N431 Care Plan #2

Lakeview College of Nursing

Darby McNeil

Demographics (3 points)

Date of Admission 6/15	**Patient Initials** MW	**Age** 57	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Retired Nurse	**Marital Status** Married	**Allergies** Amitriptyline, azithromycin, clarithromycin, erythromycin, imipramine, ketorolac, latex, sulfamethoxazole-trimethoprim, indomethacin, duloxetine, adhesive bandage
Code Status Full Code	**Height** 165 cm	**Weight** 67.5 kg	

Medical History (5 Points)

Past Medical History: Arthritis, chronic GERD, chronic low back pain, constipation, elevated liver enzymes, essential tremor, facet arthritis if lumbar region, frequent headaches, hiatal hernia, advanced COPD, idiopathic peripheral neuropathy, intension tremor, gastric ulcers, protein C deficiency, trochanteric bursitis, myofascial, fibromyalgia

Past Surgical History: EGD x2, lumbar facet joint denervation x2, trigger point injections x7, trochanteric bursa injection x3, laryngoscopy, lumbar epidural steroid injection x10, appendectomy, hysterectomy, carpel tunnel release, cholecystectomy, colonoscopy, Nissen fundoplication

Family History: Mother-breast cancer, hypertension, Parkinson’s disease; maternal grandmother-Diabetes Mellitus, hyperlipidemia, hypertension; maternal grandfather-heart attack; sister-cerebral palsy

Social History (tobacco/alcohol/drugs): Patient reports no alcohol or drug use. Patient states she used to be a smoker but stopped at age 15. Smoked from age 16-51.

Assistive Devices: None

Living Situation: Lives at home with significant other

Education Level: University degree, nursing degree

Admission Assessment

Chief Complaint (2 points): Intractable abdominal pain

History of present Illness (10 points): Patient arrived at the emergency department on 6/15 with complaints of abdominal pain and nausea. Patient reports she has not eaten or had a BM in 12 days. Patient was discharged from hospital on 6/5 after an admission for similar symptoms. Patient demonstrates that pain is in the RUQ and states that it wraps around her back. Patient also states periods of intermittent nausea. Patient rates pain a 9 on a numeric scale from 0/19. Patient states that no interventions have worked to reduce pain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Status Nissen fundoplication

Secondary Diagnosis (if applicable): Erosive gastritis

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

Erosive gastritis is the term used to define inflammation of the lining of the stomach(Capriotti, 2016). Inflammation occurs in the mucosa layer of the stomach when something irritates it and causes an inflammatory response. Many factors can lead to inflammation within the stomach, such as infection, allergic reactions, stress, bile reflux, alcohol abuse, trauma, and many medications(Capriotti, 2016). When inflammation occurs, white blood

cells are going to the location and preparing to fight off any infection present. The patient has a history of gastritis and also a history of GERD. Both of these diseases can be caused by bile reflux, suggesting that this is most likely the cause of this episode of erosive gastritis. GERD and gastritis are similar diseases; they differ in the location of the inflammation. GERD is inflammation in the esophageal tissue, and gastritis is inflammation in the stomach(Mayo Clinic, 2018). Common symptoms of erosive gastritis are heartburn, nausea, and epigastric pain, and this patient is admitted to the hospital with initial complaints of abdominal pain and nausea. These symptoms led to the diagnosis of erosive gastritis. To diagnose gastritis, the patient's medical history, physical examination, and an endoscopy are used(Capriotti, 2016).

The patient had a Nissen Fundoplication performed in 2019 to manage symptoms associated with gastritis and GERD. During the procedure, the surgeon uses small tools and a camera to wrap the fundus of the stomach around the lower esophagus and tighten the sphincter. By strengthening the lower esophageal sphincter, this surgery decreases heartburn, vomiting, and other symptoms associated with GERD and gastritis. Other treatments can be used to treat gastritis before surgery is used. Providers will prescribe an antibiotic to kill H.pylori within the digestive tract and prescribe medication that will block acid production within the stomach, such as proton pump inhibitors(Mayo Clinic, 2020). Other treatments for gastritis include histamine blockers and antacids to neutralize stomach acid.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology Introductory Concepts and Clinical Perspectives.* F. A. Davis.

Jewell, T. (2018, June 23). *Fundoplication: Types, Procedure, Diet, Recovery, and Complications*. Healthline. https://www.healthline.com/health/gerd/fundoplication

Mayo Clinic. (2018, October 30). *Bile reflux*. https://www.mayoclinic.org/diseases-conditions/bile-reflux/symptoms-causes/syc-20370115.

Mayo Clinic. (2020, April 3). *Gastritis*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/gastritis/diagnosis-treatment/drc-20355813.

Laboratory Data (15 points)

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 mill/cumm	4.12	4.01	NA
Hgb	12-15.5 gm/dL	12.5	12.3	NA
Hct	35-45%	37.3	36.1	NA
Platelets	140,000-400,000 mm3	241	215	NA
WBC	4.0-9.0 (10x3/uL)	4.4	4.4	NA
Neutrophils	40-70%	40.8	57	NA
Lymphocytes	10-20%	48.9	36	Lymphocytes are a type of WBC that fight off infection, an increase is a sign of infection(Cleveland Clinic, 2020).
Monocytes	2-8%	7.5	4.3	NA
Eosinophils	0-5.3	2.1	2.1	NA
Bands	0-6	NA	NA	NA

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	142	NA	NA
K+	3.5-5.1 mEq/L	3.5	NA	NA
Cl-	98-107 mEq/L	111	NA	The patient's high Cl- levels are related to dehydration(Luo, 3027).
CO2	22-29 mEq/L	22	NA	NA
Glucose	70-99 mg/dL	94	NA	NA
BUN	6-20 mg/dL	8	NA	NA
Creatinine	0.50-1.00 mg/dL	0.78	NA	NA
Albumin	3.5-5.2 gm/dL	3.7	NA	NA
Calcium	8.4-10.5 mg/dL	9.3	NA	NA
Mag	1.6-2.4	NA	NA	NA
Phosphate	3-4.5 mg/dL	NA	NA	NA
Bilirubin	0.0-1.2 mg/dL	0.4	NA	NA
Alk Phos	34-104	130	NA	High Alk Phos levels suggest the client has a liver condition(Huizen, 2018).
AST	0-35 IU/Liters	11	NA	NA
ALT	24-36 IU/Liters	24	NA	NA
Amylase	25-160 U/L	NA	NA	NA
Lipase	0-160 U/L	36	NA	NA
Lactic Acid	0.5-2.2 mmol/L	NA	NA	NA

Troponin	<0.1	<0.010	NA	NA
CK-MB	10-120 mcg/L	NA	NA	NA
Total CK	10-79 U/L	NA	NA	NA

Other Tests 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
INR	0.81-1.20	NA	NA	NA
PT	11.5-15.0 sec	NA	NA	NA
PTT	23.5-37.5 sec	NA	NA	NA
D-Dimer	<250 ng/mL	NA	NA	NA
BNP	0-100	NA	NA	NA
HDL	>40 mg/dL	NA	NA	NA
LDL	<100 mg/dL	NA	NA	NA
Cholesterol	<200 mg/dL	NA	NA	NA
Triglycerides	<150 mg/dL	NA	NA	NA
Hgb A1c	<6.4	NA	NA	NA
TSH	0.45-5.33	NA	NA	NA

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	Yellow, clear	Straw, clear	NA	NA
pH	4.5-8.0	7.0	NA	NA

Specific Gravity	1.005-1.034	1.015	NA	NA
Glucose	Normal	Normal	NA	NA
Protein	Negative	Negative	NA	NA
Ketones	Negative	Negative	NA	NA
WBC	<5	Negative	NA	NA
RBC	0-3	Negative	NA	NA
Leukoesterase	Negative	2+	NA	An elevated leukoesterase is a sign of bladder infection, kidney stones, or kidney infection(Higuera, 2018).

Arterial Blood Gas 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
pH	7.35-7.45	NA	NA	NA
PaO2	80-100	NA	NA	NA
PaCO2	35-45	NA	NA	NA
HCO3	22-26	NA	NA	NA
SaO2	>90	NA	NA	NA

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	Negative	Negative	NA	NA
Blood Culture	Negative	NA	NA	NA
Sputum Culture	Negative	NA	NA	NA
Stool Culture	Negative	NA	NA	NA

Lab Correlations Reference (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology Introductory Concepts and Clinical Perspectives.* F. A. Davis.

Cleveland Clinic. (2020). *Lymphocytosis: Symptoms, Causes, Treatments*. Cleveland Clinic. https://my.clevelandclinic.org/health/diseases/17751-lymphocytosis.

Higuera, V. (2018). *Leukocytes in the urine: Causes, symptoms, and diagnosis.*https://www.medicalnewstoday.com/articles/314165.

Huizen, J. (2018). *Alkaline phosphatase (ALP) level test: High and low levels*. Medical News Today. https://www.medicalnewstoday.com/articles/321984.

Lakeview Lab Values

Luo, E. (2017). *Hyperchloremia (high chloride): Symptoms, causes, and treatments*. https://www.medicalnewstoday.com/articles/319801.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): Abdominal CT with contrast, gastric emptying study

Diagnostic Test Correlation (5 points):

Abdominal CTs visualize the organs, blood vessels, and bones within the patient's abdominal cavity(Healthline, 2018). The patient had complaints of abdominal pain, which is a reason why providers will often order a CT. The CT came back normal but did show a lot of gas within the intestines. The patient also had a gastric emptying study performed to evaluate the stomach's effectiveness at emptying promptly. The study is started by the patient being NPO

until given one scrambled egg that has a radioactive material mixed with it. It is essential for the egg to be the only thing in the patient's stomach to study how it moves through the digestive system and how long it takes. Imaging will track the egg over 4 hours to find the percent of radioactive material left in the stomach. The patient cleared 59% of the egg and radioactive material within 4 hours, which is within the normal range of 55-79%

.**Diagnostic Test Reference (APA):**

Healthline. (2018, January 27). *Abdominal CT Scan with Contrast: Purpose, Risks, and More*. Healthline. https://www.healthline.com/health/abdominal-ct-scan.

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	Zofran/ ondansetron	Protonix/ pantoprazole	Lyrica/ pregabalin	Aldactone/ spironolactone	Zanaflex/ tizanidine
Dose	4 mg	40 mg	200 mg	100 mg	4 mg
Frequency	Q6h, PRN	BID	TID	Daily	TID, PRN
Route	PO	PO	PO	PO	PO
Classification	Antiemetic	Gastric acid proton pump inhibitor	Analgesic, anticonvulsant	Aldosterone antagonist, diuretic	Antispasmodic
Mechanism of Action	Blocks serotonin receptors in the chemoreceptor trigger zone and vagal nerve terminals in the intestines	Inhibits the proton pump in gastric parietal cells and interferes with gastric acid secretion	Reduces calcium dependent release of several neurotransmitters by binding to alpha-delta site in CNS tissue	Competes with aldosterone by binding to receptors in the distal convoluted tubule cells and	Decreases the release of excitatory amino acids to reduce spasticity

				preventing reabsorption of sodium and water	
Reason Client Taking	Treat nausea	To treat erosive esophagitis and GERD	To manage fibromyalgia	To treat edema	To manage muscle spasms
Contraindications (2)	Congenital long QT syndrome, use of apomorphine	Current therapy with a product containing rilpivirine, hypersensitivity to any -azole medications	Chronic heart failure, hypersensitivity to pregabalin or its components	Acute renal insuffiency, Addison's disease	Current treatment with ciproflaxin, hypersensitivity to tizanidine or its components
Side Effects/Adverse Reactions (2)	Agitation, arrhythmias	Fatigue, chest pain	Blurred vision, acute renal failure	Dizziness, fatigue	Orthostatic hypotension, urinary frequency
Nursing Considerations (2)	Correct hypokalemia before starting therapy, place disintegrating tablet on patients tongue immediately after opening	Monitor for bone fracture, is using long-term monitor for hypomagnesemia	Should be stopped gradually over at least 1 week, monitor for signs of suicidal behaviors	Evaluate effectiveness by monitoring blood pressure, Stop drug before vein catheterization procedures	Monitor hepatic and renal function, should be stopped slowly
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Potassium labs, magnesium labs	Calcium, magnesium	NA	Potassium, Sodium, blood pressure	Liver and renal labs
Client Teaching needs (2)	Immediately report rash which is sign of hypersensitivity, teach patient to use an oral syringe if taking a liquid solution	Swallow tablets whole, notify provider if there is a decrease in urine production or blood in the urine	Inform that it can cause weight gain and edema, notify provider if they experience any vision loss	Take with meals or milk, teach how to check their own blood pressure	Change positions slowly to prevent orthostatic hypotension, avoid alcohol during therapy

Hospital Medications (5 required)

Brand/Generic	Tylenol/ acetaminophen	Topamax/ topiramate	Phenergan/ promethazine	Mylanta/ magnesium hydroxide	Colace/ docusate
Dose	1000 mg	75 mg	12.5 mg	30 mL	100 mg
Frequency	Q6h, PRN	BID	Q6h, PRN	QID, PRN	BID
Route	PO	PO	IM injection	PO	PO
Classification	Antipyretic, nonopioid analgesic	Anticonvulsant	Antiemetic	laxative	Stool softener
Mechanism of Action	Blocks prostaglandin production and interferes with pain impulse generation in the peripheral nervous system	Promotes the movement of chloride ions into neurons by increasing the availability of gamma-aminobutyric acid	Prevents nausea by decreasing vestibular stimulation and labyrinthine function in the inner ear	Assists with normal function of the ATP-dependent sodium-potassium pump in muscle membranes	Softens tool by decreased the surface tension between oil and water within the feces
Reason Client Taking	To relieve pain	To prevent headaches	To treat nausea	To treat constipation	To treat constipation
Contraindications (2)	Severe hepatic impairment, severe active liver disease	Metabolic acidosis, recent alcohol use	Bladder neck obstruction, bone marrow depression	Acute abdominal pain, diverticulitis	Fecal impaction, intestinal obstruction
Side Effects/Adverse Reactions (2)	Abdominal pain, jaundice	Abnormal coordination, bradycardia	CNS stimulation, confusion	Syncope, arrhythmias	Syncope, palpitations
Nursing Considerations (2)	Monitor renal function, ensure that daily dose does not exceed maximum dosage	Use cautiously if patient has impaired hepatic function, monitor for intraocular pressure and visual field defects	Rotate injection sites, monitor respiratory function	Avoid giving with other oral medications, frequently assess cardiac status	Assess for laxative abuse syndrome, expect long term use to lead to dependence
Key Nursing Assessment(s)/Lab(s) Prior to Administration	AST, ALT, bilirubin, creatinine	Serum bicarbonate levels, platelets	NA	Renal function	NA
Client Teaching	Signs of	Avoid hazardous	Carry medical ID	Take between	Do not take if

needs (2)	bleeding, tablets can be crushed or swallowed whole	activities, maintain adequate fluid intake	showing they take this drug, increase fluid intake and dietary fiber	meals and at bedtime, notify provider if they experience nausea, abdominal pain, or vomiting	experiencing nausea or abdominal pain, take with a full glass of water or milk

Medications Reference (APA):

Jones & Bartlett Learning. (2018). *2019 Nurses Drug Handbook.*

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is AOx4, no signs of distress, appearance appropriate for age, performs ADLs independently
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score: 19** **Drains present: Y☐ N ☒** **Type:**	Skin is warm, pink, and dry. Same color throughout. Skin turgor normal. No noted lesions, rashes, or wounds. No drains present. Braden score 19
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head is normocephalic. Ears intact. PEERLA. Wears eyeglasses. Nose has no polyps or turbinates present. Has own teeth. .
CARDIOVASCULAR (2 points): **Heart sounds:**	S1 and S2 heart sounds heard, no S3 or murmurs noted. Normal rate and rhythm. Pedal pulse 2+

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:**	bilaterally. capillary refill less than 3 seconds. No neck distention or edema noted.
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Even, unlabored breathing, no accessory muscle use noted. Breath sounds clear in all lobes anteriorly and posteriorly. No noted wheezes or crackles.
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** 165 cm **Weight:** 67.5 kg **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:**	Soft diet at home and in hospital. Bowel sounds active in all 4 quadrants. Last BM 6/3. Abdomen is soft and non-distended. No noted distension, incisions, scars, drains, or wounds.
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Patient is continent and uses toilet independently. Urine is clear yellow and of normal character. Patient states no pain with urination.
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:**	ROM intact in all 4 extremities. No supportive devices, strength x5 in all 4 extremities. Patient is up ad lib. Fall score 45

Strength: **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 45** **Activity/Mobility Status:** **Independent (up ad lib) ☒** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is AOx4, mental status and speech appropriate for age. No LOC
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Patient will return home where she lives with husband. Coping methods: playing games and time with family.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	67 bpm	98/60	16 bpm	36.2 C	96%
1200	82 bpm	121/80	16 bpm	36.0 C	96%

Vital Sign Trends:

The patient was NPO until 1300 and complained of increased pain. The pulse and blood pressure increase can be related to pain the patient is feeling.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1200	Numeric	Abdomen	9	Shooting	Administered 2mg of morphine sulfate
1330	Numeric	Abdomen	9	Throbbing	Rest

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 g **Location of IV:** Left peripheral forearm **Date on IV:**6/15 **Patency of IV:** Aspirated and flushed **Signs of erythema, drainage, etc.:** No signs of drainage or erythema **IV dressing assessment:** Dry and intact, transparent dressing	Saline lock until NPO was discontinued, patient then received 50mL/hour of normal saline

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
680 mL	Two voids, not measured

Nursing Care

Summary of Care (2 points)

Overview of care: Patient left the floor for a gastric emptying test at 0700 which finished at 1300. The patient is now back to a soft diet with normal fluids and is receiving 50mL/hr. of normal saline solution to treat dehydration. Patient complained of pain at a level 9 on a numerical scale which was unrelieved by pain medications.

Procedures/testing done: Gastric emptying study

Complaints/Issues: Patient complained of pain at a level 9 on the numerical scale, pain was not relieved by 2mg of morphine sulfate. Patient stated she wanted to rest to relieve pain.

Vital signs (stable/unstable): Vital signs are stable. Blood pressure and pulse slightly rose related to pain but dropped back to normal range after medication had been administered.

Tolerating diet, activity, etc.: Patient is tolerating activity and diet

Physician notifications: Patient was notified of gastric emptying study results and states that results are within normal range. Provider was also contacted about unrelieved pain after administration of 2 mg Morphine Sulfate.

Future plans for patient: Manage patient's pain

Discharge Planning (2 points)

Discharge location: Patient will discharge to her home where she lives with her husband.

Home health needs (if applicable): Patient has no home health needs.

Equipment needs (if applicable): Patient needs no new equipment upon discharge.

Follow up plan: Patient will report moderate pain to the provider after discharge.

Education needs: Patient needs to be educated on a proper diet that can prevent irritation of the stomach lining.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by" components	• Explain why the nursing diagnosis was chosen		• How did the patient/family respond to the nurse's actions? • Client response, status of goals and

			outcomes, modifications to plan.
1. Risk of constipation RT slow digestion AEB last bowel movement being 6/3	The patient has not had a bowel movement in 12 days and complains of abdominal pain	**1.** Increase fluid intake **2.**Teach patient the importance of drinking fluids throughout the day	Patient increased oral fluid intake and is getting 50 mL/hr of normal saline Patient has an understanding of how much fluid intake she should have per day
2. Acute pain related to erosive gastritis AEB patient rating pain a 9/10	Patient complains of severe abdominal pain	**1.** Teach patient nonpharmacological treatments for pain **2.** Administer 2 mg morphine sulfate when patient complains of severe pain	Patient demonstrates how to manage pain with deep breathing exercises and relaxation Patient understands to ask for pain medication when pain is bothersome
3. Risk for pressure ulcer RT sedentary lifestyle AEB patient staying in bed all day	The patient was in bed most of the shift, and didn't make many position changes	**1.** Teach patient to switch positions at least every two hours **2.** Evaluate skin integrity every shift.	Patient understands need to position change to prevent pressure in the same place for an extended time. Staff are evaluating skin integrity and documenting any changes
4. Knowledge deficit RT triggers for gastritis AEB erosive gastritis occurring often in the patient	The patient has had many episodes of gastritis	**1.** Teach the patient foods and other triggers that increase gastritis episodes **2.** Give patient educational material about preventing gastritis to take home with her	The patient identifies foods she should avoid to prevent episodes of erosive gastritis Patient has received educational material that she knows she can use when she has questions about her gastritis.

Other References (APA):

Concept Map (20 Points):

N431 Care Plan

Subjective Data

Abdominal pain
Nausea
Constipation
Lack of appetite

Nursing Diagnosis/Outcomes

Risk of constipation RT slow digestion AEB last bowel movement being 6/3 Goal: Patient to have a bowel movement before returning home
Acute pain related to erosive gastritis AEB patient rating pain a 9/10 Goal: Reduce patients pain to a tolerable level by using pharmacological and nonpharmacological treatments.
Risk for pressure ulcer RT sedentary lifestyle AEB patient staying in bed all day patient will increase number of position changes throughout the day and no pressure ulcers will be noted upon discharge.
Knowledge deficit RT triggers for gastritis AEB erosive gastritis occurring often in the patient Patient will demonstrate knowledge about disease and causes and be confident in her ability to prevent future episodes of gastritis.

Objective Data

Last BM 6/3
Leukoesterase 2+ suggesting kidney or bladder infection
Alk Phos 130 suggesting liver disorder
Chloride 111 suggesting dehydration

Patient Information

56-year-old female with a history of gastric ulcers and GERD presented to the emergency room complaining of abdominal pain and nausea. Patient is diagnosed with erosive gastritis and scheduled for a gastric emptying study.

Nursing Interventions

Increase fluid intake
.Teach patient the importance of drinking fluids throughout the day
Teach patient nonpharmacological treatments for pain
Administer 2 mg morphine sulfate when patient complains of severe pain
Teach patient to switch positions at least every two hours

Evaluate skin integrity every shift.

Teach the patient foods and other triggers that increase gastritis episodes

Give patient educational material about preventing gastritis to take home with her

N431 Care Plan

N431 Care Plan