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Peptic Ulcer

Patient name: _____ Admission: _____

NRS
DATE INITIAL

I. The client/caregiver can describe anatomy and cause of a peptic ulcer.

- A. A peptic ulcer is a sore in the lining of the stomach or duodenum (the first part of the small intestine).
- B. It is also called duodenal or gastric ulcer.
- C. Causes of peptic ulcers
 1. Acids that help digest foods can also damage the walls of the stomach or duodenum
 2. Most commonly an infection with a bacterium called *Helicobacter pylori*
 3. Long-term use of nonsteroidal anti-inflammatory medicines (NSAIDs), which includes prescription medicine and nonprescription NSAIDs such as aspirin, ibuprofen, and naproxen
 4. Excessive alcohol consumption
 5. Smoking

II. The client/caregiver can list symptoms of a peptic ulcer.

- A. Burning stomach pain
- B. Pain that may come and go for a few days or weeks
- C. Pain that may be noticed more when stomach is empty
- D. Pain that usually goes away after you eat
- E. Pain that may be worse when under stress
- F. Pain that may start after eating spicy foods

III. The client/caregiver can list possible complications.

- A. Internal bleeding
- B. Ulceration through the wall of stomach or small intestine
- C. Peritonitis (serious infection in abdominal cavity)
- D. The formation of scar tissue leading to stricture to the passage of food

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IV. The client/caregiver can list measures to treat and manage this condition.

- A. Medications that may be used in treatment are
 1. Antibiotic medications are used to treat *Helicobacter pylori*.
 2. Acid blockers reduce amount of acid.
 3. Proton pump inhibitors reduce stomach acids.
 4. Antacids can neutralize existing stomach acid and provide pain relief. They can also be taken with acid blockers. Cytoprotective agents help to protect stomach lining.
- B. Abstain from smoking.
- C. Limit or avoid alcohol.
- D. Avoid spicy or acidic foods.
- E. Control stress.
- F. Review use of NSAIDs with physician.

RESOURCE

Dietician

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