

# Nursing Care Plan Gastrointestinal Bleeding



Nursing Diagnosis	Objectives	Nursing Interventions	Rationale	Evaluation
<b>Fluid Volume Deficit (defensive)</b> <b>Possible Etiologies:</b> (related to) <b>Active volume loss (hemorrhage)</b> <b>Defining characteristics:</b> (Evidenced by) <ul style="list-style-type: none"> <li>• Pallor</li> <li>• Cool clammy skin</li> <li>• Restlessness/ changes in mentation</li> <li>• Easy irritability/ restlessness</li> <li>• Apprehensive</li> <li>• Diaphoretic</li> <li>• Hypotension, tachycardia, delayed capillary refill</li> <li>• Oliguria</li> <li>• BCG changes</li> <li>• Syncope</li> <li>• Hemococentration</li> </ul>	<b>Short term goal:</b> Client will be able to participate in procedures and treatments necessary for his assumption of adequate fluid volume.  <b>Long term goal:</b> Client will be able to maintain fluid volume at a functional level as evidenced by client's adequate urine output, stable vital signs, prompt capillary refill, and laboratory results of hemoglobin and hematocrit within normal range.	<ol style="list-style-type: none"> <li>1. Check for the appearance of vomiting, stool, or drainage.</li> <li>2. Monitor vital signs and compare with client's normal and previous data; you may be blood pressure in different position or while client is lying, and standing position as much as possible.</li> <li>3. Assess client's physiological response to hemorrhage like changes in mentation, restlessness, apprehension, diaphoretic, restlessness, and anxiety.</li> <li>4. Measure central venous pressure if indicated and available.</li> <li>5. Strictly monitor fluid intake and output; measure fluid loss through emesis, gastric drainage and stool.</li> <li>6. Instruct client as best as to prevent vomiting and straining when defecating; schedule activities in order to provide adequate rest for the client.</li> <li>7. Place client in Fowler's position during a strict of gastric.</li> <li>8. Take note for any signs of recurrent bleeding after cessation of initial bleeding.</li> <li>9. Check for signs of secondary bleeding i.e. nose or gums, ecchymosis.</li> <li>10. Notify client's WPO as</li> </ol>	<ul style="list-style-type: none"> <li>- It helps in differentiating the cause of gastric distress; bright red blood may be caused by arterial bleeding; dark red blood may be due to esophageal bleeding; coffee ground may be because of poorly digested blood from actively oozing a site.</li> <li>- The alterations and fluctuations in blood pressure may be used for rough estimate of blood loss; BP less than 90 mmHg may reflect a 25% volume loss.</li> <li>- Worsening in symptomatology may be due to continuous hemorrhage or inadequate fluid replacement.</li> <li>- It reflects blood volume in the body and cardiac response to bleeding; it may reflect how effective fluid replacement therapy.</li> <li>- Guides the basis for fluid replacement.</li> <li>- Limiting aggressive intra-abdominal pressure and can predispose to further bleeding.</li> <li>- It prevents gastric reflux as a protective of medication.</li> <li>- Rebleeding may sometimes occur as evidenced by a laboratory follow-up, nausea and vomiting.</li> <li>- These parameters to know how adequate fluid replacement is; symptoms given may cause DIC.</li> <li>- That is in order to prevent further</li> </ul>	Client will be able to demonstrate position and accepting behaviors with regards to treatment interventions like nasogastric tube insertion and blood transfusion and will participate during necessary procedures like endoscopy, IZ test ECG, laboratory tests, and laboratory extraction.  Client will demonstrate adequate and improved fluid balance as evidenced by client's adequate urine output (more than a 30cc which reflects adequate intake), with normal specific gravity, blood pressure ranging from 110/70 mmHg to 120/80 mmHg, pulse rate ranging from 72-88 beats per minute, capillary refill of less than 2 seconds, and laboratory results showed adequate hemoglobin and hematocrit levels within one week of nursing care.



		ordered by the physician.  <ol style="list-style-type: none"> <li>11. Resume intake with clear/ fluid fluids as indicated by the physician; avoid giving dark colored fluids.</li> <li>12. Administer 10 fluids/ volume expansion/ fresh whole blood/ platelets/ fresh frozen plasma as indicated.</li> <li>13. Insert BGT as indicated by the physician.</li> <li>14. Perform gastric lavage with cool saline solution until aspirate is pinkish in color or if it is clear.</li> <li>15. Administer medications like H2 receptor antagonists, antacid agents, statins, Vitamin K, antiemetic, and anti infection.</li> <li>16. Monitor laboratory findings like hemoglobin, hematocrit, BUN and creatinine.</li> </ol>	<ul style="list-style-type: none"> <li>- Foods easily digested reduce the risk for added irritation; to be sure for possible rebleeding.</li> <li>- Fluid replacement is essential in improving client's blood volume.</li> <li>- It is a reason for removing gastric secretions, blood, and clots; reduces vomiting and facilitates endoscopy, if applied.</li> <li>- It prevents further bleeding by local vasoconstriction.</li> <li>- These medications are essential in treating client with acute GI hemorrhage; they have their own specific and action regarding this condition.</li> <li>- It assists in knowing how much blood replacement is needed; BUN greater than 40 with normal creatinine level reflects a major bleeding.</li> </ul>	
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## Understanding the Nursing Care Plan for Gastrointestinal Bleeding

nursing care plan gastrointestinal bleeding is an essential component of patient management, especially given the potentially life-threatening nature of gastrointestinal (GI) bleeding. It involves a systematic approach to assessing, diagnosing, planning, implementing, and evaluating care to ensure optimal patient outcomes. This comprehensive guide aims to provide healthcare professionals and students with an in-depth understanding of how to develop and implement an effective nursing care plan tailored to patients

experiencing GI bleeding.

Gastrointestinal bleeding can originate from any part of the GI tract, from the esophagus to the rectum. It may manifest as hematemesis (vomiting blood), melena (black, tarry stools), hematochezia (passage of fresh blood per rectum), or occult bleeding detectable only through laboratory tests. The causes are diverse, including peptic ulcers, esophageal varices, diverticulosis, inflammatory bowel disease, tumors, and vascular malformations.

Given the complexity and potential severity of GI bleeding, a structured nursing care plan is vital. It helps prioritize interventions, monitor patient status, and coordinate multidisciplinary care to reduce morbidity and mortality.

## **Assessment of Patients with Gastrointestinal Bleeding**

Effective nursing care begins with comprehensive assessment. This step involves gathering subjective and objective data to understand the patient's condition, identify risks, and establish a baseline for ongoing evaluation.

### **Subjective Data Collection**

- Presenting symptoms: nausea, vomiting, abdominal pain, weakness, dizziness
- History of gastrointestinal issues: ulcers, liver disease, previous bleeding episodes
- Medication history: NSAIDs, anticoagulants, corticosteroids
- Lifestyle factors: alcohol use, smoking, diet
- Recent trauma or surgeries
- Family history of GI disorders

### **Objective Data Collection**

- Vital signs: blood pressure, heart rate, respiratory rate, temperature
- Observation of stool: color, consistency, presence of blood
- Inspection: pallor, jaundice, abdominal distension
- Palpation: tenderness, masses, signs of peritonitis
- Laboratory tests: complete blood count (CBC), coagulation profile, blood type and crossmatch
- Imaging studies: endoscopy, angiography, or other relevant imaging

# Common Signs and Symptoms of Gastrointestinal Bleeding

- Hematemesis: vomiting blood, which may appear bright red or coffee-ground
- Melena: black, tarry stools indicating upper GI bleeding
- Hematochezia: bright red blood per rectum, often from lower GI bleeding
- Anemia: pallor, fatigue, weakness
- Hypotension and tachycardia: signs of ongoing significant bleeding
- Dizziness or syncope: due to hypovolemia

## Diagnosing Gastrointestinal Bleeding

Diagnosis involves identifying the source and severity of bleeding, which guides the nursing interventions.

### Diagnostic Tests

- Endoscopy: the primary modality for diagnosing upper GI bleeding and some lower sources
- Colonoscopy: for lower GI bleeding
- Angiography: used in active bleeding not visualized on endoscopy
- Laboratory Tests: CBC to assess hemoglobin/hematocrit levels, coagulation studies, blood typing
- Imaging: CT scans or barium studies as indicated

## Goals of Nursing Care for Gastrointestinal Bleeding

The overarching goals are:

- Maintain airway, breathing, and circulation (ABCs)
- Control and stop the bleeding
- Replace blood volume and correct anemia
- Prevent complications such as hypovolemic shock
- Treat underlying causes
- Educate the patient on management and prevention strategies

## Developing an Effective Nursing Care Plan for Gastrointestinal Bleeding

A structured approach involves multiple phases: planning, implementation, and evaluation. The following sections detail these components.

## **Planning and Setting Priorities**

- Immediate stabilization of the patient
- Hemodynamic monitoring
- Preparation for diagnostic procedures
- Ongoing assessment of bleeding severity
- Patient education for ongoing care and prevention

## **Implementation of Nursing Interventions**

### **1. Airway, Breathing, and Circulatory Support**

- Ensure airway patency
- Administer oxygen as needed
- Establish IV access for fluid and medication administration
- Monitor vital signs frequently
- Prepare for blood transfusion if indicated

### **2. Hemodynamic Stabilization**

- Administer IV fluids: isotonic solutions such as normal saline or lactated Ringer's
- Transfuse blood products based on hemoglobin levels and clinical status
- Monitor for signs of hypovolemic shock

### **3. Monitoring and Assessment**

- Regularly assess vital signs
- Monitor urine output as an indicator of perfusion
- Observe for signs of ongoing bleeding
- Reassess laboratory values periodically

### **4. Managing Bleeding and Pain**

- Administer prescribed medications: proton pump inhibitors, vasoactive agents, or antibiotics
- Prepare patient for endoscopy or other diagnostic procedures
- Minimize invasive procedures unless necessary

### **5. Pharmacologic Interventions**

- Proton Pump Inhibitors (PPIs): reduce gastric acid secretion to promote clot stability
- Vasopressors: in cases of variceal bleeding
- Coagulants: if bleeding is related to coagulopathy
- Antibiotics: especially in variceal bleeding with cirrhosis

### **6. Patient Education and Support**

- Inform the patient about the procedures and expected outcomes
- Educate on medication adherence and lifestyle modifications
- Discuss signs of recurrent bleeding and when to seek immediate care
- Encourage smoking cessation and alcohol abstinence if applicable

# Monitoring and Evaluation

Continuous evaluation ensures the effectiveness of the nursing care plan.

## Key Parameters to Monitor

- Hemodynamic stability: BP, HR, respiratory rate
- Hemoglobin and hematocrit levels
- Signs of recurrent bleeding
- Patient's pain levels and comfort
- Effectiveness of interventions in controlling bleeding

## Outcome Indicators

- Stable vital signs
- No further bleeding episodes
- Restoration of adequate tissue perfusion
- Patient understanding of disease process and management

# Complications to Watch For

Nurses should be vigilant for potential complications, including:

- Hypovolemic shock
- Recurrent bleeding
- Infection, especially if invasive procedures are performed
- Electrolyte imbalances due to blood loss or medication effects
- Liver failure or progression of underlying disease

# Prevention Strategies and Patient Education

Preventive measures can significantly reduce the risk of gastrointestinal bleeding recurrence.

## Lifestyle Modifications

- Avoid NSAIDs and other ulcerogenic medications unless prescribed
- Limit alcohol intake
- Maintain a balanced diet rich in fiber
- Manage underlying conditions such as liver disease or inflammatory bowel disease

## Medication Compliance

- Take prescribed medications as directed
- Regular follow-up appointments and monitoring

## Recognizing Early Signs of Bleeding

- Educate about symptoms like vomiting blood, black stools, dizziness
- Promptly seek medical care if symptoms occur

# Conclusion

The **nursing care plan gastrointestinal bleeding** is a vital framework for guiding interventions, ensuring patient safety, and promoting recovery. It requires a multidisciplinary approach that emphasizes rapid assessment, stabilization, targeted treatment, patient education, and vigilant monitoring. By understanding the pathophysiology, clinical presentation, and effective nursing strategies, healthcare professionals can significantly improve outcomes for patients experiencing GI bleeding. Implementing a thorough and individualized care plan not only addresses immediate concerns but also fosters long-term health and prevention of future episodes.

## Frequently Asked Questions

### **What are the key components of a nursing care plan for a patient with gastrointestinal bleeding?**

The key components include assessment of vital signs and bleeding severity, monitoring hemoglobin and hematocrit levels, maintaining fluid and electrolyte balance, administering prescribed medications, preventing complications such as hypovolemia or shock, and patient education on disease management and warning signs.

### **How should nurses prioritize care for a patient presenting with acute gastrointestinal bleeding?**

Prioritization involves immediate assessment of airway, breathing, and circulation (ABCs), controlling bleeding if possible, establishing IV access for fluid resuscitation, monitoring vital signs closely, and preparing for potential interventions like endoscopy or surgical consultation.

### **What nursing interventions are effective in managing a patient with gastrointestinal bleeding?**

Interventions include administering IV fluids and blood products as ordered, administering medications such as proton pump inhibitors or vasopressors, monitoring for signs of hypovolemic shock, maintaining bed rest, and providing emotional support and patient education.

### **How can nurses prevent complications in patients with gastrointestinal bleeding?**

Prevention strategies involve close monitoring of vital signs and laboratory values, ensuring proper medication administration, preventing falls and injury, promoting rest, and early detection of worsening bleeding or signs of shock.

## **What patient education points should nurses include in a care plan for gastrointestinal bleeding?**

Patients should be educated about the causes and risk factors of bleeding, the importance of medication adherence, signs of re-bleeding or anemia, dietary modifications, and when to seek emergency care.

## **What are common laboratory tests used to monitor patients with gastrointestinal bleeding?**

Common tests include complete blood count (CBC) to assess hemoglobin and hematocrit, coagulation profile, blood type and crossmatch, and electrolyte panels to evaluate dehydration or imbalances.

## **How does the nursing care plan differ for patients with upper versus lower gastrointestinal bleeding?**

While both require stabilization and monitoring, upper GI bleeding often necessitates preparation for endoscopic intervention, and nurses focus on managing hematemesis and melena, whereas lower GI bleeding may involve monitoring for hematochezia and preparing for possible surgical intervention.

## **What are signs of hemodynamic instability that nurses should monitor in GI bleeding patients?**

Signs include hypotension, tachycardia, pallor, diaphoresis, decreased urine output, altered mental status, and weak or absent peripheral pulses indicating potential shock.

## **How does the nursing care plan incorporate collaboration with the healthcare team for gastrointestinal bleeding?**

The care plan involves communication with physicians, gastroenterologists, and lab personnel to coordinate diagnostics, medication management, and interventions; documenting findings; and ensuring timely responses to changes in the patient's condition.

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[Back to Home](#)