

System Disorder

STUDENT NAME _____

DISORDER/DISEASE PROCESS **Gastrointestinal (GI) bleeding** REVIEW MODULE CHAPTER _____

Alteration in Health (Diagnosis)

Gastrointestinal (GI) bleeding

Pathophysiology Related To the client's problem

Acute upper GI bleeding may originate in the esophagus, stomach, and duodenum. Upper GI bleeding can be categorized based upon anatomic and pathophysiologic factors: ulcerative, vascular, traumatic, iatrogenic, tumors, portal hypertension.

Health Promotion and Disease Prevention

Limited use of nonsteroidal anti-inflammatory drugs.
Limited use of alcohol.
Quitting smoking

Risk Factors

Old age, concomitant use of NSAIDs, including coxibs, concomitant use of anticoagulants or another platelet aggregation

Expected Findings

Vomiting blood, which might be red or might be dark brown and resemble coffee grounds in texture. Black, tarry stool. Rectal bleeding, usually in or with stool.

Laboratory Tests

Blood tests. May need a complete blood count, a test to see how fast patient's blood clots, a platelet count and liver function tests, Stool tests and Capsule endoscopy

Diagnostic Procedure

urgent upper endoscopy
Balloon-assisted enteroscopy
Nasogastric lavage

Complications

Shock
Anemia
Death

Safety Measures

Medication
Interaction
Abstinence from Alcohol
Smoking Cessation

Nursing Care

Monitor Hemoglobin (HGB), Monitor heart, rate and blood pressure, administer blood products, administer pantoprazole (Protonix)
Potential surgical intervention to stop the bleeding

Therapeutic procedures

IV proton pump inhibitors

Medication

IV drug known as a proton pump inhibitor (PPI) to suppress stomach acid production. Once the source of the bleeding is identified, your doctor will determine whether you need to continue taking a PPI.

Client Education

Eat small meals more often while your **digestive** system heals. Avoid or limit caffeine and spicy foods. Also avoid foods that cause heartburn, nausea, or diarrhea.

interprofessional care

Manage the frequent monitoring of vital signs and more short-term interaction with and observation of patients.