

## Cirrhosis

### I. Data Collection

#### History of Present Problem:

*John Richards is a 45-year-old male who presents to the emergency department (ED) with abdominal pain, and increasing nausea and vomiting the past 3 days that has not resolved. He is also feeling more fatigued and has had a poor appetite. He denies any ETOH intake the past week, but admits to episodic binge drinking on most weekends. John weighs 150 pounds and is 6'0" (BMI 17.6).*

#### Personal/Social History:

*John is single, has never married and lives alone in his own apartment. He has struggled with heroin use/abuse in the past, but has not used in the past 2 years. John is currently unemployed and has no health insurance.*

*What data from the histories is important & **RELEVANT**; therefore it has clinical significance to the nurse?*

RELEVANT Data from Present Problem:	Clinical Significance:
RELEVANT Data from Social History:	Clinical Significance:

*What is the **RELATIONSHIP** of your patient's past medical history (PMH) and current meds?*

*(Which medication treats which condition? Draw lines to connect.)*

PMH:	Home Meds:	Pharm. Classification:	Expected Outcome:
*Hepatitis C—past history of IV drug abuse *ETOH abuse x 25 years	Ibuprofen 600 mg po prn for HA	1.	1.

**One disease process often influences the development of other illnesses. Based on your knowledge of pathophysiology, (if applicable), which disease likely developed **FIRST** that then initiated a “domino effect” in their life?**

- Circle what PMH problem likely started **FIRST**.
- Underline what PMH problem(s) **FOLLOWED** as domino(s).

### II. Patient Care Begins:

Current VS:	WILDA Pain Assessment (5 <sup>th</sup> VS):	
<b>T:</b> 100.5 (oral)	<b>Words:</b>	Ache
<b>P:</b> 110 (regular)	<b>Intensity:</b>	6/10
<b>R:</b> 20	<b>Location:</b>	RUQ/epigastric
<b>BP:</b> 128/88	<b>Duration:</b>	Continuous
<b>O2 sat:</b> 95% RA	<b>Aggravate:</b>	Nothing
	<b>Alleviate:</b>	Nothing

**Orthostatic BP's:**

Position:	HR:	BP:
Lying	110	128/88
Standing	132	124/80

*What VS data is **RELEVANT** that must be recognized as clinically significant to the nurse?*

RELEVANT VS Data:	Rationale:

Current Assessment:	
GENERAL APPEARANCE:	Appears uncomfortable
RESP:	Breath sounds clear with equal aeration bilaterally, nonlabored respiratory effort
CARDIAC:	Pink, warm & dry, no edema, heart sounds regular-S1S2, pulses strong, equal with palpation at radial/pedal/post-tibial landmarks
NEURO:	Alert & oriented to person, place, time, and situation (x4)
GI:	Abdomen large–rounded–firm to touch, bowel sounds audible per auscultation in all 4 quadrants
GU:	Voiding without difficulty, urine clear/light orange
SKIN:	Skin integrity intact, color normal for patient, sclera of eyes light yellow in color, lips and oral mucosa tacky dry

*What assessment data is **RELEVANT** that must be recognized as clinically significant to the nurse?*

RELEVANT Assessment Data:	Rationale:

### III. Clinical Reasoning Begins...

- 1. What is the primary problem that your patient is most likely presenting with?*
- 2. What is the underlying cause/pathophysiology of this concern?*

3. *What nursing priority(s) will guide your plan of care? (if more than one-list in order of PRIORITY)*

4. *What interventions will you initiate based on this priority?*

Nursing Interventions:	Rationale:	Expected Outcome:

5. *What body system(s) will you most thoroughly assess based on the primary/priority concern?*

6. *What is the worst possible/most likely complication to anticipate?*

7. *What nursing assessment(s) will you need to initiate to identify this complication if it develops?*

### Medical Management: Rationale for Treatment & Expected Outcomes

Care Provider Orders:	Rationale:	Expected Outcome:
Establish peripheral IV  NS 0.9% bolus of 1000 mL  prochlorperazine (Compazine) 10 mg IV push  Orthostatic BP's  Complete blood cell count (CBC)  Basic metabolic panel (BMP)  Liver function test (LFT)  INR		

## PRIORITY Setting: Which Orders Do You Implement First and Why?

Care Provider Orders:	Order of Priority:	Rationale:
1. Establish peripheral IV 2. NS 0.9% bolus of 1000 mL 3. prochlorperazine (Compazine) 10 mg IV push 4. Orthostatic BP's	1. 2. 3. 4.	1. 2. 3. 4.

## Medication Dosage Calculation:

Medication/Dose:	Mechanism of Action:	Volume/time frame to Safely Administer:	Nursing Assessment/Considerations:
prochlorperazine (Compazine) 10 mg IV push (10 mg/2 mL vial)  <b>Normal Range:</b> (high/low/avg?)		<b>IV Push:</b> Volume every 30 seconds?	

## Lab Results:

Complete Blood Count (CBC:)	Current:	High/Low/WNL?
WBC (4.5–11.0 mm <sup>3</sup> )	12.8	
Hgb (12–16 g/dL)	10.2	
Platelets (150–450 x10 <sup>3</sup> /μl)	98	
Neutrophil % (42–72)	88	
Band forms (3–5%)	3	

*What lab results are **RELEVANT** that must be recognized as clinically significant to the nurse?*

RELEVANT Lab(s):	Clinical Significance:

Basic Metabolic Panel (BMP:)	Current:	High/Low/WNL?
Sodium (135–145 mEq/L)	151	
Potassium (3.5–5.0 mEq/L)	3.5	
Chloride (95–105 mEq/L)	98	
CO <sub>2</sub> (Bicarb) (21–31 mmol/L)	22	
Glucose (70–110 mg/dL)	68	
BUN (7–25 mg/dl)	38	
Creatinine (0.6–1.2 mg/dL)	1.3	

RELEVANT Lab(s):	Clinical Significance:

Coags:	Current:	High/Low/WNL?	Most Recent:
PT/INR (0.9–1.1 nmol/L)	1.5		1.2

RELEVANT Lab(s):	Clinical Significance:	TREND: Improve/Worsening/Stable:

Liver Function Test (LFT:)	Current:	High/Low/WNL?	Most Recent:
Albumin (3.5–5.5 g/dL)	2.5		2.9
Total Bilirubin (0.1–1.0 mg/dL)	4.2		2.2
Alkaline Phosphatase male: 38–126 U/l female: 70–230 U/l	285		155
ALT (8–20 U/L)	128		65
AST (8–20 U/L)	124		85
Ammonia (15-45 mcg/dL)	40		28

RELEVANT Lab(s):	Clinical Significance:	TREND: Improve/Worsening/Stable:

### Lab Planning: Creating a Plan of Care with a PRIORITY Lab:

Lab:	Normal Value:	Why Relevant?	Nursing Assessments/Interventions Required:
<b>ALT</b>  Value: <b>128</b>	Critical Value:		

## IV. Clinical Reasoning—Lab Results:

1. *Does your initial nursing priority or plan of care need to be modified in any way after obtaining these lab results?*

2. *What are your current nursing priorities that will determine your plan of care?*

## V. Evaluation:

Six Months Later...

*John continues to drink ETOH on a regular basis and has not followed through with his discharge plan when he was discharged from the hospital 3 years ago. John is now homeless and lives in a shelter. He was brought into the ED by emergency medical services (EMS) because he was found wandering aimlessly in the neighborhood and was completely disoriented.*

*The primary care provider orders the following labs immediately: CBC, BMP, LFT, and INR*

Current VS:	Current WILDA:	
T: 99.5 (oral)	Words:	DENIES
P: 118	Intensity:	
R: 22	Location:	
BP: 88/50	Duration:	
O2 sat: 94% RA	Aggravate:	
	Alleviate:	

Current Assessment:	
GENERAL APPEARANCE:	Disheveled, appears unkept
RESP:	Breath sounds clear with equal aeration bilaterally, nonlabored respiratory effort
CARDIAC:	Jaundiced, warm & dry, no edema, heart sounds regular with no abnormal beats, pulses strong, equal with palpation at radial/pedal/post-tibial landmarks
NEURO:	Confused and disoriented to person, place, time, and situation (x4)
GI:	Abdomen protuberant-distended, bowel sounds audible per auscultation in all 4 quadrants
GU:	Voiding without difficulty, urine clear/orange
SKIN:	Skin integrity intact, skin is yellow/jaundiced in color with yellow sclera

1. *What clinical data is RELEVANT that must be recognized as clinically significant?*

RELEVANT VS Data:	Rationale:

RELEVANT Assessment Data:	Rationale:

### Compare & Contrast: Last Nursing Assessment 6 months ago:

	Last Nursing Assessment 6 months ago:
GENERAL APPEARANCE:	Appears uncomfortable
RESP:	Breath sounds clear with equal aeration bilaterally, nonlabored respiratory effort
CARDIAC:	Pink, warm & dry, no edema, heart sounds regular-S1S2, pulses strong, equal with palpation at radial/pedal/post-tibial landmarks
NEURO:	Alert & oriented to person, place, time, and situation (x4)
GI:	Abdomen large–rounded–firm to touch, bowel sounds audible per auscultation in all 4 quadrants
GU:	Voiding without difficulty, urine clear/light orange
SKIN:	Skin integrity intact, color normal for patient, sclera of eyes light yellow in color, lips and oral mucosa tacky dry

*2. Compare the current nursing assessment with his last assessment above. What has changed most dramatically from his last assessment 6 months ago that is clinically significant?*

*3. Has his status improved or not as expected to this point?*

### Lab Results:

Complete Blood Count (CBC:)	Current:	High/Low/WNL?	Most Recent:
WBC (4.5–11.0 mm <sup>3</sup> )	2.9		12.8
Hgb (12–16 g/dL)	8.9		10.2
Platelets (150–450 x10 <sup>3</sup> /μl)	47		98
Neutrophil % (42–72)	68		88
Band forms (3–5%)	3		3

*What lab results are RELEVANT that must be recognized as clinically significant to the nurse?*

RELEVANT Lab(s):	Clinical Significance:	TREND: Improve/Worsening/Stable:

Basic Metabolic Panel (BMP:)	Current:	High/Low/WNL?	Most Recent:
Sodium (135–145 mEq/L)	157		151
Potassium (3.5–5.0 mEq/L)	2.8		3.5
Chloride (95–105 mEq/L)	95		98
CO2 (Bicarb) (21–31 mmol/L)	20		22
Glucose (70–110 mg/dL)	74		68
BUN (7–25 mg/dl)	55		38
Creatinine (0.6–1.2 mg/dL)	1.8		1.3

RELEVANT Lab(s):	Clinical Significance:	TREND: Improve/Worsening/Stable:

Coags:	Current:	High/Low/WNL?	Most Recent:
PT/INR (0.9–1.1 nmol/L)	2.6		1.5

RELEVANT Lab(s):	Clinical Significance:	TREND: Improve/Worsening/Stable:

Liver Function Test (LFT:)	Current:	High/Low/WNL?	Most Recent:
Albumin (3.5–5.5 g/dL)	2.2		2.5
Total Bilirubin (0.1–1.0 mg/dL)	7.2		4.2
Alkaline Phosphatase male: 38–126 U/l female: 70–230 U/l	298		285
ALT (8–20 U/L)	220		128
AST (8–20 U/L)	188		124
Ammonia (15–45 mcg/dL)	145		40

RELEVANT Lab(s):	Clinical Significance:	TREND: Improve/Worsening/Stable:



### Lab Planning: Creating a Plan of Care with a PRIORITY Lab:

Lab:	Normal Value:	Why Relevant?	Nursing Assessments/Interventions Required:
<b>Ammonia</b>  Value: <b>145</b>	Critical Value:		

*4. Does your nursing priority or plan of care need to be modified in any way after this evaluation and assessment of all clinical data including labs?*

*5. Based on your current evaluation, and assessment of all clinical data what are your nursing priorities and plan of care?*

### Medical Management: Rationale for Treatment & Expected Outcomes

Care Provider Orders:	Rationale:	Expected Outcome:
Lactulose 200 g/300 mL rectal x1 NOW  Transfer to ICU		

*John is going to be admitted to ICU. Effective and concise handoffs are essential to excellent care and if not done well can adversely impact the care of this patient. You have done an excellent job to this point, now finish strong and give the following SBAR report to the nurse who will be caring for this patient:*

<b>S</b> ituation:
<b>B</b> ackground:
<b>A</b> ssessment:
<b>R</b> ecommendation:

## **VI. Education Priorities/Discharge Planning**

*1. What will be the most important discharge/education priorities you will reinforce with their medical condition to prevent future readmission with the same problem?*

## **VII. Caring and the “Art” of Nursing**

*1. What is the patient likely experiencing/feeling right now in this situation?*

*2. What can you do to engage yourself with this patient’s experience, and show that he/she matter to you as a person?*