Assess for the presence of risk factors
- Obesity
- Hiatal hernia
- Pregnancy
- Asthma
- Gastroparesis
- Gastric outlet Obstruction
- Delayed stomach emptying
- Connective tissue disorders
- Zollinger-Ellison syndrome
- Gastric outlet Obstruction

Initiate client education for Health Seeking Behaviors to identify:
- risk factors
- Signs and symptoms for early detection of disease

Are positive findings present?

Are acute signs and symptoms of GERD present?

Refer client for physician evaluation & follow plan of care for a client requiring endoscopy and plan care for complications

Follow plan of care for Risk for ineffective therapeutic regimen management: GERD meds, procedures and lifestyle modifications

Monitor for key indicators of GERD:
- Dyspepsia or Heartburn
- Regurgitation into pharynx
- Non cardiac chest pain
- Hoarseness
- Nighttime wheezing

Source: http://www.mayo clinic.com/health/gerd/DS00967/DSECTION=risk-factors
Figure 1

ALARM SYMPTOMS (Malignancy)

Age > 55
new-onset dyspepsia, family hx of upper GI cancer, unintended weight loss, GI bleeding, progressive dysphagia, odynophagia, unexplained iron-deficiency anemia, persistent vomiting, palpable mass or lymphadenopathy, and jaundice.

Initiate the plan of care for a Risk for Ineffective Therapeutic Regimen management:

- Disease process
- How to take GERD medications
- Lifestyle modifications
- Weight reduction
- Avoidance of triggers and factors that exacerbate GERD (smoking/ETOH, increased intra-abdominal pressure)
- Use of GERD pillow
- Potential complications:
  - Reflux induced asthma, aspiration, Bleeding, esophageal stricture, Barrett’s esophagus, alarm symptoms
- Diagnostic testing and Periodic assessment
PC: reflux-induced asthma

- night time symptoms present associated with cough & wheezing

Follow plan of care for tracheobronchial constriction
- Add nighttime PPI med
- Use of GERD pillow
- Possible Antireflux surgery

PC: PNU

- cough, malaise, fever, Dyspnea, CP adventitious breath sounds

Follow plan of care for PNU/Sepsis/hypoxia
- Continue PPI med
- Ensure swallow eval
- Use GERD pillow

PC: GI Bleeding

- LUQ pain & tenderness, coffee ground emesis, dark tarry stool
- Systemic Signs/symptoms of bleeding

Follow plan of care for Hemorrhage: NIC shock management
- FOBT & Hgb/Hct
- Keep NPO
- Hold meds that contribute to bleeding & Continue PPI med
- Transfuse PRBCs as ordered
- Prepare for Endoscopy with hemostatic measures

Acute Pain

- monitor for dyspepsia exacerbated by triggers

Exclude other causes: GI Bleeding, Myocardial ischemia
- Administer H2 Antagonists, PPI, and antacids as prescribed and monitor effect
- Offer non-pharmacological relief: HOB elevated
- Loosen tight fitting clothing
- Removal of triggers
- Instruct in lifestyle modifications (Chart 58-2)

PC: esophageal stricture

- GERD accompanied by difficulty swallowing “getting food down”
- Respiratory distress when feeding

Mon Upper GI Series results
- Place on aspiration precautions
- Speech Pathology Consult
- Prepare client for endoscopic dilatation

PC: Barrett’s esophagus

- Alarm symptoms Age > 55

Prepare for Endoscopy with Biopsy
- Follow plan of care for client with cancer