

GI Bleed or “Blood & Guts”

Simulation Objectives

- 1) Correlate medication history with possible risk factors
- 2) Identify key assessments of bleeding dyscrasias
- 3) Design a plan of care incorporating patient safety consistent with assessment
- 4) Establish a therapeutic relationship using primary nurse model
- 5) Design and implement a teaching plan for patient with bleeding dyscrasias
- 6) Implement nursing interventions related need for surgery, shock and sepsis

History and information

78 year old male admitted from emergency room at 1000 this morning with rib fractures from fall sustained while getting up to bathroom during night. Patient lives at home with his wife for whom he is the primary caregiver. Admitted for PT and OT.

Patient reports having generalized arthritis that he is taking ibuprofen on a regular basis for. Patient also reports history of hypertension and cardiac stent.

Home medications include:

Calcium +D 600mg daily
Tenormin 25mg po daily
Plavix 75mg po daily
Ibuprofen 400mg po 2-3 times daily
Multivitamin 1 tablet daily
Aspirin 81mg daily
Flomax. 0.4mg po daily

Physicians Orders

Admit
CBC, CMP, UA,
Repeat CXR in AM
Oxygen protocol
Diet as tolerated
Telemetry
Activity as tolerated
Incentive Spirometer
Tylenol 325 mg 1 or 2 po q 4 hours prn pain

Supplies:

Telemetry
Oxygen
Incentive Spirometer
Preop Check List
Salina Lock
Alaris Pump
IV ½ NS

NG tube and suction	
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tate	Events	Minimum Behaviors Expected	Prompt, Questions, Teaching Points
State 1: 1000 Physician Orders: PT/OT eval and treat Ferrous Sulfate 325 mg po BID with meals Stools for Occult Blood X3 H& H Q6hr If asked for pain meds: Lortab 7.5mg 1 or 2 po q 4 hours prn pain	Vitals: 99.0, Resp: 24 HR: 88 BP: 138/88 SaO2: 92% Color: Pale HGB: 9gm HCT: Pain Level 6	Completes medication reconciliation and assessment on admission. Asks for labs and recognizes abnormal labs Gathers necessary information and notifies physician utilizing SBAR Recognizes Plavix, ASA, and Ibuprofen as risk factors Develops care plan including patient safety factors and pain control. Establish therapeutic relationship Encourage IS and CDB, and ambulation.	Ibuprofen, plavix and asa combo increases risk for bleeding. Patient may have fallen due to bleeding. Ask patient about stool history. Primary Nurse role and initiation of POC

State	Events	Minimum Behaviors Expected	Prompt, Questions, Teaching Points
State 2: 1600 Deteriorating Condition Pt reports toilet paper looked black after his bowel movement.	Vitals: 99.0, Resp: 24 HR: 100 BP: 134/86 SaO2: 90% Color: Pale HGB: 8.6gm HCT: Pain Level 8	Completes focused assessment r/t pain management and H&H <ul style="list-style-type: none"> Correlates change in stool color from pt report & dec. HGB indicative of GI bleed Questions significance elevated HR Notifies physician of decreasing Hgb	Stool color, consistency indicative of GI bleed. Other assessments bleeding gums and bruising. Other reasons for black stools (Peptobismol or Iron)

State	Events	Minimum Behaviors Expected	Prompt, Questions, Teaching Points
State 3: 0100 Perforation - Shock	Vitals: 99.6, Resp: 28 HR: 120 BP: 114/78	Complete focused assessment <ul style="list-style-type: none"> Identify s/s shock Assess abdomen Anticipate the need for second IV 	Verbalizes s/s of hypovolemia vs septic shock Prioritize nursing actions Anticipate surgical intervention

<p>Physician Orders: NPO STAT KUB Start second IV ½ NS Start Protonic Drip MS 2 – 6 mg IV q1hr for pain</p> <p>Patient asking what's going on I just came in with broken ribs what have you done to me?</p>	<p>SaO2: 90% Color: Pale and diaphoretic HGB: 7.4gm HCT:</p> <p>Pain Level 10</p>	<p>Prioritized actions</p> <ul style="list-style-type: none"> • Call Rapid Response Team • Elevate legs as needed for BP <p>Calls the doctor</p> <ul style="list-style-type: none"> • reports VS • reports pt assessment • obtains orders and verifies <p>Address patient concerns</p> <ul style="list-style-type: none"> • Ask if anyone should be called <p>Anticipate preparing patient for potential surgical intervention</p> <ul style="list-style-type: none"> • NPO 	
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State	Events	Minimum Behaviors Expected	Prompt, Questions, Teaching Points
<p>State 4: 0100 Preparation for Surgery</p> <p>Physician Orders: C0-amoxixaly IV 1.2 gm at start of surgery Cefuroxile IV 1.5 tds Metronidazonle IV 500mg tds</p> <p>If MRSA add Vancomycin IV 1 gm @ induction</p> <p>Informed Consent Signed</p>	<p>Vitals: 99.6, Resp: 28 HR: 120 BP: 114/78 SaO2: 90% Color: Pale and diaphoretic HGB: 7.4gm HCT:</p> <p>Pain Level 10</p>	<p>Find Consent and get signed Complete Pre-OP Checklist Administers STAT antibiotics</p>	<p>Timing of Administration of Antibiotics r/t CMS standards Informed Consent</p>

Debrief:

Procedure for NG tube insertion and management afterwards

Checking for placement, aspirate for placement versus injecting air.

Discuss s/s of accidental placement in trachea.

CMS measures r/t Antibiotic Administration