of long term NSAID usage. Goal Met: Client decided to start exercising regularly and practicing meditation to reduce her stress and prevent her headaches which lead her to taking the ibuprofen.</p>

Other References (APA):

Concept Map (20 Points)

Subjective Data

Client states, "I frequently am stressed about my job, and then I eat unhealthy foods trying to cope and I end up with severe headaches and I take ibuprofen a lot." Client also states "I have pain in the upper part of my stomach and feel dizzy and general weakness"

Nursing Diagnosis/Outcomes

Fluid volume deficit related to GI bleed as evidenced by hypotension.
Goal Partially Met: Clients blood pressure went from 94/56 to 100/60 after receiving IV fluids and skin turgor improved.
Goal Met: Client had an oral intake of 500ml, skin turgor improved, and had a urine output of 500 indicating the body is hydrated.
Impaired tissue integrity related to ibuprofen usage as evidenced by ulcer causing a GI bleed.
Goal Met: Client was receptive to educational information given on the harmful effects of long-term NSAID usage.
Goal Met: Client decided to start working out regularly and meditating to reduce stress and eliminate her headaches, which caused her to use the ibuprofen in the first place.

Objective Data

Client has serosanguinous stool in her ileostomy and has a positive occult stool. Blood pressure is low with an initial reading at 94/56. Labs show a low RBC, Hgb, and Hct count. Upon assessment skin turgor is poor, RUQ is tender upon palpation, and skin is pale and clammy.

Patient Information

Client is a 56 y/o, Caucasian female who came into the emergency room on January 18 at 0800 complaining of abdominal pain and dizziness. She has a history of Chron's disease, gastritis, hypertension, depression, and anxiety. Had surgery to make an ileostomy 6 months ago. Currently takes ibuprofen 3 times a day for stress related headaches.

Nursing Interventions

Administer the prescribed 0.9% sodium chloride fluids to maintain fluid volume and replenish what was lost through the GI bleed.
Encourage oral intake of fluids to maintain fluid volume and replenish what was lost through the GI bleed.
Educate the client on the risk of long-term usage of NSAIDS like ibuprofen
Help client come up with other coping mechanisms for stress that might prevent her headaches.

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