

Case Study Synopsis

Case Study: Peptic Ulcer Disease

Suggested Uses: Medical-Surgical

Gail Lewis is a 48-year old woman who has been experiencing a burning sensation in her stomach for the last few months, which is now worsening. When Gail visits her HCP, the nurse completes the initial intake interview. An H.pylori breath test is scheduled and the nurse teaches Gail about the test. Test results are negative and an EGD is scheduled.

The nurse implements priority care following the EGD. A peptic ulcer is diagnosed and Gail receives prescriptions for misoprostol (Cytotec) and omeprazole (Prilosec). The nurse teaches Gail about the medications, dietary measures, and other lifestyle modifications, recognizing that Gail's job is very stressful.

Three weeks later, Gail arrives at the ED vomiting a large amount of bright red blood. She is diaphoretic, and her vital signs are T 98.4° F, P 120, R 30, and BP 88/50. The nurse implements priority interventions and Gail is transferred to ICU. The ICU nurse administers blood as prescribed and assists with pulmonary artery catheterization. Gail undergoes a partial gastrectomy with a duodenal anastomosis. Postoperatively, the nurse intervenes when the NG tube is not draining and there are no bowel sounds.

Three days after surgery, the nurse recognizes symptoms of dumping syndrome after Gail eats and provides related teaching. During the postoperative period, the nurse assigns tasks to the UAP assisting with care and ensures Gail's privacy. The nurse provides discharge teaching related to wound care and monitoring Vitamin B12 levels.