

Indigestion - Nursing Management (Adult age 17 years and older)

Site Applicability

Coastal Acute

Practice Level

| Profession | Setting | Advanced Skill (requiring additional education) |
|------------|------------|--|
| RN | Acute Care | Nurse Independent Activity: The following NIA have been approved for use as noted in the site applicability above. <ul style="list-style-type: none"> These medications/treatments can be administered independently to treat indigestion: <p>Select one of the following medications:</p> <ul style="list-style-type: none"> Aluminum-magnesium hydroxide (antacid) (e.g., Almagel/Gelusil/Maalox) 20 mL (**according to manufacturer's dosing schedule) PO for indigestion PRN x 1 dose. **Use ward-stock antacid and read dosage guidelines. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Aluminum-magnesium hydroxide (antacid) 20 mL mixed with lidocaine 2%-viscous (oral liquid) 10 mL PO x 1 dose ("Pink Lady") |
| | | Nurse Initiated Protocol: The following NIP has been approved for nurses to initiate/requisition and/or perform: <ul style="list-style-type: none"> ECG |

Goal

- Relief of minor gastric discomfort
- Promote patient comfort while they are experiencing indigestion

Policy Statement

- This document does **not reflect the ongoing management of persistent or treatment of indigestion.**
- Consultation with a physician or nurse practitioner involved in the client's care is required.**
- The use of NIA is supported within VCH and is defined:
 - Policy: [Nurse Initiated Activities \(NIA\) and Nurse Initiated Protocols \(NIP\)](#) (BCD-11-11-40001)
 - Education includes: Learning Hub [NIA Course](#).
- Physician/NP orders override the use of NIA.

Note: This is a **controlled** document for VCH internal use. Any documents appearing in paper form should always be checked against the electronic version prior to use. The electronic version is always the current version.

Practice Guideline

Assessment for Decision Making

It is essential to differentiate between gastric discomfort and cardiac. If any of the symptoms indicate cardiac the NIA for chest pain (VCH-C-0120) should be initiated.

| Assessment | Signs, Symptoms, Gastro Intestinal | Signs and Symptoms Risk Factors Cardiac |
|------------------------|---|--|
| Pain/Discomfort | <ul style="list-style-type: none"> Pain assessment – location, onset, precipitating / palliating, quality, radiating, severity (pain scale 0 to 10), timing Determine if heartburn is aggravated by meals and relieved by sitting up or antacids Bloated feeling Excessive gas (belching, burping or flatulence) Nausea with or without vomiting Acidic taste in the mouth Feeling full after eating small amounts (early satiety) | <p>Location, radiation, character, exacerbating or relieving factors, duration, frequency, associated symptoms. Signs and symptoms might include:</p> <ul style="list-style-type: none"> Sudden onset of sharp, stabbing, aching or crushing pain/discomfort in chest (can be central, left- or right-sided) Pain/discomfort radiating to left arm/shoulder, neck or jaw A tight, dull, heavy or band-like pressure or general discomfort Diaphoresis Nausea/vomiting, indigestion, belching Shortness of breath Clenching of fist over the sternum (Levine's sign) Dizziness or syncope Weakness/malaise Feeling of impending doom Precipitation by exertion, emotional stress, a heavy meal or cold weather <p>Assess further any symptom that patient describes as an unusual discomfort</p> |
| Vital Signs | <ul style="list-style-type: none"> In indigestion there should be no alterations of vital signs. If there is a presence of abnormal vitals that are a deviation from the patient's norm, a physician should be consulted with suspicion of an alternative cause. | <p>Vital signs, including oxygen saturation that could increase suspicion for a cardiac source. Findings might include:</p> <ul style="list-style-type: none"> Irregular pulse or cardiac rhythm or changes in heart rate Hypo- or hypertension <p>Shortness of breath, decreased O2 saturation</p> |
| Health History | <ul style="list-style-type: none"> Personal Medical history of ulcers. Risk factors history of indigestion prior to hospital admission such as smoking, alcohol. Any signs of eating late at night with resulting symptoms. Factors precipitating or decreasing or relieving such as sleeping elevated head. | <ul style="list-style-type: none"> Personal medical history and family history of heart disease or diabetes Cardiac risk factors such as smoking, hypertension, diabetes, overweight and/or physical inactivity, high cholesterol Any other signs or symptoms of heart disease such as general fatigue and lethargy, shortness of breath, edema Factors precipitating, decreasing or |

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| | <ul style="list-style-type: none"> Over the counter medications, history of antacids, NSAIDS, aspirin or ibuprofen (sample brand names: Advil, Motrin). | <p>relieving</p> <ul style="list-style-type: none"> Cardiac medications Recent use of cocaine or sildenafil (Viagra®), vardenafil (Levitra®) or tadalafil (Cialis®) Recent use of any non-prescription medication that might enhance sexual performance. |
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Documentation

- As per site documentation practices.
- NIA Documentation (in the 'Orders' section of the client chart) – should be in accordance with health authority NIA policies:
 - Policy: [Nurse Initiated Activities \(NIA\) and Nurse Initiated Protocols \(NIP\)](#) (BCD-11-11-40001)

References

<http://jamanetwork.com/journals/jama/fullarticle/202630> April 5, 2006 Janet M. Torpy, MD; Cassio Lymn, MA; Richard M. Glass, MD

JAMA. 2006;295(13):1612. doi:10.1001/jama.295.13.1612

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