N311 Care Plan # 5

Lakeview College of Nursing

Kristy Geier

Demographics (5 points)

Date of Admission	Patient Initials	Age	Gender
1/18/XX	J.L.	36	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Stockbroker	Single	Sulfa
Code Status	**Height**	**Weight**	
Full	167.6 cm (66 inches)	59 kg (130 lb.)	

Medical History (5 Points)

Past Medical History: Dx with Chron's at age 19 years, intermittent gastritis

Past Surgical History: ileostomy July 2009 (6 months ago)

Family History: Unable to obtain.

Social History (tobacco/alcohol/drugs): Drinks nightly 1-2 glasses of wine. Sometimes, up to five glasses of wine in an evening. Does not smoke or use illicit drugs.

Admission Assessment

Chief Complaint (2 points): Weakness and dizziness

History of present Illness (10 points): Onset: On January 18, XX, this 36-year-old white female presented to the hospital ED for weakness and dizziness. **Location:** Upper abdominal area. **Duration:** Patient states she noticed the symptoms this morning upon waking up. She does have an extensive history of gastritis and being diagnosed with Chron's disease at age 19. She also had an ileostomy placement 6 months ago in July. **Characteristics:** Patient is experiencing pain which she rates on the numeric pain scale a 6 out of 10. She states the pain is a sore/crampy type pain. She has noted to the nurse on numerous occasions that she "just feels awful." She also has mentioned the feeling as if she might faint and throw up.

Aggravating factors: Stress from her job which leads to unhealthy eating habits. When she eats unhealthy foods, she mentions she gets a headache and ultimately takes ibuprofen for that

headache. **Relieving factors:** When she eats healthy foods, she notices she does not have a Chron's flare up. She also notices no gastritis symptoms. **Treatment:** Patient takes Ibuprofen for the headaches.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): GI Bleed

Secondary Diagnosis (if applicable): Chron's Disease

Pathophysiology of the Disease, APA format (20 points): Definition: A GI bleed, also known as a gastrointestinal hemorrhage, is bleeding in the gastrointestinal tract. The presence of bleeding in the gastrointestinal tract can occur in the esophagus, stomach or duodenum which can be classified as an upper gastrointestinal bleed. If the bleed is in the lower gastrointestinal tract, it is usually found in the colon, rectum or anus. **Cause:** The bleeding can occur from a lesion, erosion, or ulceration , varicosed vein, or a tear in the GI lining. Upper GI bleeds can be classified as chronic or acute. An acute bleed is associated with the rupture, tear or perforation in the esophageal or gastric lining, resulting in blood loss. **Signs & Symptoms:** Classic symptoms of an UGIB (upper GI bleed) include hematemesis, melena, and occult blood. Individuals experiencing a slow, chronic GI bleed may have vague symptoms of fatigue and lethargy. Pain may or may not be present. A sudden or massive UGIB may present with rapid onset of anxiety, dizziness, weakness, shortness of breath or change in mental status. Tachycardia and tachypnea will occur because of decrease cardiac output. The skin will be pale and clammy as a result of the body's effort to shut down peripheral blood flow. A slow GI bleed may reveal low hemoglobin and low iron levels, which confirm presence of anemia. **Risk Factors:** Some of the most common risk factors for GI bleeds are Helicobacter pylori infection

(or H. Pylori as it is commonly referred to), excessive use of NSAIDS (Non-steroidal anti-inflammatory medications) such as Ibuprofen and Aleve, aspirin, selective serotonin reuptake inhibitors such as Lexapro, Prozac, and Celexa. **Statistics:** The incidence of a GI bleed is approximately 100 cases per 100,000 population per year. Bleeding from the upper GI tract is 4 times more common than bleeding from the lower GI tract. **Diagnostic Testing:** A fecal occult blood test can determine if there is blood present in the stool. A video capsule endoscopy can visualize the entire GI tract, including the walls of the small intestine. **Typical Treatment:** Treatment for an acute GI Bleed includes rapid fluid replacement, insertion of a nasogastric tube to prevent abdominal distention and blood transfusions. Laparoscopy and surgical repair at the site of the bleeding is often done for acute episodes with large amounts of blood loss. **Complications:** The severity of the clinical symptoms is associated with the e amount of the blood lost; for example, a large blood loss causes sudden hypotension and hypovolemia. An acute upper GI bleed can quickly develop into hypovolemic shock if not treated quickly. Patients are also noted to typically become quickly hypotensive, have a rapid pulse and sometimes fall in and out of consciousness. They also are noted to have decreased urination. (Capriotti, 2015). Ms. Lieberman presented to the hospital for a GI bleed. It was noted on her assessment that she had a serosanguineous fluid in her ileostomy bag along with the stool, which is a sign of a GI bleed. Because she has the ileostomy bag present, we know that her bleed is an upper GI bleed. Her GI Bleed is classified as acute as this is the first time it has happened, and it has not occurred over a 6-month time period. It is noted that when she presented to the emergency room, her blood pressure was noted to be 94/56 but dropped when she arrived at the medical surgical unit. Her pulse was also noted to be 110 at the time of arrival to the emergency room. She also came with an order of 2 units of packed red blood cells. Her symptoms which

brought her to the hospital were dizziness and weakness which are signs of a sudden GI bleed. On her abdominal physical assessment, she was noted to have hyperactive bowel sounds in all four quadrants, and she also is noted to have tympany to percussion in all four quadrants. Her skin was noted to be fair/pale on assessment which is also indicative of a GI bleed. She also mentioned she was cold when she arrived at the medical/surgical unit. The treatment for her GI bleed was to have an upper endoscopy which could show where the bleed was located – which the gastroenterology provider performed the following morning and was able to repair the area of the bleed.

Ms. Lieberman is also noted to have been diagnosed with Chron's disease when she was 19 years old. **Definition:** Chron's disease also known as reginal enteritis or granulomatous colitis is inflammation of any part of the GI tracts (usually the terminal ileum) extending through all layers of the intestinal wall. It may also involve reginal lymph nodes and the mesentery. **Cause:** The cause of Chron's is unknown, however, possible contributing conditions include lymphatic obstruction, allergies, immune disorders, infection and genetic predisposing. The inflammation of Chron's spreads slowly and progressively. Enlarged lymph nodes block lymph flow in the submucosa. Lymphatic obstruction leads to edema, mucosal ulceration and fissures, abscesses, and sometimes granulomas. Mucosal ulcerations are called skipping lesions because they aren't continuous, as in ulcerative colitis. The serous membrane becomes inflamed, and the inflamed bowel loops adhere to other diseased or normal loops, and diseased bowel segments become interspersed with healthy ones. Finally, diseased parts of the bowel become thicker, narrower and shorter. **Signs and Symptoms:** The signs and symptoms include steady, colicky pain in the right lower quadrant, cramping and tenderness, weight loss, diarrhea, steatorrhea, bloody stools, low-grade fever, anal fistula and perineal abscess. **Risk Factors:** Patients can be diagnosed with

Chron's at any age, but most are diagnosed in their younger years. Other factors include ethnicity (Caucasian Americans have the highest risk) , family history, cigarette smoking, and excessive use of NSAIDs (Non-steroidal anti-inflammatory drugs) such as Ibuprofen and Aleve. **Statistics:** The number of people diagnosed with Chron's Disease is fewer than 200,00o cases per year. The typical age range of affected people are between 19-40 years of age. **Diagnostic Tests:** Typical diagnostic testing includes blood tests for anemia and infection, a fecal occult blood test, a colonoscopy, a capsule endoscopy, an MRI or a CT scan of the bowels, or a balloon-assisted enteroscopy. **Treatment:** Treatment includes corticosteroids, immunosuppressants, antidiarrheals, amino salicylates, antibiotics, stress reduction and reduced physical activity, avoidance of fruits and vegetables, high-fiber, spicy or fatty foods, dairy product, carbonated or caffeine-containing beverages. **Complications:** Complications found in patients who have been diagnosed with Chron's disease include intestinal blockage due to swelling and narrowing of the intestines which also can lead to a bowel obstruction. Other complications include malnutrition, colon cancer, fistulas in the bowel and anus, bowel perforation, and ulcers.

In Ms. Lieberman's case, she has had Chron's flare ups for quite some time off and on. She was diagnosed with Chron's disease at age 19. When she presented to the emergency room, she complained of abdominal pain in all four quadrants of her abdomen and she noted the pain to be "crampy feeling" and tender when palpated. She also is noted to not eat a very healthy diet. She states the day before she began having symptoms, she had a granola bar and yogurt and her favorite small latte on the train to work. She states she had a turkey sandwich with mustard for lunch and chicken pasta with a cream sauce for dinner along with a spinach salad with dried cranberries and nuts and two glasses of wine. For the Chron's disease to be manageable, one

needs to eat a diet which is limiting fruits and vegetables, eating a low-fiber diet, limit alcohol and caffeine, spicy and fatty foods and dairy products.

Pathophysiology References (2) (APA):

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

"Crohn's Disease." *Mayo Clinic*, Mayo Foundation for Medical Education and Research, 24 Dec. 2019, www.mayoclinic.org/diseases-conditions/crohns-disease/symptoms-causes/syc-20353304.

Wolters Kluwer/Lippincott Williams & Wilkins Health. (2010). Atlas of pathophysiology.

Philadelphia.

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	**3.90-4.98**	**2.7**		Loss of blood
Hgb	**12.0-15.5**	**7**		Possible anemia, due to blood loss
Hct	**35-45**	**21**		Heavy bleeding
Platelets	**140-400**	**162**		
WBC	**4.0-9.0**	**6**		
Neutrophils				
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

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-	**135-145**	**140**		
K+	**3.5-5.1**	**4.2**		
Cl-	**98-107**	**100**		
CO2	**22-29**	**29**		
Glucose	**70-99**	**99**		
BUN	**6-20**	**14**		
Creatinine	**0.50-1.00**	**1.0**		
Albumin	**3.5-5.2**	**4.1**		
Calcium	**8.4-10.5**	**9.2**		
Mag	*	*		
Phosphate	*	*		
Bilirubin	**0.3-1.0**	**0.8**		
Alk Phos	**35-105**	**57**		

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	**Unable to Obtain**	**Unable to Obtain**		
pH	*	*		

Specific Gravity	*	*		
Glucose	*	*		
Protein	*	*		
Ketones	*	*		
WBC	*	*		
RBC	*	*		
Leukoesterase	*	*		

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	**Unable to Obtain**	**Unable to Obtain**		
Blood Culture	**Type & Cross Match**	*	*	**(ABO/RH) – Blood Type A-, RH Negative.**
Sputum Culture	*	*		
Stool Culture		**Blood in stool**		**Positive finding**

Lab Correlations Reference (APA):

Pagana, K., Pagana, T., & Pagana, T. *Mosby's diagnostic and laboratory test reference*.

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Endoscopy in early am 1/19/XX. – Revealed GI Bleed which was treated at the site and repaired.

Current Medications (10 points, 2 points per completed med)
5 <u>different</u> medications must be completed

Medications (5 required)

Brand/Generic	**Remicade**	**Morphine Sulfate**	**Tylenol**	**Ibuprofen**	
Dose	**5mg/kg**	**4mg bolus**	**650mg**	**Patient does not recall the dosage**	
Frequency	**Every 8 weeks**	**Q2H/PRN**	**Q4H /PRN**	**PRN**	
Route	**IV**	**IV**	**PO**	**PO**	
Classification	**Anti-inflammatory**	**Opioid Analgesic**	**Antipyretic**	**NSAID**	
Mechanism of Action	**Monoclonal antibody that neutralizes the activity of tumor necrosis factor-alpha found in Chron's disease; decreased infiltration of inflammatory cells**	**Depresses pain impulse transmission at the spinal cord level by interacting with opioid receptors**	**May block pain impulses peripherally that occur in response to inhibition of prostaglandin synthesis; does not possess anti-inflammatory properties; antipyretic action results from inhibition of prostaglandins in the**	**Inhibits COX-1, COX-2 by blocking arachidonate; analgesic, autoinflammatory, antipyretic**	

			CNS		
Reason Client Taking	**Pain relief r/t Chron's flare up**	**For abdominal pain**	**Headache/ Pain**	**Takes at home for headache**	
Contraindications (2)	**Hypersensitivity, moderate to severe HF**	**Hypersensitivity, Addiction**	**Anemia/ renal/hepatic disease**	**Bleeding disorders, GI disorders**	
Side Effects/Adverse Reactions (2)	**Headache, dizziness**	**Drowsiness, dizziness**	**Nausea/ vomiting**	**Headaches, dizziness**	

Medications Reference (APA):

Jones & Bartlett Learning. (2020). ***2020 Nurses drug handbook*****. Burlington, MA.**

Assessment

Physical Exam (18 points)

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Alert and oriented to time, place and person X3 Seems distressed and in pain Well-groomed and appropriately dressed
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	 Pale Fair, smooth Warm Normal turgor 2+ None None None 18 None
HEENT: **Head/Neck:** **Ears:** **Eyes:**	 Head and neck symmetrical, normal cephalic. Patient's ears are free of discharge, no cecum present in ears bilaterally. Eyes symmetrical

Nose: **Teeth:**	EOM, nose symmetrical, no deviation, teeth are excellent dentition. Dry mucosa, no lesions, uvula rises on pronation
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐** **Edema Y ☐ N ☐** **Location of Edema:**	 Heart sounds normal S1 and S2, no murmurs, no gallops or rubs detected in S3 or S4 – however, heart rate elevated Peripheral pulses 2+ symmetric. Capillary refill is less than 3 seconds. No neck vein distention. No sign of edema.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	 Breath sounds clear, no adventurous sounds, no wheezes, or crackles noted.
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 ☐ N ☐** **Nasogastric: Y ☐ N ☐** **Size:** **Feeding tubes/PEG tube Y ☐ N ☐** **Type:**	 Regular diet at home. Clear Liquid 167.6 cm 59 kg Hyperactive in all 4 quadrants This morning – ileostomy bag present Abdomen is soft, flat, no apparent masses, skin is smooth. Tympany in all 4 quadrants Moderate overall abdominal tenderness. No rebound tenderness or guarding. Yes – Ileostomy present on lower right-hand side of abdomen None None
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐** **Type:**	 Yellow Not cloudy, but clear Voided 1x None None None

Size:	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	 Normal ROM Strength in both upper and lower extremities None Strength in both arms and legs None No 18 Independent / up ad lib None None
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	 Strength equal in both arms and legs Cognitive of space, time, location, date Articulative speech
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):**	. No support at home. Mature None Patient does have 1 sister who came to hospital to see her. However, because she works long hours, she has very little support. Patient is single, not married.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1500	**110 - Radial**	**95/56 Rt arm**	**26**	**98.6 degrees F**	**95% on 2L NC**

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1530	**Numeric 0-10**	**Abdomen/ epigastric area**	**6/10**	**Sore/crampy**	**Laying head of bed flat, cool towel placed for patient's head, oxygen, and frequent monitoring of VS, emesis basin given to patient. Morphine IV given.**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
PO - 100 mL **IV - 300 mL** **Total: 400 mL**	**500 mL** **Total: 500 mL**

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis

Nursing Diagnosis ● Include full nursing diagnosis with "related to" and "as evidenced by" components	Rational ● Explain why the nursing diagnosis was chosen	Intervention (2 per dx)	Evaluation ● How did the patient/family respond to the nurse's actions? ● Client response, status of goals and outcomes, modifications to plan.
1. Acute Pain	Abdominal pain related to GI bleed and Chron's Disease flare up as evidenced by "I feel	**1.** Administer Morphine for patient via IV Q2H / PRN – around the clock	**1.** Goal met. Morphine given to patient via IV. Pain changed from 6/10 to 2/10 on numeric scale.

	awful, like I might throw up"	**2.** Lower head of bed/ frequent vital monitoring to make sure blood pressure is stable/ O2 stats stable	**2.**Goal met. Bed lowered to help patient stabilize so she did not go into hypovolemic shock, monitored vitals so they were stable. Blood pressure was within normal limits. O2 stats within normal limits**.**
2. Fluid volume deficit	Fluid volume deficit related to GI bleed as evidenced by low HGB/HCT and RBC count. Serosanguinous fluid in ileostomy bag upon arrival to ED. Patient was also noted to have dry mucosa of the mouth.	**1.** Administer 2 units packed RBCs to patient while in hospital for acute GI bleed**.** Blood to be administered as soon as patient gets to med/surg unit and blood is available. **2.** Schedule endoscopy for 1/19/ XX early morning to look for where bleed is originating	1.Goal partially met. Patient received 1 full unit of Packed Red Blood Cells. She was on the 2nd unit when she started feeling flushed, and her temperature rose. Blood was stopped immediately due to possible transfusion reaction. Doctor notified. 2.Goal met: Endoscopy performed, and bleed found and treated during endoscopy.

Other References (APA):

Concept Map (20 Points):

Subjective Data

Patient states "I feel awful." In reference to the abdominal pain. She also states "I feel like I'm going to throw up" after she gets up to the medical surgical unit prior to receiving her packed red blood

Nursing Diagnosis/Outcomes

Acute Pain related to abdominal pain / Chron's flare up as evidenced by "I feel awfu
Goal met. Morphine given to patient via IV. Pain changed from 6/10 to 2/10 on nun
scale.
Goal met: Goal met. Bed lowered to help patient stabilize so she did not go into
hypovolemic shock, monitored vitals so they were stable. Blood pressure was within
normal limits. O2 stats within normal limits.
Fluid volume deficit related to blood loss, GI bleed and dry mucosa of the mouth.
Goal met: Goal partially met. Patient received 1 full unit of Packed Red Blood Cells
She was on the 2nd unit when she started feeling flushed, and her temperature rose. B
was stopped immediately due to possible transfusion reaction. Doctor notified.
Goal met: Endoscopy performed, and bleed found and treated during endoscopy.

Objective Data

Client's chief complain is weakness and dizziness r/t her Chron's flare up. She has been diagnosed with a GI Bleed.
BP: 94/56
RR: 26
Temp: 98.6 F
SpO2%: 95% on 2L NC
Pulse: 110
She is also noted to have serosanguineous fluid in her ileostomy bag along with stool.

Patient Information

Patient diagnosed with Chron's disease at age 19. She also has acute gastritis from time to time – due to her stressful job and dietary habits.
She had an endoscopy completed which a bleed was found and treated during procedure.

Nursing Interventions

1. Administer pain medications around the clock – Morphine scheduled IV 2mg Q2H / PRN
2. Tylenol scheduled PO 650mg Q4H /PRN
3. Lower head of bed to flat which may help prevent nausea/vomiting/fainting episodes and hypovolemic shock.
4. Check patient's vitals Q30 minutes before blood arrives. Once blood is started, check patient's vitals Q15 minute intervals until blood complete.
5. Discuss with patient ways to cope with stress such as yoga, or meditation.
6. Discuss with patient better diet options for patient suffering from Chron's disease – limiting high fiber diets, dairy products, caffeine, etc.,