**Title**

**Name of Student**

**Affiliation**

**Course name**

**Instructor name**

**Due Date**

**Part A**

Based on the case study, the priority nursing diagnosis is gastrointestinal bleeding. In terms of NANDA nursing diagnosis, it is diagnosed that the patient is suffering from deficient fluid volume because of gastrointestinal bleeding as it is evidence by the fact that the patient has passed dark red stool on three different occasions. The vital signs of the patients also supports this diagnosis as the patient has hypotension (BP 94/52), dry mucous membrane, and pulse is 110 (tachycardia) (Ackley et al., 2016). Gastrointestinal bleeding needs to be prioritized because it can lead to rapid blood loss. The vital signs of the patients inform about the compensatory response of the body to the blood loss. The patient also has general weakness. The compounding factor to this diagnosis is that the patient has a history of excessive alcohol consumption (Vora et al., 2022).

**Part B**

**Nursing Care Plan**

**Nursing Diagnosis:**

Mr. McClaren has gastrointestinal bleeding as evidenced by the fact that he has passed a dark red stool on three occasions, he has hypotension and tachycardia, and he has a history of excessive smoking (Ackley et al., 2016).

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment** | **Goals/Objectives** | **Interventions**  (Provide rationale for each intervention) | **Evaluation** |
| **Objective Data:**   * Pale yellow color * Dry mucous membranes * B.P is 94/52 * Pulse is 110 bpm * Temperature 37.8 Celsius degrees * Oxygen saturation is 94% * The patient has enlarged abdomen with tenderness upon palpation * The physician has suspected hepatic cirrhosis   **Subjective Data:**   * The patient has mentioned abdominal pain and general weakness * The patient has reported dark stool on three occasions * The patient's condition has deteriorated in the past three occasions * The patient has a history of alcohol consumption * The patient has not been eating well for the past three months | **SMART Short term Goal 1**  Within the next 24 hrs, the vital signs of the patient (B.P and pulse) will be stable  **SMART Short term Goal 2**  Within the next 12 hrs, the patient will report a reduction in pain level (3/10 or less)  **SMART Short Term Goal 3**  Within the next 48 hrs, the patient will consume 40% of his meal  **SMART Long Term Goal 1**  Within the next 6 months, the patient will develop a coping mechanism to avoid alcohol and it will be confirmed by periodic assessment. | **Intervention 1**  The patient will be administered with intravenous fluids to restore the volume of blood. Intravenous fluids help in stabilizing vital signs and are crucial in managing hypovolemia (Stanley and Laine, 2019).  **Intervention 1**  The patient will be provided with heat therapy to manage abdominal pain. Heat therapy relaxes muscles and increases blood flow which helps in reducing pain (Dos-Santos and Alfieri, 2020).  **Intervention 2**  The patient will be provided with pain relief medication to reduce the intensity of pain. According to the research by Parkman et al. (2019) pain relief medications also helps in increasing blood flow which helps in the reduction of pain.  **Intervention 1**  The nurses need to collaborate with the dietitian to develop a comprehensive meal plan for the patient. An effective meal plan is crucial for the rapid recovery of the patient with hepatic conditions. The patient must be provided with small but frequent meals so that overall intake of calories and nutrition could be increased (Merli et al., 2019)  **Intervention 1**  The patient will be enrolled in Cognitive Behavioral Therapy to develop coping mechanism to manage alcohol craving. Cognitive behavioral therapy helps in reconstructing thoughts, helps individuals resolve distorted thought patterns, and changes their behavior. Patients with alcohol dependence tend to develop coping mechanisms to overcome craving for alcohol with cognitive behavioral therapy (Ray et al., 2020).  **Intervention 2**  The patient will be provided with education about the consequences of alcohol consumption on his health and the significance of healthy lifestyle. According to the research by Waters and Hawkins (2018), patient education helps them make informed decisions and adopt healthy lifestyles. | The vitals signs will come to a normal range  The patient will report a reduction in pain  The patient will consume 40% of his meal  The patient will be able to overcome alcohol consumption craving |

**References**

Ackley, B.J., Ladwing, G, B., and Makic, M, B, F., (2016 ). *Nursing Diagnosis Handbook, an Evidence-based Guide to Planning Care. Eleventh Edition.* Elsevier Health Sciences

Dos-Santos, G. K. A., & Alfieri, F. M. (2020). Effects of cold versus hot compress on pain in university students with primary dysmenorrhea. *BrJP*, *3*, 25-28. <https://doi.org/10.5935/2595-0118.20200006>

Merli, M., Berzigotti, A., Zelber-Sagi, S., Dasarathy, S., Montagnese, S., Genton, L., ... & Parés, A. (2019). EASL Clinical Practice Guidelines on nutrition in chronic liver disease. *Journal of hepatology*, *70*(1), 172-193. <https://doi.org/10.1016/j.jhep.2018.06.024>

Ray, L. A., Meredith, L. R., Kiluk, B. D., Walthers, J., Carroll, K. M., & Magill, M. (2020). Combined pharmacotherapy and cognitive behavioral therapy for adults with alcohol or substance use disorders: a systematic review and meta-analysis. *JAMA network open*, *3*(6), e208279-e208279. <https://doi.org/10.1001/jamanetworkopen.2020.8279>

Stanley, A. J., & Laine, L. (2019). Management of acute upper gastrointestinal bleeding. *Bmj*, *364*. <https://doi.org/10.1136/bmj.l536>

Vora, P., Herrera, R., Pietila, A., Mansmann, U., Brobert, G., Peltonen, M., & Salomaa, V. (2022). Risk factors for major gastrointestinal bleeding in the general population in Finland. *World Journal of Gastroenterology*, *28*(18), 2008-2020. <https://doi.org/10.3748%2Fwjg.v28.i18.2008>

Waters, E. A., & Hawkins, E. (2018). Awareness of health outcomes associated with insufficient physical activity and associations with physical activity intentions and behavior. *Journal of health communication*, *23*(7), 634-642. https://doi.org/[10.1080/10810730.2018.1500658](https://doi.org/10.1080/10810730.2018.1500658)