

N311 Care Plan # 3

Lakeview College of Nursing

Name: Ayeah Kuma-Biloh

**Demographics (5 points)**

<b>Date of Admission</b> 10-24-2020	<b>Patient Initials</b> S. B	<b>Age</b> 32	<b>Gender</b> Female
<b>Race/Ethnicity</b> African American	<b>Occupation</b> N/A	<b>Marital Status</b> Married	<b>Allergies</b> Rocephin
<b>Code Status</b> full	<b>Height</b> 5'8	<b>Weight</b> 277	

**Medical History (5 Points)**

**Past Medical History:** Pt has a history of Asthma, Gestational diabetes and morbid obesity

**Past Surgical History:** Pt has a history of C-section

**Family History:** Mother: diabetes, Father: nothing

**Social History (tobacco/alcohol/drugs):** Pt reports she never smoked. She drinks alcohol occasionally

**Admission Assessment**

**Chief Complaint (2 points):** General back pain and abdominal pain

**History of present Illness (10 points):** S.B is a 32-year-old female admitted to Heart of Mary medical center emergency department with complains of generalized back pain and crampy abdominal pain. Patient states that “these pains started 4 days ago. Initially I thought it was due to a change in diet (Keto) then the pain persisted, I ask my husband to take me to the ED.” Patient also stated that she felt nauseated all morning and had been throwing up. She denies using recreational drugs and also denies recent symptoms including dyspnea, fever, chills and cough. Patient had a C-section on 7/30/2020 as well as a explanatory laparotomy early August with incision and drainage of seroma. Patient also stated not taking anything medication or doing anything to relieve the pain.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** Pancreatitis

**Secondary Diagnosis (if applicable):** N/A

**Pathophysiology of the Disease, APA format (20 points):** Pancreatitis is the inflammation of the Pancreas (Capriotti 2020). It can range from mild organ dysfunction to a severe life-threatening disorder. The pancreas normally inhibits digestive enzymes from causing injury and destroying the gland, however the malfunctioning pancreas undergoes inflammation and cellular injury caused by the leakage of activated pancreatic digestive enzymes into the glandular parenchyma. A gall stone can lodge in the common bile duct and obstruct free flow of enzymes from the pancreas. Auto digestions leads to severe damage to pancreatic cells, edema, vascular insufficiency, and ischemia of the gland.

The most common cause of Pancreatitis are the biliary tract disease and alcohol abuse. Biliary tract disease is caused by obstruction of the Pancreas duct by a gall stone or other causes. In alcohol related Pancreatitis, ethanol causes intracellular accumulation of the digestive enzymes and their premature activation and release (Capriotti 2020). Abdominal trauma causes clinical pancreatitis in 5% of cases. Several infectious diseases may cause pancreatitis especially in children. Some viral causes include mumps virus, hepatitis virus, varicella Zoster virus, measles virus and rubella virus. Bacteria causes include, mycoplasma Pneumonia, salmonella etc. Hypercalcemia can lead to acute pancreatitis, such causes may include hyperparathyroidism, excessive doses of vitamin D, familial hypocalciuric hypercalcemia and total parenteral nutrition. Additional possible causes of pancreatitis include insecticides, methanol, organophosphate and thiazide diuretics.

The usual symptom associated with pancreatic is severe abdominal pain, which is usually described as dull, penetrating and steady. Usually the pain in is sudden in onset and gradually intensifies in severity. It is most often located in the epigastric region and radiates straight to the back which may explain why my patient had back pain (Capriotti 2020). Fever, tachycardia and hypotension commonly accompany pain. Dyspnea and tachypnea may also occur because of irritation of the diaphragm.

Diagnostic testing involves blood work and noninvasive imaging. Blood work is usually used to categorize severity and it includes complete blood count, blood glucose level, blood urea nitrogen, serum calcium, lactic hydrogenase, amylase and lipase (Capriotti 2020). The blood level of amylase is 10 to 20 times greater than normal in acute pancreatitis and it is also an early response to injury. Serum Lipase levels is usually elevated about 72 hours after the onset of symptoms. Noninvasive imaging studies include abdominal and endoscopic ultrasounds, CT Scan, and MRCP.

There is no proven treatment or therapy that betters pancreatitis. The main purpose of treatment is to provide supportive care to minimize pancreatic stimulation. Some treatment measures include fluid resuscitation, maintenance of optimal of optimal fluid balance and close monitoring for signs of systemic complications (Caprotti 2020). Patient should receive sufficient analgesic medication for pain control as abdominal pain may be intense.

### **Pathophysiology References (2) (APA):**

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives* (Second ed.). Philadelphia: F.A. Davis.

**Laboratory Data (20 points)**

**\*If laboratory data is unavailable, values will be assigned by the clinical instructor\***

**CBC Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	3.80-5.30	6.12	4.66	
Hgb	12.0-15.8	15	11.4	Drugs like antibiotics may have caused a decrease level of Hgb
Hct	36.0-47.0	46.0	35.7	Extremely elevated white blood cells counts may affect values.
Platelets	140-440	341	240	
WBC	4.00-12.00	16.00	18.70	WBC high due to inflammation of the pancreas.
Neutrophils	47.0-73.0	83.4	83.4	High level of Neutrophils due to infection of the pancreas
Lymphocytes				
Monocytes				
Eosinophils				
Bands				

**Chemistry Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	133-144	133	136	

<b>K+</b>	<b>3.5-5.1</b>	<b>3.6</b>	<b>3.6</b>	
<b>Cl-</b>	<b>98-107</b>	<b>100</b>	<b>105</b>	
<b>CO2</b>	<b>21-31</b>	<b>15</b>	<b>20</b>	
<b>Glucose</b>	<b>70-99</b>	<b>318</b>	<b>273</b>	<b>Due to pancreatitis, secondary microcirculation makes pancreas Edema, ischemia and necrosis, affecting the secretion and excretion of Insulin.</b>
<b>BUN</b>	<b>7-25</b>	<b>7</b>	<b>7</b>	
<b>Creatinine</b>	<b>0.50-1.20</b>	<b>0.77</b>	<b>0.61</b>	
<b>Albumin</b>	<b>3.5-5.7</b>	<b>4.1</b>	<b>3.1</b>	
<b>Calcium</b>	<b>8.6-10.3</b>	<b>9.2</b>	<b>8.1</b>	
<b>Mag</b>				
<b>Phosphate</b>				
<b>Bilirubin</b>				
<b>Alk Phos</b>				

Urinalysis **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

<b>Lab Test</b>	<b>Normal Range</b>	<b>Value on Admission</b>	<b>Today's Value</b>	<b>Reason for Abnormal</b>
<b>Color &amp; Clarity</b>				<b>*No labs available</b>
<b>pH</b>				*
<b>Specific Gravity</b>				
<b>Glucose</b>				
<b>Protein</b>				

<b>Ketones</b>				
<b>WBC</b>				
<b>RBC</b>				
<b>Leukoesterase</b>				

Cultures **Highlight All Abnormal Labs**—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
<b>Urine Culture</b>				<b>*No Cultures available</b>
<b>Blood Culture</b>				*
<b>Sputum Culture</b>				*
<b>Stool Culture</b>				*

**Lab Correlations Reference (APA):**

PAGANA, K. D. (2020). *Mosby's diagnostic and laboratory test reference* (Fourteenth ed.). Place of publication not identified: ELSEVIER MOSBY.

**Diagnostic Imaging**

**All Other Diagnostic Tests (10 points):** Ultrasound on abdomen limited to right upper Quadrant. The technic was a real time ultrasound of right upper quadrant with image documentation. The findings revealed the following

Liver: the portal vein is the patent with normal hepatopedal flow. The liver is diffusely echogenic consistent with the fatty filtration with no intrahepatic bile dilation.

Gallbladder: Gall bladder is nondistended with multiple small echogenic shadowing. There is also mild gallbladder wall thickening measuring 3.4cm.

The common bile duct is normal measuring 3.7, no stones and no dilation.

The pancreatic head is enlarged measuring 5.0cm and is diffusely low in echotexture consistent with interstitial edema. Enlarge edematous pancreas is consistent with acute pancreatitis.

**Current Medications (10 points, 2 points per completed med)  
\*5 different medications must be completed\***

**Medications (5 required)**

<b>Brand/Generic</b>	Hydromorphone	Acetaminophen (Tylenol)	Docusate sodium (Colace)	Enoxaparin injection	Sodium chloride solution
<b>Dose</b>	2.5 mg	650mg	100mg	40mg	150/ml/hr
<b>Frequency</b>	Every 4 hrs	Every 4hrs	daily	Every 12hrs	Continues
<b>Route</b>	oral	oral	oral	oral	IV
<b>Classification</b>	Analgesic	Analgesic	laxative	anticoagulant	Hematinic
<b>Mechanism of Action</b>	May bind with Opioid receptors in the spinal cord and higher levels in the CNS. In this way, hydromorphone is believed to stimulate kappa and Mu receptors, thus altering the perception and emotional response to pain.	Inhibits the enzyme cyclooxygenase blocking prostaglandin production and interfering with pain impulse generation in peripheral Nervous system	Acts as a surfactant that softens stools by decreasing surface tension between oil and water in feces.	Potentiates antithrombin III, a Coagulation inhibitor. Without Thrombin, Fibrinogen can't convert to Fibrin and clot can't form	Normal saline is a crystalloid fluid. By definition, it is an aqueous solution of electrolytes and other hydrophilic molecule
<b>Reason Client Taking</b>	pain	Pain	Constipation	To prevent DVT	Fluid balance

<b>Contraindications (2)</b>	Acute asthma Severe respiratory depression.	Hypersensitivity To acetaminophen with any other medication. Diazepam and chlorpromazine, severe hepatic impairment, severe active liver.	Fecal impaction, Hypersensitivity to docusate Salts or their Components.	Active major bleeding. History of Heparin	implementation of normal saline results in dilution of serum electrolyte concentrations, overhydration, congested states or pulmonary edema, then its use is strongly discouraged.
<b>Side Effects/Adverse Reactions (2)</b>	Anxiety confusion	Agitation, anxiety, fatigue, Fever,	Dizziness palpitations	Confusion Fever paralysis	Fluid overload cerebral edema

### Medications Reference (APA):

Institute for Safe Medication Practices: ISMP Medication Safety Alert. <http://www.ismp.org/>.

Jones & Bartlett Learning. (2019). 2019 Nurse's Drug Handbook. Burlington, MA

### Assessment

#### Physical Exam (18 points)

<b>GENERAL:</b> <b>Alertness:</b> <b>Orientation:</b> <b>Distress:</b> <b>Overall appearance:</b>	Alert and oriented to time, place, and person x3 No distress Well-groomed and appropriately dressed Conversant obese
<b>INTEGUMENTARY:</b> <b>Skin color:</b> <b>Character:</b> <b>Temperature:</b> <b>Turgor:</b> <b>Rashes:</b> <b>Bruises:</b> <b>Wounds:</b> <b>Braden Score:</b> <b>Drains present:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Type:</b>	Pink Dry/Normal Warm Normal turgor 2+ None
<b>HEENT:</b> <b>Head/Neck:</b> <b>Ears:</b> <b>Eyes:</b> <b>Nose:</b> <b>Teeth:</b>	Head and neck symmetrical, normal cephalic Patient's ears are free of discharge, auricles moist and pink, no difficulty hearing: eyes symmetrical EOM, nose symmetry, no deviation, and PERRLA bilaterally.
<b>CARDIOVASCULAR:</b> <b>Heart sounds:</b> <b>S1, S2, S3, S4, murmur etc.</b> <b>Cardiac rhythm (if applicable):</b> <b>Peripheral Pulses:</b> <b>Capillary refill:</b> <b>Neck Vein Distention:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Edema</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Location of Edema:</b>	Clear S1 and S2 without murmurs galops and rubs. PMI at 5 <sup>th</sup> intercostal space at MCL. Capillary refill is less than 3 seconds. Peripheral pulses 2+ symmetric. No neck vein distention. No sign of edema
<b>RESPIRATORY:</b> <b>Accessory muscle use:</b> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>Breath Sounds: Location, character</b>	Respirations are irregular and unlabored.
<b>GASTROINTESTINAL:</b> <b>Diet at home:</b> <b>Current Diet</b> <b>Height:</b> <b>Weight:</b>	Keto Diet at home. NPO due to upcoming surgery 5'8 277lbs Bowel sounds are normoactive in all 4 quadrants

<p><b>Auscultation Bowel sounds:</b>  <b>Last BM:</b>  <b>Palpation: Pain, Mass etc.:</b>  <b>Inspection:</b>              <b>Distention:</b>              <b>Incisions:</b>              <b>Scars:</b>              <b>Drains:</b>              <b>Wounds:</b>  <b>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>              <b>Size:</b>  <b>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>              <b>Type:</b></p>	<p>No BM  Tenders on RUQ  No abnormalities found upon inspection for distention, incision.   Patient has a scar on RLQ</p>
<p><b>GENITOURINARY:</b>  <b>Color:</b>  <b>Character:</b>  <b>Quantity of urine:</b>  <b>Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Inspection of genitals:</b>  <b>Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>              <b>Type:</b>              <b>Size:</b></p>	<p>Yellow  Not cloudy but clear  Voided 1x</p>
<p><b>MUSCULOSKELETAL:</b>  <b>Neurovascular status:</b>  <b>ROM:</b>  <b>Supportive devices:</b>  <b>Strength:</b>  <b>ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></b>  <b>Fall Score:</b>  <b>Activity/Mobility Status:</b>  <b>Independent (up ad lib) <input type="checkbox"/></b>  <b>Needs assistance with equipment <input type="checkbox"/></b>  <b>Needs support to stand and walk <input type="checkbox"/></b></p>	<p>Normal ROM  Strength in both upper and lower extremities  None, bedrest uses transfer help  Strength in both arms, legs weak</p>
<p><b>NEUROLOGICAL:</b>  <b>MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/></b>  <b>Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no -</b>  <b>Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></b>  <b>Orientation:</b>  <b>Mental Status:</b>  <b>Speech:</b></p>	<p>Cognitive of space, time, and location,  Articulative speech  Mature and cognitive  Alert  No gross facial neurological deficits</p>

<b>Sensory: LOC:</b>	
<b>PSYCHOSOCIAL/CULTURAL: Coping method(s): Developmental level: Religion &amp; what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):</b>	Husband Mature Christian (Baptist) Pt misses her children and wishes to see them soon. Husband visits ones a day due to Covid 19.

**Vital Signs, 1 set (5 points)**

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
7:30	115 RLA	161/97  Left arm	22	99(oral)	95% RA

**Pain Assessment, 1 set (5 points)**

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
8:00	0/10	RLQ	7/10	Sharp and throbbing pain at lower back. And Crampy abdominal pain	Changing patients position every 2 hours or provide pillow for lower back pain.

**Intake and Output (2 points)**

<b>Intake (in mL)</b>	<b>Output (in mL)</b>
NPO due to surgery scheduled  IV 150/ml/hr	Voided 1x

**Nursing Diagnosis (15 points)**  
**\*Must be NANDA approved nursing diagnosis\***

<b>Nursing Diagnosis</b> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<b>Rational</b> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<b>Intervention (2 per dx)</b>	<b>Evaluation</b> <ul style="list-style-type: none"> <li>• How did the patient/family respond to the nurse’s actions?</li> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul>
1. pain	Related to Obstruction of pancreatic and biliary ducts, as evidenced by “I have much pain in my lower back and I also feel pain in my abdomen”	<b>1.</b> Administer pain medication every four hours.  <b>2.</b> Placed two pillows on patient lower back to ease pain and help pt feel comfortable	Goal met. Pain medication administered every 4 hrs.  Patient felt more comfortable with pillows at lower back and stated feeling much better. Pain relieved from 7 to 5.
2. Fatigue	Related to patient level of pain and sleepless night. As evidenced by, “I haven’t slept since last night, I feel so tired, I wish I could sleep for some few hours”	<b>1.</b> Maintain bedrest and Provide quiet, restful environment.  <b>2.</b> Provide alternative comfort measures (back rub), encourage some relaxation techniques through guided imagery, and visualization,	Goal partially met Patient was able to sleep for about an hour during my shift.  Patient reported feeling much better and was willing to step out of bed and walk.

**Other References (APA):**

**Concept Map (20 Points):**

### Subjective Data

“I have much pain in my lower back and I also feel pain in my abdomen, I wish this pain can go away so I can sleep.”

### Nursing Diagnosis/Outcomes

Pain related to Related to Obstruction of pancreatic and biliary ducts, as evidenced by: “I have much pain in my lower back”  
Goal met: Meds are given by the nurse.  
Goal met. Pt adjusted 1x during shift and two pillows placed on patients back her pain was relieved from a 7 to a 5. Pt was much happier with the change  
Fatigue as Related to patient level of pain and sleepless night. As evidenced by, “I haven’t slept since last night, I feel so tired, I wish I could sleep for some few hours”  
Goal partially met Patient was able to sleep for about an hour during my shift.  
Patient reported feeling much better and was willing to step out of bed and walk.

### Objective Data

Client’s chief complaint is generalized back pain and abdominal pain. She is diagnosed with Pancreatitis.

Vitals:  
BP: 161/97  
RR: 22  
Temp: 99(Oral)  
SpO2%: 95 %  
Pulse: 115

### Patient Information

Ultra sound of the right upper quadrant revealed enlarged pancreas consistent with acute Pancreatitis.

### Nursing Interventions

Administer pain medication every four hours.  
Placed two pillows on patient lower back to ease pain and help pt feel comfortable  
Maintain bedrest and Provide quiet, restful environment.  
Provide alternative comfort measures (back rub), encourage some relaxation techniques through guided imagery, and visualization,





