

Adult/Geriatric Critical Thinking Worksheet

Student Name: Madison Gage

Unit: S8

Pt. Initials:

Date: 11/4/2020

1. Disease Process & Brief Pathophysiology

Acute pancreatitis is inflammation of the pancreas due to spillage of pancreatic enzymes into surrounding pancreatic tissue. The spillage of these enzymes into surrounding pancreatic tissue causes autodigestion. Etiologic factors injure the pancreatic cells or activate the pancreatic enzymes in the pancreas rather than the intestine.

2. Factors for the Development of the Disease/Acute Illness

Gallbladder Disease
Chronic alcohol intake (P)
Smoking
Biliary tract disease
Trauma
Infection
Drugs (P)
Postoperative GI surgery

3. Signs and Symptoms

Abdominal pain (P)
Flushing
Cyanosis
dyspnea
Nausea and vomiting (P)
Low grade fever
Leukocytosis (P)
Hypotension
Tachycardia
Jaundice
Crackles
Grey Turner's spots
Cullen's sign
shock
hypovolemia

4. Diagnostic Tests pertinent or confirming of diagnosis

History and Physical (P)
Abdominal ultrasound (P)

5. Lab Values that may be affected

Serum amylase increase
Serum lipase increase
...

6. Current Treatment

NPO (P)
Albumin
IV calcium gluconate

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MRCP

Serum calcium decrease

Lactated Ringers (P)

ERCP

Serum triglycerides increase

Pain medication (P)

CT w/ contrast

Protein Pump Inhibitor (P)

Chest X-ray

Antibiotics (P)

ERCP

7. Focused Nursing Diagnosis:

Acute Pain

11. Nursing Interventions related to the Nursing Diagnosis in #7:

1 .Provide the patient with alternative comfort measures as well as ordered medications.

12. Patient Teaching:

1. Teach patient about discontinuing the use of alcohol, and drugs do to the risk of another attack or development of chronic pancreatitis.

8. Related to (r/t):

autodigestion of the pancreas

Evidenced Based Practice:

Alternative comfort measures like relaxation techniques, enables the patient to refocus attention and may enhance coping.

2. Teach patient about avoiding fats because they stimulate the secretion of cholecystokinin, which stimulates the pancreas

2. Maintain bedrest during acute attack, and a quiet and restful environment.

3. Teach patient and family to report s/s of infection, diabetes mellitus, or steatorrhea. These could indicate destruction of pancreatic tissue and pancreatic insufficiency.

9. As evidenced by (aeb):

Patient rating pain at a level 8, abdominal gaurding, and nausea and vomiting.

Evidenced Based Practice:

Decreases metabolic rate and GI stimulation and secretions, therby reducing pancreatic activity.

13. Discharge Planning/Community Resources:

1. Refer patient to counseling regarding abstinence from alcohol because it is important to prevent future attacks.

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3. Promote position of comfort on one side with knees flexed, sitting up and leaning forward.

2. Refer the patient to at home physical therapy or exercises to regain physical and muscle strength.

10. Desired patient outcome:

Patient will report pain level at a 4 or below on a pain scale of 0-10, and report that pain is relieved and controlled by 11/6/2020.

Evidenced Based Practice:

Reduces abdominal pressure and tension, providing some measure of comfort and pain relief.

3. Provide the patient with resources on how to quit smoking and support groups.