Gastrointestinal Bleeding

Mr. S, a 50-year-old man, has driven himself to the emergency department (ED) after vomiting bright red blood twice within 6 hours. He arrives alert and oriented but appears anxious. He is able to provide only a vague history but admits to drinking “a few” last weekend. He knows that he is “supposed to stop drinking” and takes something for his stomach, but he cannot recall the name of the medication. He complains of intermittent dizziness and fatigue that has been worsening over the past 2 days. His skin is dry and pale. His abdomen is slightly distended. He reports pain (4 on a scale of 10) in the midepigastic area. Capillary refill is longer than 3 seconds, blood pressure is 140/90 mm Hg, pulse rate is 110 beats/min, respiratory rate is 24 breaths/min, and temperature is 99°F (37.2°C).

1. What is the priority nursing diagnosis for Mr. S?
   1. Risk for Aspiration related to active bleeding
   2. Anxiety related to the uncertainty of his health status
   3. Deficient Fluid Volume related to vomiting of blood and gastric secretions
   4. Noncompliance related to alcohol consumption and medication use

2. Which actions are appropriate in the care of this patient? (Select all that apply)
   1. Start a peripheral intravenous (IV) line using a 22-gauge catheter
   2. Initiate input and output monitoring with hourly urine measurements
   3. Check emesis and stool for occult blood
   4. Monitor hemoglobin level and hematocrit every 4 hours
   5. Maintain the patient in a semi- or high Fowler position
   6. Prepare the patient for surgery

3. Which task is appropriate to assign to a nursing assistant?
   1. Repeat measurement of vital signs every 2 hours
   2. Gather equipment for nasogastric (NG) lavage
   3. Check the blood glucose level every 2 hours
   4. Notify the family (with the patient’s permission)

4. The physician has ordered several immediate (stat) interventions for Mr. S. To complete these interventions in a rapid and efficient manner, you ask several team members to assist. Which staff member (nursing assistant, paramedic, RN, clergy, LPN), under the appropriate supervision, can be assigned to perform each of these tasks?
   1. Place an automatic blood pressure cuff
   2. Establish two peripheral IV lines with 16-gauge catheters
   3. Place an NG tube and initiate saline lavage
   4. Insert a Foley catheter attached to a urinometer
   5. Set up blood transfusion equipment
   6. Liaison with family members in the waiting room
   7. Assess baseline breath and bowel sounds

5. You are performing additional assessment and history taking for Mr. S. Which finding should you immediately report to the physician?
   1. Melena stools
   2. History of nonsteroidal antiinflammatory drug use
   3. Tense, rigid abdomen
   4. Probable positive human immunodeficiency virus status

6. The physician orders NG tube insertion with saline lavage. List the correct order of actions for this procedure.
   1. Measure tube from tip of nose, to earlobe, to xiphoid process
   2. Place the patient in a high Fowler position
   3. Ask the patient to sip water as you pass the tube
   4. When tube is just above oropharynx, instruct the patient to bend the chin forward
   5. Obtain an order for a radiograph and check pH to verify tube placement
   6. Inspect for the patient’s most patent nostril
   7. Insert the tube into the most patent nostril
7. Despite your best efforts at therapeutic communication, Mr. S refuses to cooperate with the NG tube insertion. He threatens to leave “if you stick that tube down my nose again.” What should you do first?
1. Physically restrain him and insert the tube
2. Explain the “against medical advice” (AMA) form
3. Notify the nursing supervisor and patient advocate
4. Page the physician and document the attempt

8. You discover that the phlebotomist drew the sample for stat blood tests from another patient, not Mr. S. What should you do first?
1. Call the phlebotomist to come back
2. Draw the blood sample yourself
3. Report the phlebotomist to his supervisor
4. Ask the phlebotomist to explain what happened

9. The physician orders a stat blood transfusion. In the event of an emergency, for a patient such as Mr. S, a type-specific non-cross-matched blood product could be used. What do you anticipate as the blood product in this case?
1. O negative
2. AB negative
3. AB positive
4. A negative

10. You are preparing to administer a blood transfusion to Mr. S. Place the steps of transfusion in the appropriate order.
1. Prime the correct tubing and filter with normal saline
2. Take vital signs before starting the transfusion
3. Transfuse the first 10 to 24 mL slowly; monitor closely
4. Inspect the bag for leaks, clots, or unusual color
5. Compare the bag label with the chart and blood bank forms
6. Have two nurses (or MDs) compare blood band identification with tag on blood bag
7. Repeat vital sign measurement after 15 minutes and then every hour until transfusion is complete
8. Document outcomes, names of personnel, and starting and ending times

11. You are talking to Mr. S about his alcohol consumption. Which statement represents the most common defense mechanism that is used by persons who have problems with alcoholism?
1. “You would drink too if you were married to my wife.”
2. “My wife and I have a couple of beers after work. It’s no big deal.”
3. “If you think I drink a lot, you should see my wife put it away.”
4. “I would rather talk to my wife about this situation when I get home.”

12. Mr. S has been in the ED for about 8 hours. He is becoming increasingly anxious and irritated. He tells you that he has decided he wants to leave. What is your best response?
1. “You are very sick today. Why do you want to leave?”
2. “Let me call your wife, so that you can discuss this with her.”
3. “What will you do and where will you go if you decide to leave?”
4. “You can leave if you want to, but I will have to notify the physician first.”

13. You suspect that Mr. S may be at risk for alcohol withdrawal effects. What is an early manifestation?
1. Startles easily
2. Paranoid delusions
3. Slurred speech
4. Grand mal seizure

14. Which serious complications may result from alcohol withdrawal delirium? (Select all that apply.)
1. Myocardial infarction
2. Electrolyte imbalance
3. Aspiration pneumonia
4. Anaphylaxis
5. Sepsis
6. Suicide

15. Mr. S and his wife ask for privacy so that they can talk. Later, when you return to check on him, the NG tube is on the floor and there is a strong odor of alcohol on Mr. S’s breath and he appears relaxed and groggy. What should you do first?
1. Politely ask the wife to leave and call security to check the room for illicit substances
2. Assess the patient’s mental status and ask what happened to the NG tube
3. Explain that his behavior is unacceptable and counterproductive to his therapy
4. Reinsert the NG tube and call the physician for an order for a stat blood alcohol test