

N321 Care Plan #1

Lakeview College of Nursing

Mackenzie Noel

Demographics (3 points)

Date of Admission 2/9/21	Patient Initials L.V.	Age 44	Gender Female
Race/Ethnicity White	Occupation No	Marital Status Single	Allergies NKA
Code Status Full	Height 5'7"	Weight 132 lbs.	

Medical History (5 Points)

Past Medical History: Chronic pancreatitis due to alcohol, chronic abdominal pain, chronic alcohol cirrhosis, chronic esophagitis, chronic generalized anxiety disorder, hypothyroidism acquired, nicotine dependency.

Past Surgical History: Breast surgery, EGD-multiple, EGD-5/28/2020

Family History: Mother has diabetes, sister has mitral valve regurgitation, Grandfather had diabetes, heart disease, Grandmother had heart disease, Malignant tumor of lung.

Social History (tobacco/alcohol/drugs): 22-year smoker 1 pack per day, claims cessation of alcohol, Smokes marijuana.

Assistive Devices: None

Living Situation: Lives with son.

Education Level: Some college

Admission Assessment

Chief Complaint (2 points): Abdominal pain, nausea

History of present Illness (10 points): Miss Vega, 44-year-old female with prior history of chronic alcoholism, chronic pancreatitis, chronic cirrhosis of liver, esophagitis, generalized anxiety disorder, chronic abdominal pain secondary due to above, hypothyroidism presented back to the emergency room with worsening abdominal pain for the last 1-2

days. Pain is sharp, more than 7, baseline less than 4. Patient states she quit alcohol on January 15, 2021. Since then, her pain has worsened. She denied any rectal bleeding. Or diarrhea. No chest pain. No shortness of breath, cough. No chills or fever. Patient was seen in the emergency room with elevated lipase 1092, elevated LFT's, total bilirubin 2.3, She was dehydrated. She was started on morphine for pain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute pancreatitis

Secondary Diagnosis (if applicable): Right upper and lower quadrant pain

Pathophysiology of the Disease, APA format (20 points):

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 ducts, 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 extra pancreatic 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.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company.

[https://www.mayoclinic.org/diseases-conditions/pancreatitis/symptoms-causes/syc-](https://www.mayoclinic.org/diseases-conditions/pancreatitis/symptoms-causes/syc-20360227)

- 20360227

Laboratory Data (15 points)

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	4.2-5.4	3.79	3.79	Low levels may be due to pancreatitis.
Hgb	12-16	13.2	13.2	
Hct	37-47	38.7	38.7	
Platelets	150-400	328	328	
WBC	4.3-11	11	11	
Neutrophils	37-85	72.9	72.9	Levels high due to infection.
Lymphocytes	1.0-4.5	2.15	2.15	
Monocytes	0.0-1.0	0.68	0.68	
Eosinophils	0.0-1.0	0.6	0.6	
Bands	0-500	Not indicated	NI	

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-	135-145	139	139	
K+	3.5-5.5	4.2	4.2	

Cl-	95-110	101	101	
CO2	23-31	25	25	
Glucose	70-110	95	95	
BUN	8-25	8	8	
Creatinine	0.7-1.5	0.72	0.72	
Albumin	3.5-5.0	4.7	4.7	
Calcium	8.4-10.3	10	10	
Mag	1.7-2.2	NI	NI	
Phosphate	3.4-4.5	NI	NI	
Bilirubin	0.2-1.2	2.3	2.3	High due to pancreatitis.
Alk Phos	40-150	147	147	
AST	16-40	108	108	High due to pancreatitis.
ALT	7-52	333	333	High due to pancreatitis.
Amylase	30-110	NI	NI	
Lipase	8.0-78.0	1092	1092	High due to pancreatitis.
Lactic Acid	0.5-2.2	1.07	1.07	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	2.0-3.0	LNT	LNT	

PT	10-12	LNT	LNT	
PTT	30-45	LNT	LNT	
D-Dimer	>0.50	LNT	LNT	
BNP	>100	LNT	LNT	
HDL	<40	LNT	LNT	
LDL	<100	LNT	LNT	
Cholesterol	<200	LNT	LNT	
Triglycerides	<150	LNT	LNT	
Hgb A1c	4.0-5.6	LNT	LNT	
TSH	0.4-4.0	LNT	LNT	

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

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Lab not taken	LNT	LNT	
pH	LNT	LNT	LNT	
Specific Gravity	LNT	LNT	LNT	
Glucose	LNT	LNT	LNT	
Protein	LNT	LNT	LNT	
Ketones	LNT	LNT	LNT	
WBC	LNT	LNT	LNT	
RBC	LNT	LNT	LNT	
Leukoesterase	LNT	LNT	LNT	

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
Urine Culture	Lab not taken	LNT	LNT	
Blood Culture	LNT	LNT	LNT	
Sputum Culture	LNT	LNT	LNT	
Stool Culture	LNT	LNT	LNT	

Lab Correlations Reference **(1)** (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): None taken

Diagnostic Test Correlation (5 points): Labs that are high point toward her acute pancreatitis.

Diagnostic Test Reference **(1)** (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: Introductory concepts and clinical perspectives*. Philadelphia: F.A. Davis Company.

**Current Medications (10 points, 1 point per completed med)
*10 different medications must be completed***

Hospital Medications (5 required)

Brand/Generic	Hydrocodon e- acetaminoph en	Ondansetr on	Pantoprazole	Dextrose 5 in 0.45 saline	Cholecalcife rol
Dose	7.5mg- 325mg	4mg	40mg	1000ml	5000 units
Frequency	Every 6 hours	Every 6 hours	once	Until discontinued	Every 24 hours
Route	oral	IV push	IV push	IV	Oral
Classification	analgesic	5-HT3 antagonist	Proton pump inhibitor	Fluids	Vitamin d analog
Mechanism of Action	Pain management	Pain manageme	Prevents acid	rehydration	Increases calcium

		nt	secretion		uptake
Reason Client Taking	Pain	pain	Gastritis	dehydrated	Fluid imbalance
Contraindications (2)	Respiratory depression, asthma	Low mag, low vitamin k	Diarrhea, low B12, autoimmune disease	Hypervolemia, fluid imbalance	Sarcoidosis, high phosphate
Side Effects/Adverse Reactions (2)	Constipation, nausea, vomiting	Headache, constipation, weakness	Headache, nausea, vomiting, gas	Phlebitis, iv site inflammation	Chest pain, short of breath, nausea
Nursing Considerations (2)	Swallow whole, do not crush	May cause fluid imbalance, allergic reactions may occur	May cause hyperglycemia, decreases absorption, asses for occult blood	Give at a steady rate. Monitor electrolyte levels.	Avoid taking magnesium, follow diet restrictions

Home Medications (5 required)

Brand/Generic	Nicotine	Sucralfate	Citalopram	Protonix	Lactulose
Dose	21mg	1g	40mg	40mg	10g/15ml
Frequency	Every 24 hours	4x a day	daily	2x a day	1x dose
Route	Transdermal patch	oral	oral	oral	oral
Classification	Stimulant	Protectants	SSRI	PPI	laxative
Mechanism of	Relaxion	Diffusion	antidepressan	Reduces	Decreases

Action		of gastric acid	t	gastric acid	high levels of ammonia
Reason Client Taking	Current smoker	Gastritis	Anxiety	Gastritis	To lower pH
Contraindications (2)	allergy, pregnant, breastfeeding	Renal failure, diabetes	Low magnesium, manic depression	Low B12, Low Mag.	Diabetes, electrolyte imbalance
Side Effects/Adverse Reactions (2)	Decreased appetite, sweating, nausea	Dry mouth, gas, nausea	Headache, drowsiness, numbness	Headache, dizziness, stomach pain	Gas, bloating, nausea
Nursing Considerations (2)	Skin rash occurs stop using, don't take without doctors' prescription	Take on empty stomach, monitor pain	Avoid alcohol, do not operate heavy machinery until effects known	Can cause hyperglycemia, increased bleeding with warfarin, assess for occult blood	Mix with water, may take up to 48 hours to act

Medications Reference (1) (APA):

Jones & Bartless Learning (2019). 2019 Nurse's drug handbook (18th ed.). Burlington, MA.

Assessment

Physical Exam (18 points)

<p>GENERAL (1 point): Alertness: Orientation: Distress: Overall appearance:</p>	<p>Patient I&O x3, no distress observed, overall appearance is normal.</p>
<p>INTEGUMENTARY (2 points): Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: Drains present: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Type:</p>	<p>Skin is white, warm, and dry. Turgor is slightly dehydrated to normal. No rashes, bruises, wounds, Braden scale 23. IV located at left AC.</p>
<p>HEENT (1 point): Head/Neck: Ears: Eyes: Nose: Teeth:</p>	<p>Head and neck are midline, eyes ears and nose normal. Teeth are yellowed but good dentition.</p>
<p>CARDIOVASCULAR (2 points): Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema:</p>	<p>Heart sounds normal with no gallop, or murmur. Cardiac rhythm normal, peripheral pulses normal, capillary refill 3 seconds. No neck vein distension, or edema.</p>
<p>RESPIRATORY (2 points): Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>Breath sounds clear unlabored with no crackles, wheezing, or stridor.</p>
<p>GASTROINTESTINAL (2 points): Diet at home: Current Diet Height: Weight:</p>	<p>Normal diet, 5'7" and 132 lbs. bowel sounds hyperactive, rebound tenderness upper right quadrant, last BM 2 days ago, no distension, incisions, scars, drains, or wounds.</p>

<p>Auscultation Bowel sounds: Last BM: Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	
<p>GENITOURINARY (2 Points): Color: Character: Quantity of urine: Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>Not charted</p>
<p>MUSCULOSKELETAL (2 points): Neurovascular status: ROM: Supportive devices: Strength: ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Score: 0 Activity/Mobility Status: Independent (up ad lib) <input type="checkbox"/> Needs assistance with equipment <input type="checkbox"/> Needs support to stand and walk <input type="checkbox"/></p>	<p>Patient has normal ROM, no supportive devices, strength +5 on both feet and hands. No fall risk, fall score 0.</p>
<p>NEUROLOGICAL (2 points): MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech:</p>	<p>MAEW and PERLA, normal, equal strength equal in both arms and legs. A&Ox 3, mental status normal, speaks English, sensory normal with no LOC.</p>

Sensory: LOC:	
PSYCHOSOCIAL/CULTURAL (2 points): Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):	Smokes marijuana, normal developmental level, Catholic, Lives with son, Family lives around the area.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:38	65	125/74	18	97.8	94
11:16	63	120/71	17	98.0	96

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:26	0-10	Stomach and back	7	Constant	Focus on something else
11:00	0-10	Stomach and back	9	Constant	Focus on something else

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: Location of IV: Date on IV: Patency of IV: Signs of erythema, drainage, etc.: IV dressing assessment:	22 gauge in left AC. 2/9/21, no erythema, drainage. 5 dextrose in 0.45 saline, 1000ml at 125ml/hr, IV site normal.

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
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2480	Not charted
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Nursing Care

Summary of Care (2 points)

Overview of care: Treatment of pain.

Procedures/testing done: None charted other than blood tests.

Complaints/Issues: Complains of pain.

Vital signs (stable/unstable): Vitals normal

Tolerating diet, activity, etc.: Ice chips

Physician notifications: Patient being admitted for hydration and pain control.

Future plans for patient: Come back for a surgery in a few days for a stint.

Discharge Planning (2 points)

Discharge location: IMH

Home health needs (if applicable): Not applicable.

Equipment needs (if applicable): Not applicable.

Follow up plan: Return for surgery.

Education needs: None noted.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	Rational	Intervention (2 per dx)	Evaluation
<ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 		<ul style="list-style-type: none"> • How did the patient/family respond to the nurse’s actions?

“as evidenced by” components			<ul style="list-style-type: none"> Client response, status of goals and outcomes, modifications to plan.
1. Hydration related to lifestyle as evidence by dehydration .	Patient was dehydrated	1. Have a set amount of water to drink 2. Measure the amount of water you drink	Patient was positive to the idea. She said she could do that, and she will try her best.
2. Maintain pain related to abdominal pain as evidence by acute pancreatitis .	Patient is usually in pain	1. Take pain medication to relieve pain. 2. Have a set schedule to take the pain medication.	Patient said she was not good at taking her medication regularly. She agreed to make a schedule to take the pain medication.
3. Risk for imbalanced fluid volume related to pancreatitis as evidence by signs and symptoms of fluid imbalance.	Patient has imbalanced fluids and electrolytes.	1. patient will maintain fluid volume at a functional level. 2. patient will demonstrate a plan on how they will keep track of electrolytes.	Patient did not think she was in electrolyte deficit. I explained to her what it meant and how to keep track of electrolytes. She said she seemed able to keep good track after she gets home.

Other References (APA):

Capriotti, T., & Frizzell, J. P. (2016). **Pathophysiology: introductory concepts and clinical perspectives. Philadelphia: F.A. Davis Company.**

Concept Map (20 Points):

Subjective Data

1 pack per day smoker 22 years, recently stopped drinking, having pain at a 5 to 9.

Nursing Diagnosis/Outcomes

Hydration related to lifestyle as evidence by dehydration. Rehydrate the client.

1. Maintain pain related to abdominal pain as evidence by acute pancreatitis. Maintain patient pain.

1. Risk for imbalanced fluid volume related to pancreatitis as evidence by signs and symptoms of fluid imbalance. Keep clients fluids balanced.

Objective Data

Client was asking for pain medication. Said that nothing was helping her pain. Would be nice one minute then turn and snap at me the next. Patient would be curled up in bed.

Patient Information

44-year-old female. Lives with son in town, recently stopped drinking, smokes 1 pack per day.

Nursing Interventions

1. Have a set amount of water to drink
2. Measure the amount of water you drink
1. Take pain medication to relive pain. 2. Have a set schedule to take the pain medication.
1. Patient will maintain fluid volume at a functional level. 2. patient will demonstrate a plan on how they will keep track of electrolytes.



