Sean O’Donnell is a 47-year-old police officer who lives and works in a metropolitan area. Mr. O’Donnell has had “heartburn” and abdominal discomfort for years, but thought it went along with his job. Last year, after becoming weak, light-headed, and short of breath, he was found to be anemic and was diagnosed as having a duodenal ulcer. He took omeprazole (Prilosec) and ferrous sulfate for 3 months before stopping both, saying he had “never felt better in his life.” Mr. O’Donnell has now been admitted to the hospital with active upper GI bleeding.

### ASSESSMENT
Rachel Clark is Mr. O’Donnell’s admitting nurse and case manager. On initial assessment, Mr. O’Donnell is alert and oriented, though very apprehensive about his condition. Skin pale and cool; BP 136/78, P 98; abdomen distended and tender with hyperactive bowel sounds; 200 mL bright red blood obtained on nasogastric tube insertion. Hemoglobin 8.2 g/dL and hematocrit 23% on admission. Mr. O’Donnell is taken to the endoscopy lab where his bleeding is controlled using laser photoagulation. On his return to the nursing unit, he receives two units of packed red blood cells and intravenous fluids to restore blood volume. A 5-day course of high-dose oral omeprazole (40 mg bid) is ordered to prevent rebleeding, and Mr. O’Donnell is allowed to begin a clear liquid diet 24 hours after his endoscopy. Tissue biopsy obtained during endoscopy confirms the presence of H. pylori infection.

### DIAGNOSES
- **Deficient fluid volume**, related to acute bleeding duodenal ulcer
- **Risk for injury**, related to acute blood loss
- **Fear**, related to threat to well-being
- **Ineffective therapeutic regimen management**, related to lack of knowledge deficit regarding PUD and its treatment

### EXPECTED OUTCOMES
- Maintains normal blood pressure, pulse, and urine output (>30 mL/hr).
- Remains free of injury.
- Seeks information to reduce fear.
- Identifies and uses coping strategies to manage fear.
- Describes prescribed therapeutic regimen.
- Verbalizes ability to manage prescribed regimen.

### PLANNING AND IMPLEMENTATION
- Place call light within reach and encourage to ask for help when getting up or ambulating. Remind to rise slowly from lying to sitting and sitting to standing.
- Discuss situation and provide information about all procedures and treatments.
- Reassure about the effectiveness of treatment in reducing the risk for further bleeding.
- Discuss current and planned treatment measures; stress the importance of completing the prescribed treatment to reduce the risk of further ulcer development.
- Encourage to avoid using aspirin or NSAIDs in the future; suggest alternative medications such as acetaminophen.
- Discuss stress reduction techniques and refer for stress reduction counseling or workshops as indicated.

### EVALUATION
Mr. O’Donnell is discharged 48 hours after admission. He has had no further evidence of bleeding, and has resumed a regular diet. His hemoglobin and hematocrit remain low, and he has a prescription for ferrous sulfate. He will complete the prescribed high-dose omeprazole regimen at home, then begin treatment with omeprazole, amoxicillin, and clarithromycin (Biaxin) to eradicate the H. pylori infection detected during endoscopy. After 2 weeks of this regimen, he will continue taking omeprazole at bedtime for 4 to 8 weeks. He verbalizes a good understanding of his treatment and the importance of completing the entire regimen. Mr. O’Donnell expresses concern about his ability to “keep his cool on the inside” when under stress. Ms. Clark, his case manager, gives him the names of several resources to help with stress management in case he wants help.

### Critical Thinking in the Nursing Process
1. How does H. pylori infection contribute to the development of peptic ulcers?
2. Describe the physiologic responses to fear and anxiety. Why is it important to alleviate fear and its physical consequences in clients with PUD?
3. What suggestions can you make to help Mr. O’Donnell manage his complex treatment regimen over the next 3 months?
4. Develop a teaching plan that includes stress reduction techniques Mr. O’Donnell can use while performing his duties as a police officer.

See Evaluating Your Response in Appendix C.

### THE CLIENT WITH CANCER OF THE STOMACH
Worldwide, cancer of the stomach is the most common cancer (other than skin cancer); but it is less common in the United States, with an estimated 21,500 new cases annually. The incidence of gastric cancer is highest in Hispanics, African Americans, and Asian Americans, with men affected twice as often as women. Older adults are more likely to develop gastric cancer:

- The mean age at time of diagnosis is 63. People in lower socioeconomic groups are more often affected by gastric cancer.

### Risk Factors
H. pylori infection is a major risk factor for cancer of the distal portion of the stomach; from 35% to 89% of cases can be attributed to this infection. Other risk factors are a genetic predisposition, chronic gastritis, pernicious anemia, gastric polyps, and carcinogenic factors in the diet (such as smoked foods and...