

## Part II: Trend Cirrhosis



The nurse in the Emergency Department (ED) is caring for a 52-year-old male client.

The nurse has implemented all medical orders and the nursing plan of care.

The following assessment data is collected.  
Review the medical record to determine the trend or direction of current clinical data.

- For each finding, identify the direction of the trend by placing an "x" in the appropriate column if the patient's condition has improved, not changed, or worsened. Each row must have 1 response option selected.

Assessment Findings	Improved	Not Changed	Worsened	Meaning/Interpretation
Temperature: 99.5F/37.5 C				
Pulse: 118, regular				
Respiration: 22				
Blood Pressure: 88/50				
Oxygen Saturation: 94% RA				
GENERAL APPEARANCE: Disheveled, appears unkempt, does not smell of ETOH				
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				

2. For each finding, identify the direction of the trend by placing an "x" in the appropriate column if the patient's condition has improved, not changed, or worsened. Each row must have 1 response option selected.

Diagnostic Findings	Improved	Not Changed	Worsened	Meaning/Interpretation
HgB: 8.9				
Sodium: 127				
Potassium: 2.8				
Glucose: 74				
Creatinine: 1.8				
PT/INR: 2.6				
Albumin: 2.2				
Total Bilirubin: 7.2				
Ammonia: 145				
ALT: 59				

3. Is the *overall* status of the client:

Current Status	Rationale/Why?
<ul style="list-style-type: none"> <li>a. Improved</li> <li>b. No change</li> <li>c. Declined</li> </ul>	

4. Based on the interpretation of current findings, what actions should the nurse take? **Select all that apply.**

Nursing Interventions:	Rationale/Why?
a. Discharge home to follow up with Primary Care Provider (PCP) outpatient	
b. Anticipate an order for Lactulose	
c. Anticipate an order for a banana bag.	
d. Request a psychiatric evaluation due to changes in orientation	
e. Anticipate an order for potassium chloride	
f. Initiate 1:1 sitter/tab alarm	
g. Discontinue cardiac monitor	
h. Strict I & O	

## Nurse Reflection

5. To strengthen your clinical judgment skills, reflect on your knowledge and the decisions made caring for this patient by answering the reflection questions below.

Reflection Question	Nurse Reflection
What did you learn?	
What content/concepts do you need to understand to make better judgments?	
How will you apply what was learned to improve patient care?	

