

# Adult/Geriatric Critical Thinking Worksheet

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**Unit:** S7

**Pt. Initials:** EW

**Date:** 3/29/2022

## 1. Disease Process & Brief Pathophysiology

Acute Recurrent Pancreatitis

The pathophysiology of acute pancreatitis is characterized by a loss of intracellular and extracellular compartmentation, by an obstruction of pancreatic secretory transport and by an activation of pancreatic enzymes. In biliary acute pancreatitis, outflow obstruction with pancreatic duct hypertension and a toxic effect of bile salts contribute to disruption of pancreatic ductules, with subsequent loss of extracellular compartmentation. Alcohol induces functional alterations of plasma membranes and alters the balance between proteolytic enzymes and protease inhibitors, thus triggering enzyme activation, autodigestion and cell destruction. Once the disease has been initiated, the appearance of interstitial edema and inflammatory infiltration are the basic features of acute pancreatitis. The accumulation of polymorphonuclear granulocytes in pancreatic and extrapancreatic tissue, and the release of leukocyte enzymes play an essential role in the further progression of the disease and in the development of systemic complications. Activation of different cascade systems by proteolytic activity, and consumption of alpha 2-macroglobulin further characterize the severe clinical course of acute pancreatitis.

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

Sex

Age (P)

BMI (Obesity)

Diabetes Mellitus

Fatty Liver

Excessive alcohol consumption (P)

Cigarette Smoking

Family History of Pancreatitis

## 3. Signs and Symptoms

Acute pancreatitis signs and symptoms include:

- Upper abdominal pain (P)
- Abdominal pain that radiates to your back (P)
- Tenderness when touching the abdomen (P)
- Fever (P)
- Rapid pulse
- Nausea & Vomiting (P)
- Diarrhea or oily stools (P)
- Weight Loss

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**4. Diagnostic Tests pertinent or confirming of diagnosis**

Blood tests (P)

CT Scan (P)

Abdominal Ultrasound (P)

Endoscopic Ultrasound

ERCP

Magnetic Resonance Cholangiopancreatography

**5. Lab Values that may be affected**

Aspartate aminotransferase (AST)

Alanine aminotransferase (ALT) (P)

Gamma glutamyltransferase (GGT)

Total Bilirubin

Fasting Lipids

Total Serum Calcium (P)

LDL

HDL (P)

Triglyceride (P)

HgbA1C (P)

**6. Current Treatment**

Pain Medicine (P)

Pancreatic Enzyme supplements with every meal

Insulin, if diabetes is developed

Vitamin Supplements

Feeding through a tube through the nose into the stomach

Fasting (P)

IV Fluids (P)

**7. Focused Nursing Diagnosis:**

Potential Weight Loss

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

1 . Offer healthy snacks in between meals or provide meals in small feedings throughout the day.

**12. Patient Teaching:**

1. Educate the patient on the importance of proper nutrition as this helps the body to fight diseases and absorb nutrients and medications.

**8. Related to (r/t):**

Poor Nutrition and Digestive dysfunction

**Evidenced Based Practice:**

Smaller, more frequent meals may help alleviate bloating, nausea, and cramps experienced by some patients.

**2.** Teach the patient regarding cessation of alcohol consumption as this habit increases the risk for developing chronic pancreatitis that may be fatal to the patient.

**2.** Administer prescribed pain medications.

**3.** Educate the patient regarding lifestyle changes, that may include regular exercises, maintaining a healthy weight, and alcohol and smoking cessation (if there is any).

**9. As evidenced by (aeb):**

Inability to eat full nutritious meals because of feeling nauseated

**Evidenced Based Practice:**

Pancreatitis can be really painful and as much as possible, we want to stay ahead of the pain. This will help the patient feel better and may promote better diet consumption.

**13. Discharge Planning/Community Resources:**

**1.** Refer support groups to the patient that will help her cope up mentally, physically and socially with her struggles.

**3.** Monitor daily weight (at the same time, at the same place, and at the same weighing scale)

**2.** Provide information about healthy lifestyle and consult with nutritionist and dietitian to get the adequate nutrition especially on patients with acute recurrent pancreatitis.

**10. Desired patient outcome:**

The patient attains baseline body weight and exhibits increased intake of nutritious diet before discharge.

**Evidenced Based Practice:**

Monitoring daily weight ensures that weight measurement are performed under the same conditions with each assessment, thereby facilitating more precise measurement of gain or loss of weight.

**3.** Discuss to the patient and the family members the benefit of counseling regarding mental health promotions as this correlates with physical health and spiritual health that may improve the total health of the patient.