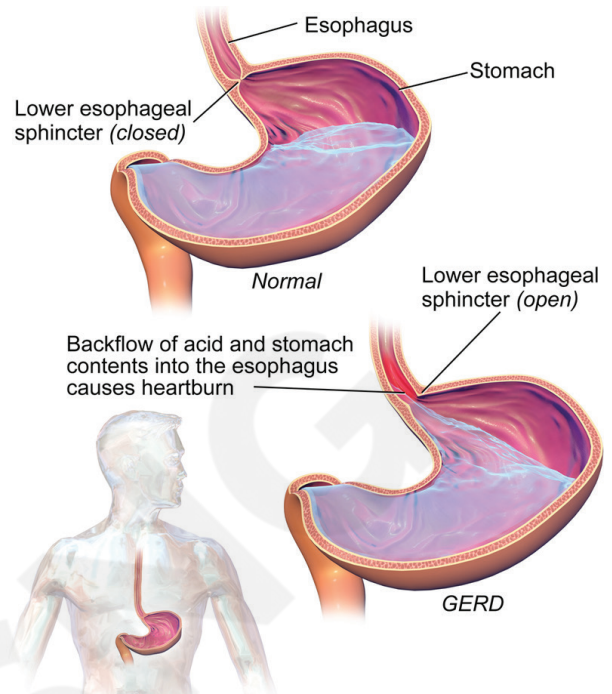


GERD PATHOCHART

PATHOPHYSIOLOGY

GERD is the return (reflux) of stomach acid and contents into the esophagus, past the Lower Esophageal Sphincter (LES) causing irritation and thinning of the lower esophagus. Regurgitation often occurs without effort, such as when lying down or bending over. Frequent recurrences without treatment may lead to erosion of the mucus membranes of the lower esophagus. Weakness or incompetence of the LES may be related to excessive pressure being placed on the abdomen such as in the case of obesity or pregnancy. Patients who smoke or have a hiatal hernia are also at increased risk of developing GERD.



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ASSESSMENT FINDINGS

- Burning sensation behind breastbone (heartburn)
- Chest pain
- Nausea, often with vomiting
- Dysphagia (difficulty swallowing)
- Vomiting
- Coughing
- Wheezing
- Weight loss

DIAGNOSTICS

- Upper Endoscopy
- EKG to rule out cardiac source of chest pain
- pH testing of emesis

NURSING PRIORITIES

- Promote Comfort
- Optimize Nutritional Status
- Patient Education

THERAPEUTIC MANAGEMENT

- Diet & Lifestyle changes
 - Weight loss
 - Avoid irritating foods
- Smoking Cessation
- Don't lay down within 2 hours of eating
- Elevated head of bed when sleeping

MEDICATION THERAPY

- Proton Pump Inhibitor
- H2 Antagonists
- Antacids
- Erythromycin - improves gut motility