

Subjective

- Mild back pain for the last two days that has radiated to patient's epigastric region.
- Since radiating, pain has remained in the epigastric region.
- On a numerical scale, the patient's pain remained an 8/10
- The patient took Tylenol to help relieve pain but was not effective
- Patient does not report any GI distress or chest pain

Nursing Diagnosis/Outcomes

- Risk for electrolyte imbalance related to dietary restrictions as evidenced by a decrease in electrolyte levels
 - Outcome
 - The patient's electrolyte levels will return to normal within the next 24-48 hours before discharge.
- Risk for dysfunctional gastrointestinal motility related to bowel dysfunction as evidenced by a lack of bowel movements
 - Outcome
 - The patient will have a bowel movement by the time he is discharged from the hospital
- Risk for venous thromboembolism related to lack of physical mobility as evidenced by the patient refusing to ambulate
 - Outcome
 - The patient ambulates one time today and two times tomorrow along with the use of SCDs or Levonox.
- Acute pain related to inflammatory process of the pancreas as evidenced by patient's complaints of pain
 - Outcome
 - The patient's pain will decrease to at least a 4/10 within the next 12-24 hours
- Risk for increased inflammation related to high glucose levels as evidenced by the patient's blood glucose being in the 200s
 - Outcome
 - The patient's blood glucose level will show a decrease to be within or close to the normal range by the time he is discharged.

Objective

- Patient's vital signs remained stable from admission and throughout the day
- Patient's blood pressure baseline is low
- CBC and chemistry panel unremarkable
- Glucose was 400 upon admission
- UA shows glucosuria and Ketonuria
- CT of abdomen and pelvis show possible mild pancreatitis

History of Present Illness

Patient presented to the ED on 03/04/2019 with complaints of mild back pain for the last two days. Patient states that his pain started in the mild of his back but began to radiate to his epigastric region. Pain has been consistent for the last two days. Patient tried to relieve his pain with Tylenol but stated that the medication did not help relieve his pain at all. Patient denies any GI upset such as nausea and vomiting. Patient also denies chest pain, dyspnea, and palpitations

Nursing Interventions

- Assess vital signs q2-4h
- Monitor closely for adventitious breath sounds, increased weight, and drop in Hct without blood loss.
- Assess for bowel sounds in all four abdominal quadrants
- .Following recommencement of fluids and food, monitor for bowel movements and emesis
- .Encourage the use of SCDs and explain the importance of them.
- Talk to physical therapy and see if together a plan can be developed with the patient to get him ambulating
- .Administer pain medication as prescribed and asses for any changes in pain
- Emphasize nonpharmacological pain interventions
- Encourage a low-fat diet
- Monitor and educate the patient to watch for signs of hyperglycemia such as thirst, nausea, and shortness of breath