

N311 Care Plan # 5

Lakeview College of Nursing

Ruva Mutopo

Demographics (5 points)

Date of Admission 01/18/2020	Patient Initials J.L.	Age 06/29/84 Age 36	Gender Female
Race/Ethnicity White	Occupation Stockbroker	Marital Status Single	Allergies Sulfa
Code Status Full Code	Height 66 in	Weight 130 lb.	

Medical History (5 Points)

Past Medical History: Crohn’s disease with intermittent gastritis @ age 19

Past Surgical History: Ileostomy @ age 25

Family History: Maternal – Mother: heathy, doesn’t know her maternal grandparents

Paternal – Father: asthma, Grandfather: Tuberculosis, Grandmother: COPD

Social History (tobacco/alcohol/drugs): Client denies tobacco use, drink every night after her stressful drug and denies use of other drugs.

Admission Assessment

Chief Complaint (2 points): Weak, dizzy and abdominal pain

History of present Illness (10 points): Onset: On January 18th, 2020 at about 15:00 client decided to take herself to the emergency department. When she got up in the morning she was feeling weak, dizzy and abdominal pain in her right lower quadrant.

Location: Client states “in the top of my stomach”

Duration: She states that it has been consistent since this morning

Characteristic: Client describes her pain as “sore and crampy”

Associating: Stress and a headache

Relieving: frequent use of Ibuprofen

Treatment: She denies seeking out treatment before this.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): GI bleed

Secondary Diagnosis (if applicable): n/a

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

Gastrointestinal bleeding is a symptom of digestive tract disorders (Mayo Clinic, 2018). Bleeding from the upper GI tract is 4 times more common than a lower GI bleed. The mortality of this bleed is mainly because of the amount of blood loss, mortality rates are only 6% to 10% overall. An upper GI bleed can be acute or chronic, an acute bleed is associated with a rupture or tear in the esophageal or gastric lining. Acute bleeding can quickly turn into hypovolemic shock and show hypotension and hypovolemia. Chronic bleeding can lead to iron deficiency anemia and melena because of the low Hgb and iron values (Capriotti & Frizzel, 2016).

Signs and symptoms of a GI bleed depend on where the bleed is located, if it is obviously seen or hidden. Obvious (overt) bleeding will be apparent in stool or vomit as bright red blood. Hidden (occult) bleeding is seen in the stool as black or tarry, in vomit it can resemble coffee grounds. The main symptoms seen are lightheadedness, dyspnea, fainting, chest and abdominal pain. If bleeding is aggressive and quick, a client can go into shock and symptoms of shock are hypotension, oliguria, tachycardia, and unconsciousness (Mayo Clinic, 2018). According to the definitions, my client's stool had occult blood. She was admitted for dyspnea, abdominal pain, and dizziness. I was afraid she would go into to shock because she her symptoms became worse, blood pressure dropped, and her heart rate increased. To prevent shock, I decline the head of her bed and elevated the foot. This helps promote circulation until adequate blood volume is restored.

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Risk factors of an upper GI bleed are peptic ulcers, which are the most common cause, tears in the lining of the esophagus and esophagitis. In a lower GI bleed, include hemorrhoids, inflammatory bowel disease, tumors, polyps and anal fissures (Mayo Clinic, 2018). I believe my client's main risk factor is a peptic ulcer. She reports that she uses the anti-inflammatory drug, Ibuprofen quite frequently for her headaches when she is stressed. Repetitive use of NSAIDs will decrease the production of gastric mucus which can lead to gastritis and peptic ulcers (Capriotti & Frizzel, 2016). Peptic ulcers are sores that develop on the lining of the stomach and upper portion of the small intestine, which makes sense why she felt her pain in the top of her stomach.

Diagnostic tests may include blood tests like a CBC, Thrombin, platelet count, or liver function. A stool to discover the cause of occult bleeding. Digital imaging tests like a CT scan to find the source of a bleed. Any type of test, like colonoscopy, which is a little camera placed at some part of the GI tract to examine it (Mayo Clinic, 2018). My client had platelet count and CBC. She was typed and cross-matched for two units of packed RBCs. They also performed a hemocult of her stool and it was found to be positive with blood. Her coagulation tests were within normal range with her pro time at 12.2, PT at 21 seconds and INR at 0.7. My client was also scheduled for an endoscopy the next morning.

Treatment, if the GI bleed has not stopped on its own, again depends on where the bleed comes from. Mainly medication or a procedure is used to stop or slow down the bleeding. An IV drug that suppresses stomach acid production, blood transfusion, or if the client's blood is thin, they would need to discontinue the use of anti-inflammatory drugs (Mayo Clinic, 2018). Consider treatments like rapid fluid replacement and inserting a NG tube to prevent abdominal distention from excess blood (Capriotti & Frizzel, 2016). My client was given a blood transfusion of a 1 and ½ units that she began to react to. She started feeling chilly, a headache,

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and febrile, when a client is sensitive to some part of the donated blood it is important to stop all transfusion quickly.

Pathophysiology References (2) (APA):

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

Mayo Clinic (2018) *Gastrointestinal bleeding*. (2018, September 21). Retrieved from:

<https://www.mayoclinic.org/diseases-conditions/gastrointestinal-bleeding/symptoms-causes/syc-20372729>

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 million/mm ³	2.7 million/mm ³		Blood loss in the GI tract
Hgb	12 -15.5 g/dL	7 g/dL		Indicates a slow GI bleed
Hct	35-45%	21 %		There is a low amount of RBCs
Platelets	140-400 Thousand/mm ³	162,000/mm ³		
WBC	4,000 – 9,000/mm ³	6000/mm ³		
Neutrophils		N/A *		
Lymphocytes		*		
Monocytes		*		

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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 mEq/L	156 mEq/L		Decrease in fluid and poor diet including junk food
K+	3.5 – 5.1 mEq/L	6.2 mEq/L		Inflammation of Crohn's disease and excessive intake of alcohol
Cl-	98 -107 mEq/L	100 mEq/L		
CO2	21 – 32 mEq/L	24 mEq/L		
Glucose	70 – 99 mg/dL	*		
BUN	6 – 20 mg/dL	25 mg/dL		Decreased fluid volume and the absorption of blood proteins into the small intestine
Creatinine	0.50 – 1.00 mg/dL	1.0 mg/dL		
Albumin	3.5 -5.2 mg/dL	3.0 mg/dL		Because inflammation of Crohn's disease or where large volumes of protein are lost and not absorbed
Calcium		*		
Mag		*		
Phosphate		*		
Bilirubin		*		
Alk Phos		*		

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		N/A *		
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		N/A *		
Blood Culture		*		
Sputum Culture		*		
Stool Culture	Absence of blood	Blood in stool		Blood in the upper GI tract

Lab Correlations Reference (APA):

Diagnostic Imaging

All Other Diagnostic Tests (10 points):

Cross-matched and typed for packed RBCs at 15:00: Blood type A-

Coagulation Tests at 1500: Pro time is 12.2, PT is 21 seconds and INR is 0.7. All are within their normal range.

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

Medications (5 required)

Brand/Generic	Morphine	Remicade (Infliximab)	Acetaminophen (Tylenol)	Atropine (Sal-Tropine)	Omeprazole (Prilosec)
Dose	4 mg	5 mg/ 2 hr	650 mg	1 mg	40 mg
Frequency	PRN	Q 8 wks	Q 4 hr PRN	PRN for surgery	Daily
Route	IV bolus	IV	PO	IV	PO
Classification	Opioid analgesic	Anti-inflammatory	Antipyretic, nonopioid analgesic	Antiarrhythmic, antimuscarinic	Antiulcer
Mechanism of Action	Binds with and activates opioid receptors in brain and spinal cord to produce analgesia and	Binds with TNF-alpha, preventing it from binding with its receptors. It can't produce proinflammatory cells	Blocks prostaglandin production and interferes with pain impulse generation in the PNS	Inhibits acetylcholine's muscarinic action at the neuroeffector junctions of smooth muscles. Inhibiting salivary and	Interferes with gastric acid secretion by inhibiting the proton pump in gastric parietal cells. Keeps additional HCL from forming

	euphoria			bronchial secretions and diaphoresis	
Reason Client Taking	To relieve pain	To control moderate to severe Crohn's disease long term)	To relieve mild or moderate pain	Reduces oral and bronchial secretions	To heal peptic ulcer
Contraindications (2)	Acute alcoholism and arrhythmias	Breastfeeding and hypersensitivity to infliximab and their components	Severe hepatic impairment and severe active liver disease	Angle-closure glaucoma and GI obstructive disease	Concurrent therapy with rilpivirine-containing products and hypersensitivity to omeprazole
Side Effects/Adverse Reactions (2)	Coma and seizures	Meningitis and hypotension	Hypotension and hypokalemia	Seizures and cardiac dilation	Hypoglycemia and pancreatitis

Medications Reference (APA):

2020 Nurse's Drug Handbook. 19th ed., Jones & Bartlett Learning, 2020.

Assessment

Physical Exam (18 points)

GENERAL: Alertness: Orientation: Distress: Overall appearance:	Alert and oriented x3 Client appears to be in distress because of abdominal pain, but is well groomed
INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes:	Pale Dry Warm +3 Nor rashes, bruises or wounds present

<p>Bruises: Wounds: . Braden Score: Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>17</p>
<p>HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Symmetrical, no bumps or lesions. Trachea is midline. Lymph nodes are nonpalpable</p> <p>No bumps or lesions, no discharge, healthy cerumen and TM is a pearly grey</p> <p>No abnormalities seen in lids, sclera, conjunctiva and cornea. PERRLA. Normal EOM, and vision with glasses</p> <p>No deviation or abnormalities and sinuses are not tender</p> <p>No lesions or bumps. Mouth is pink and dry</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>Normal S1 and S2 Elevated heart rate Normal and strong pulses Cap refill < 3 seconds</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Normal breath sounds</p>
<p>GASTROINTESTINAL: Diet at home: Current Diet Height: Weight: Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.:</p>	<p>High protein diet Clear liquid diet 66 in 130 lb Hyperactive clicks and gurgles heard in the abdomen</p>

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<p>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>No abnormalities, pain or tenderness palpated or seen</p> <p>Ileostomy</p>
<p>GENITOURINARY: Color: Character: 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>Yellow Pale and clear</p> <p>Genitals appear normal</p>
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" 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 No supportive devices needed Strength in upper and lower extremities</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>Oriented to person, place and time</p> <p>Normal speech patterns Alert and responsive No loss of consciousness</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):	Drinks a couple glass of wine after work Matured and fully developed Atheist Lives alone, no children but is close with her sister
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Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1530	114 Right radially	100/60 Right brachial	22	98.8 Temporally	95% 2L via Nasal Canula

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1530	Numeric	“top of my stomach”	6/10	“sore and crampy”	Administer Tylenol

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
300 IV @ 1500	500 of urine @ 1530
100 PO @ 1500	400 of urine @ 1645
150 IV @ 1630	350 of urine @ 1900
50 IV @ 1645	200 BM @ 1900
350 of blood @ 1845	Total = 1450 mL
Total = 950 mL	

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

Nursing Diagnosis <ul style="list-style-type: none"> Include full nursing diagnosis with “related to” and “as evidenced by” components 	Rational <ul style="list-style-type: none"> Explain why the nursing diagnosis was chosen 	Intervention (2 per dx)	Evaluation <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. Acute Pain	Related to GI Bleed as evidence by client rating pain a 6/10 and describing pain as “sore and cramping”	1. Administer 650 mg of Tylenol PRN every 4 hrs. 2. Monitor client’s pain, keep the client comfortable, practice slow deep breathing and distracting behaviors	Goal met because client is responsive to medication and states pain is a 2/10 any abdominal pain the next day.
2. Deficient Fluid Volume	Related to GI bleed as evidence by blood present in the stool, decrease RBC values of 2.7 million/mm³, signifying an active bleed, low blood pressure and high pulse	1. Administer 2 units of packed RBCs 2. Monitor vitals, skin, and stool	Goal partially met because client reacted negatively with chills and a headache to 1 ½ units of packed RBCs. BP returned to 104/62, HR is 94 by the next morning. There is no more blood in the stool and skin is warm and smooth

Other References (APA):

Concept Map (20 Points):

Subjective Data

Client was experiencing weakness, dizziness and abdominal pain in the morning when she woke up. Rated her pain a 6/10. Takes ibuprofen when she is stressed and has a head ache with her pain.

Nursing Diagnosis/Outcomes

Acute pain related to GI Bleed as evidence by client rating pain a 6/10 and describing pain as "sore and cramping".
Outcomes: Goal met because client is responsive to medication and states pain is a 2/10 any abdominal pain the next day.
Deficient fluid volume related to GI bleed as evidence by blood present in the stool, decrease RBC values of 2.7 million/mm³, signifying an active bleed, low blood pressure and high pulse
Outcomes: Goal partially met because client reacted negatively with chills and a headache to 1 ½ units of packed RBCs. BP returned to 104/62, HR is 94 by the next morning. There is no more blood in the stool and skin is warm and smooth

Objective Data

Hyperactive bowel clicks and gurgles heard in the right lower quadrant. Fecal occult test is positive. CBC shows abnormally low levels of Hgb, RBCs, and Hct

Pulse: 114 Right radially
BP: 100/60 Right brachial
Respirations: 22
Temp: 98.8 Temporally
O2: 95% 2L via Nasal Canula

Patient Information

Client woke up in the morning and was feeling weak, dizzy and sore, crampy abdominal pain.
Health hx: Crohn's disease and intermittent gastritis
Ileostomy @ age 25

Nursing Interventions

1. Administer 650 mg of Tylenol PRN every 4 hrs.
2. Monitor client's pain, keep the client comfortable, practice slow deep breathing and distracting behaviors
1. Administer 2 units of packed RBCs
2. Monitor vitals, skin, and stool

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