Gastrointestinal Emergencies is 7% of the CEN

- A. Acute abdomen
- B. Bleeding
- C. Cholecystitis
- D. Cirrhosis
- E. Diverticulitis
- F. Esophageal varices
- G. Esophagitis
- H. Foreign bodies
- I. Gastritis
- J. Gastroenteritis
- K. Hepatitis
- L. Hernia
- M. Inflammatory bowel disease
- N. Intussusception
- O. Obstructions
- P. Pancreatitis
- Q. Trauma
- R. Ulcers
GI Emergencies

- For the CEN exam questions will be asked regarding identification of a specific GI emergency, appropriate interventions for GI emergencies, and appropriate interventions for GI emergencies as well as how to prioritize those interventions.

- It is important that when you are studying GI emergencies that you familiarize yourself with the emergencies discussed in this lecture and classic presentations. You may be required to identify a specific disease process the most appropriate intervention for a specific disease process.
Test Taking Tips for Gastrointestinal Emergencies

- Know common labs associated with GI emergencies and which types of emergencies those are associated with.
- Know specific medications for each emergency and why those are administered.
- Be familiar with appropriate discharge instructions related to GI emergencies and appropriate follow up care.
A patient presents to the ED with right lower quadrant pain for two days, a temperature of 102 degrees Fahrenheit, heart rate of 128 bpm, BP 120/70, respiratory rate 24 breaths per minute. The patient is limping and has rebound tenderness in the right lower quadrant. Which of the following diagnostic tools does the emergency nurse anticipate?

A. Abdominal helical CT scan
B. Abdominal sonography
C. Kidney, ureter, bladder (KUB) images
D. Hepatobiliary iminodiacetic acid (HIDA) scan
A. Abdominal helical CT scan is the most precise diagnostic tool for appendicitis with a high degree of sensitivity and specificity.

B. Abdominal sonography is the preferred diagnostic radiograph for pregnant female patients; however, if the test is negative, appendicitis may still be present.

C. Kidney, ureter, bladder (KUB) radiographs have overall poor sensitivity and specificity for appendicitis.

D. HIDA scans are used as a diagnostic radiographic tool assist with the diagnosis of cholecystitis and not appendicitis.
In order to answer this question you must know what type of GI emergency the patient has based on the information provided and then you must know what interventions are appropriate for that specific emergency. Then you must know which intervention takes the highest priority.

Many of the questions you will see are similar to this one in that there are many steps you must correctly identify in order to come to the correct conclusion.
A 10 week old infant with a history of projectile vomiting, poor weight gain, and continual hunger has a mobile, “olive-shaped” mass in the abdominal area on palpation. Which of the following is suspected?

A. Intussusception
B. Appendicitis
C. Pancreatitis
D. Pyloric stenosis
A. Intussusception occurs when a segment of bowel telescopes within itself. These children present with vomiting, colicky abdominal pain, and red current jelly stools.

B. Appendicitis is an inflammation or obstruction of the appendix. Incidence peaks in the late teen years, and it is usually associated with right lower-quadrant pain.

C. Pancreatitis is an inflammation of the pancreas causing sharp epigastric pain that radiates to the back and is aggravated by eating or alcohol intake. It is not generally seen in infants.

D. Pyloric stenosis is the most common cause of intestinal obstruction in infancy. It is usually diagnosed in the first 3 to 12 weeks of life. On palpation of the abdomen, there is a mobile, hard pylorus that is "olive-shaped." Delays in treatment or diagnosis can lead to dehydration, shock, and death.
A middle-aged patient diagnosed with an upper GI bleed is tachycardic and hypotensive and vomiting blood. After stabilizing the ABC’s, what other intervention is anticipated?

A. Administering proton pump inhibitors
B. Performing iced normal saline lavage
C. Inserting a balloon tamponade tube
D. Initiating a dopamine (Intropin) dip
A. Patients with acute upper GI bleeding are often treated with acid suppression therapy (such as proton pump inhibitors) to decrease the risk of recurrent bleeding.

B. Iced lavage should be avoided because it fails to control bleeding, causes cardiac dysrhythmias, and can significantly decrease core temperature, which can lead to coagulopathies.

C. Balloon tamponade is occasionally used for variceal bleeding that is unresponsive to endoscopic therapy. However, this measure is only temporary because rebleeding often occurs after balloon deflation and the balloon can cause gastric ischemia.

D. Vasoactive drips are not used until fluid balance is reestablished.
Question #4:

After being involved in a motor vehicle crash, a patient complains of abdominal pain. Which diagnostic test should the emergency nurse anticipate to rapidly detect the presence of hemoperitoneum?

A. Focused assessment sonography for trauma
B. Computed tomography (CT) scan
C. Intravenous pyelogram (IVP)
D. Upright abdominal radiographic studies
A. The FAST exam is a bedside, rapid, accurate, and highly sensitive diagnostic modality that is used to detect the presence of hemoperitoneum in patients with blunt abdominal trauma.

B. CT scan may be performed to identify and grade solid organ injuries and hematomas or to estimate the amount of free fluid or air in the abdominal cavity. However, the FAST exam can be done rapidly at the bedside and provides an early diagnosis.

C. IVP should only be used as an alternative when CT scan is unavailable. Extravasation of the contrast media into surrounding tissues indicates a disruption in the integrity of the kidneys, ureters, or bladder. It has significant limitations in the assessment of intra-abdominal injuries.

D. Flat plate, lateral, or upright abdominal x-ray studies should not routinely be used unless CT scan is unavailable. Plain films may be used to visualize foreign bodies and associated visceral damage, visualize free air, and diagnose diaphragmatic rupture.
Question #5:

A patient newly diagnosed with liver failure is exhibiting cognitive changes, irritability, and some muscle rigidity. Which additional assessment finding would you anticipate the patient exhibiting?

A. A flapping tremor, usually of the hand
B. Petechial rash over the trunk
C. Bluish discoloration over the lower abdominal flanks
D. Worsening abdominal pain when patient lays supine
A. Asterixis, a flapping tremor usually of the hand, is an early indication of hepatic encephalopathy along with muscle rigidity and hyperreflexia. Have the patient hold their arms and hand out as if to stop traffic; involuntary hand "flapping" is a positive sign.

B. Bruising and bleeding tendencies may develop as a result of impaired clotting factors and sequestration of platelets in the spleen. This is not manifested as a petechial rash.

C. The presence of a bluish discoloration over the lower abdominal flanks is indicative of hemorrhagic pancreatitis.

D. Abdominal pain that is exacerbated when the patient is supine and relieved when the patient sits and leans forward is usually seen with acute pancreatitis.
If patients with abdominal pain are waiting in the waiting room it is imperative that they have consecutive reassessments due to subtle signs and symptoms of abdominal emergencies that can develop into emergent conditions that require immediate attention.

This includes reassessment of pain, vital signs, and any new or worsening complaints.