N431 Care Plan # 1

Lakeview College of Nursing

Mackenzie Noel

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
10/11/21	R.H.	49	M
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Glass blower	Separated	Bee sting/ Morphine
Code Status	**Height**	**Weight**	
Full	180.3 cm/ 5'9"	60.6 kg/ 133.6 lbs.	

Medical History (5 Points)

Past Medical History: Abnormal iron saturation, arthralgia, contracture of both left and right hands, hemochromatosis, impingement syndrome of the shoulder.

Past Surgical History: venous ultrasound, esophagogastroduodenoscopy, left and right-hand surgeries.

Family History: Mother and aunt both had cancer and malignant tumor of lung.

Social History (tobacco/alcohol/drugs): ½ a pack a day smoker, daily alcohol user, denies any history of substance use.

Assistive Devices: None

Living Situation: Lives alone "separated from wife".

Education Level: College degree.

Admission Assessment

Chief Complaint (2 points): Pancreatitis.

History of present Illness (10 points): O Several weeks ago is when the patient started feeling "wrong". L the patient is saying they have pain in the abdominal area with it being most concentrated to the right upper quadrant. D For several weeks the patient has been experiencing pain. C The patient states that the pain "ranges from dull aching pain to sharp pain". A Patient say that the only thing that help with the pain is "pain meds". R The

patient says that nothing relives the pain but “drugs”. T Patient has come to the hospital several times seeking treatment for the pain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pancreatitis

Secondary Diagnosis (if applicable): None

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

Pancreatitis is the inflammation and infection of the pancreas. The pancreas helps with digestion by producing enzymes that can help with the breakdown of glucose. Pancreatitis occurs when these enzymes start working inside of the pancreas causing damage to the pancreatic cells (Hinkle, 2018). When pancreatic cells are injured the blood stream will have more lipase in the blood which is a defining factor of acute pancreatitis. The patient had a level of 481 lipase meaning he had a lot of pancreatic cell injury. When a patient has more frequent bouts of acute pancreatitis this can lead to chronic pancreatitis as the cell damage progresses. When the scar tissue in the pancreas builds up this can alter, reduce, or even lose function of the pancreas. This can be a huge problem for a patient as that can lead to digestive problems and could even lead to diabetes. One of the common ways of diagnosing pancreatitis is for the patient to have a CT scan done. The patient had a CT done and came back with positive results that the pancreas was inflamed. This can rule out other problems and look at the main cause of the problem. Some of the most common causes of pancreatitis include Gallstones. Alcoholism, Certain medications, High triglyceride levels in the blood (hypertriglyceridemia), High calcium levels in the blood (hypercalcemia), which may be caused by an overactive parathyroid gland

(hyperparathyroidism), Pancreatic cancer, Abdominal surgery, Cystic fibrosis, Infection, Injury to the abdomen, Obesity, Trauma (Caprotti, 2020). The patient was an avid drinker and smoked that could be a leading cause to why he is having troubles with his pancreas. Pancreatitis can cause some other serious complications including kidney failure, breathing problems, infection, pseudocyst, malnutrition, and even cancer can all be complications that could be associated with pancreatitis. Some of the symptoms associated with pancreatitis include upper abdominal pain, abdominal pain that radiates to the back, tenderness when touching the abdomen, fever, rapid pulse, nausea, and vomiting. The patient had almost all these symptoms other than rapid pulse and fever. This patient has the risk factors associated with pancreatitis, the symptoms associated with pancreatitis, this means that there are pretty clear signs that point to the problem at hand. The good thing is that if the patient stops smoking and quits drinking there can be a chance that he will not continue to damage his pancreas and will not develop chronic pancreatitis. The normal treatment is pain management until the patient can eat without vomiting, after the patient is able to follow a normal diet, they are discharged.

Pathophysiology References (2) (APA):

Caprotti, T. (2020) ***Davis advantage for pathophysiology: introductory concepts and clinical perspectives.*** **Philadelphia: F.A. Davis. Company**

Hinkle, J. L., & Cheever, K. H. (2018*). Brunner & Suddarth's textbook of medical surgical nursing* (14th ed.). Wolters Kluwer.

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	F4-5.5 million M 4.5-6 million	4.47	3.22	Pancreatitis can be a cause of anemia or lower than normal red blood cells. (Caprotti, 2020)
Hgb	F12-15 g/dl M 14-16 g/dl	15	10.9	This can be related to anemia that develops due to pancreatitis. (Caprotti, 2020)
Hct	F42-52% M35-47%	44.9	33	This can be related to anemia that develops due to pancreatitis. (Caprotti, 2020)
Platelets	150000-450000 cells/ mm3	275	162	
WBC	4500-11000 cells/mm3	7.5	6.2	
Neutrophils	1.5-7.6	4.4	2	
Lymphocytes	1-6	2	2	
Monocytes	0.10-1.10	0.77	0.76	
Eosinophils	0.2-0.8	0.27	0.32	
Bands	0.0-3.0	N/A	N/A	

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-	134-144 mEq/L	139	144	
K+	3.5-5.2 mEq/L	3.62	4.11	
Cl-	96-106 mEq/L	99	106	
CO2	20-29 mmol/L	29.1	31	The higher carbon dioxide may be related to the patients smoking habits reducing the amount of carbon dioxide expelled. (Caprotti, 2020)

Glucose	**65-99 mg/dL**	**87**	**127**	**Patient is receiving Lactated Ringers solution which would raise the patient's glucose. (Caprotti, 2020)**
BUN	**8-27 mg/dL**	**7**	**<4**	**Patient is on a clear liquid diet meaning he is not getting enough protein which can cause the BUN levels to decrease. (Caprotti, 2020)**
Creatinine	**0.76-1.27 mg/dL**	**0.62**	**0.69**	**This can be related to the pancreas being infected which can cause creatinine to decrease due to the infection. This can be related to anemia that develops due to pancreatitis. (Caprotti, 2020)**
Albumin	**4-5 gm/dL**	**4.6**	**3.2**	**Inflammation and malnutrition both can be factors that can decrease the production of albumin. This can be related to anemia that develops due to pancreatitis. (Caprotti, 2020)**
Calcium	**8.7-10.2 mg/dL**	**10.2**	**8.9**	
Mag	**1.3-3.0 mg/ dL**	**N/A**	**N/A**	
Phosphate	**44-147 IU/L**	**N/A**	**N/A**	
Bilirubin	**0-1.4 mg/dL**	**0.6**	**0.5**	
Alk Phos	**48-121 U/L**	**71**	**48**	
AST	**0-40 U/L**	**21**	**15**	
ALT	**0-44 U/L**	**23**	**14**	
Amylase	**30-110 U/L**	**N/A**	**N/A**	
Lipase	**0-160 U/L**	**481**	**72**	**When pancreas cells are injured, there are increased amounts of lipase in the blood. This can be related to anemia that develops due to pancreatitis. (Caprotti, 2020)**

Lactic Acid	**0.5-2.2 Mmol/L**	**N/A**	**N/A**	
Troponin	**0-0.4 ng/ml**	**N/A**	**N/A**	
CK-MB	**5-25 units/L**	**N/A**	**N/A**	
Total CK	**26-174 units/L**	**N/A**	**N/A**	

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	**>1.1**	**N/A**	**N/A**	
PT	**M9.6-11.8 F9.5-11.3**	**N/A**	**N/A**	
PTT	**30-40 seconds**	**N/A**	**N/A**	
D-Dimer	**<250 ng/ml**	**N/A**	**N/A**	
BNP	**<100 pg/ml**	**N/A**	**N/A**	
HDL	**<60 mg/dl**	**N/A**	**N/A**	
LDL	**<130 mg/dl**	**N/A**	**N/A**	
Cholesterol	**<200 mg/dl**	**N/A**	**N/A**	
Triglycerides	**150 mg/dl**	**N/A**	**N/A**	
Hgb A1c	**Diabetic <7% Nondiabetic 4-5.6%**	**N/A**	**N/A**	
TSH	**0.4-1.4 mu/L**	**N/A**	**N/A**	

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	**Clear-**	**N/A**	**N/A**	

	yellow			
pH	**4.5-8**	**N/A**	**N/A**	
Specific Gravity	**1.005-1.035**	**N/A**	**N/A**	
Glucose	**Negative**	**N/A**	**N/A**	
Protein	**Negative**	**N/A**	**N/A**	
Ketones	**Negative**	**N/A**	**N/A**	
WBC	**None or rare**	**N/A**	**N/A**	
RBC	**None or rare**	**N/A**	**N/A**	
Leukoesterase	**None or rare**	**N/A**	**N/A**	

Arterial Blood Gas 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**
pH	**7.35-7.45**	**N/A**	**N/A**	
PaO2	**80-100 mmHg**	**N/A**	**N/A**	
PaCO2	**35-45 mmHg**	**N/A**	**N/A**	
HCO3	**22-26 mEq/ L**	**N/A**	**N/A**	
SaO2	**95-100 %**	**N/A**	**N/A**	

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	**Negative**	**N/A**	**N/A**	
Blood Culture	**Negative**	**N/A**	**N/A**	
Sputum Culture	**Negative**	**N/A**	**N/A**	
Stool Culture	**Negative**	**N/A**	**Negative**	

Lab Correlations Reference (1) (APA):

Caprotti, T. (2020) ***Davis advantage for pathophysiology: introductory concepts and clinical perspectives.*** **Philadelphia: F.A. Davis. Company**

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT scan.

Diagnostic Test Correlation (5 points): CT used to rule out causes of right upper quadrant pain. A computerized tomography scan is used to produce cross sectional images of the body. These images are used to rule out conditions associated with a client's condition. Patient was complaining of right upper quadrant pain and the CT scan was able to rule out other conditions that could be accountable for the pain in that location. The appendix was visualized and found to be inflamed which means which means that there is a high probability that the patient will be diagnosed with pancreatitis.

Diagnostic Test Reference (1) (APA):

Caprotti, T. (2020) ***Davis advantage for pathophysiology: introductory concepts and clinical perspectives.*** **(2nd Edition). Philadelphia: F.A. Davis. Company**

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	**Cholecalciferol Vitamin D3**	**Oxycodone OxyContin**	**Prilosec omeprazole**	**Zofran Ondansetron**	**Acetaminophen Tylenol**
Dose	**125mcg**	**5mg**	**20mg**	**4mg**	**650mg**
Frequency	**Daily**	**Every4 hours PRN**	**2x daily**	**Every 4 hours**	**Every 4 hours**
Route	**Oral**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Vitamin D analogs**	**Opiate narcotic analgesic**	**Proton pump inhibitor**	**5-HT3 antagonist**	**Analgesics**
Mechanism of Action	**Increase the uptake of calcium**	**Binding the receptor reducing the conduction of pain.**	**Suppresses stomach acid**	**Blocking the action of serotonin**	**Not known**
Reason Client Taking	**Low vitamin D**	**Pain relief**	**Acid reflux**	**Vomiting**	**Pain/ inflammation**
Contraindications (2)	**High levels of vitamin D, high levels of calcium**	**Respiratory depression, paralytic ileus**	**Liver problems, low B12**	**Low magnesium, low potassium**	**Liver issues, caloric undernutrition**
Side Effects/Adverse Reactions (2)	**Chest pain, SOB (Hinkle, 2018)**	**Drowsiness, headache (Hinkle, 2018)**	**Headache nausea (Hinkle, 2018)**	**Headache, tiredness (Hinkle, 2018)**	**Nausea, headache (Hinkle, 2018)**
Nursing Considerations (2)	**Too much vitamin D can be harmful to a nursing baby, do not give to a pregnant patient**	**Monitor respiratory function, do not give to a patient with addiction problems.**	**Tell patient to avoid alcohol, avoid foods that trigger heartburn**	**Monitor fluid and electrolyte balance, monitor for diarrhea as this is a common side effect**	**For temporary use only, hepatic damage is usually not apparent until 2 days after.**
Key Nursing Assessment(s)/Lab(s) Prior to	**Level of Vitamin D, level of**	**Assess breathing, assess pain**	**Assess for vomiting, assess for**	**Assess for vomiting, assess for**	**Assess pain, assess fever**

Administration	**Calcium**		**diarrhea**	**irregular heartbeat**	
Client Teaching needs (2)	**Take as directed, Recognizes side effects of the drug.**	**Take as directed, Recognizes side effects of the drug.**	**Take as directed, Recognizes side effects of the drug.**	**Take as directed, Recognizes side effects of the drug.**	**Take as directed, Recognizes side effects of the drug.**

Hospital Medications (5 required)

Brand/Generic	**Enoxaparin/ Lovenox**	**Folic acid FA-8**	**Pantoprazole Protonix**	**Sertraline Zoloft**	**Thiamine Thiamilate**
Dose	**40mg**	**1mg**	**20mg**	**50mg**	**100mg**
Frequency	**Daily**	**Daily**	**2x daily**	**Daily**	**Daily**
Route	**Sub Q injection**	**Oral**	**Oral**	**Oral**	**Oral**
Classification	**Low-molecular - weight heparin/Anti coagulant**	**Vitamin water soluble**	**Proton pump inhibitor**	**SSRI**	**vitamin**
Mechanism of Action	**Rapidly binds with and inactivates clotting factors.**	**Stimulates production of RBC's**	**Suppresses stomach acid**	**Inhibition of CNS uptake of serotonin**	**Uses ATP to produce thiamine diphosphate**
Reason Client Taking	**Improving circulation through the pancreas**	**Low RBC counts**	**Acid reflux**	**Depression**	**Malnutrition**
Contraindications (2)	**Active major bleeding Pork Products**	**Pregnancy, breast-feeding**	**Liver problems, low B12**	**Manic behavior, suicidal thoughts**	**Pregnancy, hypersensitivity**

Side Effects/Adverse Reactions (2)	**Hyperlipidemia Confusion**	**Sleep problems, depression**	**Headache nausea**	**Nausea, headache**	**Itching, hives**
Nursing Considerations (2)	**Use cautiously in patients with renal impairment. Do not administer via IM injection.**	**Only for short term use, women who are planning for pregnancy should be taking folic acid**	**Tell patient to avoid alcohol, avoid foods that trigger heartburn**	**Monitor for signs of depression, monitor client for suicidal thoughts**	**Do not take unless prescribed, do not give to breast-feeding mother**
Key Nursing Assessment(s)/Lab(s) Prior to Administration	**Normal INR, APTT, and platelet levels should be checked prior to administration. The patient should also be assessed for bleeding.**	**RBC levels, Fever**	**Assess for vomiting, assess for diarrhea**	**Assess client for depression, assess client for suicidal thoughts**	**Assess for malnutrition, assess for hydration**
Client Teaching needs (2)	**Taking aspirin or other NSAID's may increase the risk for bleeding. Educate on how to give subcutaneous injections at home.**	**Take as directed, Recognizes side effects of the drug.**	**Take as directed, Recognizes side effects of the drug.**	**Take as directed, Recognizes side effects of the drug.**	**Take as directed, Recognizes side effects of the drug.**

Medications Reference (1) (APA):

Hinkle, J. L., & Cheever, K. H. (2018*). Brunner & Suddarth's textbook of medical surgical nursing* (14th ed.). Wolters Kluwer.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**A and O times 3. Patient does not appear to be in distress. Patient is well groomed.**
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	**Skin is white/pink intact and warm. Normal turgor with no rashes bruise or wounds present. Braden score of 18 with a IV in the left forearm. No drains present.**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head and Neck are symmetrical. Trachea is midline without deviation.** **Bilateral auricles pink and moist with no lesions noted. A hearing deficit was noted. Bilateral PEERLA. Bilateral EOMs intact. Bilateral conjunctiva white, bilateral sclera pink. Septum is midline. Dentition is good.**
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:**	**Clear S1 and S2 sounds with no murmurs, or gallops, or rubs noted. Normal rate and rhythm. Peripheral pulses +3, capillary refill less than 3 seconds.**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**Breath sounds clear with no accessory muscle use. Non-labored breathing bilaterally with no signs or crackles, wheezing, or stridor.**
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet Clear liquid diet**	**Patient claims to be NPO at home. Current diet is maintained as a clear liquid diet. Patient is 5' 9' and weighs 133.6 lbs. with las**

Height: **Weight:** **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	**bowel movement being the morning of 10/13/21. Bowel sounds hypoactive in all four quadrants, with palpation resulting in pain in mostly the right upper quadrant. No distension, scars, incisions, drains, wounds present.**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	**Color of urine is yellow with normal amount of urine, no pain with urination. No catheter present.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk ☐**	**Normal neurovascular status and ROM. No supportive devices needed, strength +3 in all extremities weaker than normal but still functional. Patient is a fall risk with a score of 55. Independent ambulation no assistance or support patient is just weak.**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation:**	**Patient has positive MAEW and PERLA with equal strength is all extremities. Orientation, mental status, speech, sensory are all normal for his age. No loss of consciousness.**

Mental Status: **Speech:** **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):**	**Patient reads to help with the stress of being in pain. He has an average developmental level. The patient does not follow any kind of religion. Patient lives alone separated from, wife.**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
10:37 AM	**68 BPM**	**117/65**	**16 breaths per minute**	**97.5 F Oral**	**96% room air**
5:00 PM	**49 BPM**	**127/80**	**15 Breaths per minute**	**97.4 F Oral**	**95% Room air**

Vital Sign Trends: Vital signs stable with the pulse going down due to patient receiving pain medication. Patient states “low pulse is normal”.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1:59 PM	**1-10**	**Abdomen**	**6**	**Stabbing**	**Pain medication**
4:05	**1-10**	**Pelvis radiating to back**	**7**	**Dull, aching**	**Pain medication**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 Gauge **Location of IV: Left forearm** **Date on IV:10/11/21** **Patency of IV: Flushes easily nor resistance.** **Signs of erythema, drainage, etc.: None present** **IV dressing assessment: Clean, dry, intact.**	**Dextrose5% Lactated Ringers 1000ml continuous infusion at 125ml and hour.**

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
745 ml **120 ml juice, 650ml IV fluids.**	**400 ml** **Urine voided.**

Nursing Care

Summary of Care (2 points)

Overview of care: Pain assessment and vital were taken throughout shift. Diet monitored and maintained.

Procedures/testing done: Pain assessment and vitals were taken during shift.

Complaints/Issues: Patient complains of insurance not being able to cover surgery. Patient complains of not being able to eat. Patient complains that his pain is not being controlled.

Vital signs (stable/unstable): Stable with the only variations due to medication use of narcotics.

Tolerating diet, activity, etc.: Tolerating diet but does not want to be on a clear liquid diet. Patient states he "wants something substantial".

Physician notifications: Physician was not notified.

Future plans for patient: Monitor patient for pain. Monitor intake and output. Monitor diet for progression.

Discharge Planning (2 points)

Discharge location: Patient will discharge to his home where he lives alone.

Home health needs (if applicable): Patient will need pain management.

Equipment needs (if applicable): None.

Follow up plan: Consult with primary care provider about pain management. Consult with a dietician or nutrition specialist.

Education needs: Patient will need education for pain management, alcohol abuse, and nutrition.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Acute pain related to obstruction of pancreatic, biliary ducts, as evidence by reports of pain.	**Patient is reporting excruciating pain that is not being managed.**	**1.Monitor for signs and symptoms of pain (Swearingen, 2019).** **2.Maintain bedrest during acute attack. Provide quiet environment for the patient to rest.**	**Patient was able and willing to adhere to the interventions. Goals would be for the patient to report pain is relieved by the end of the shift.**
2. Imbalanced nutrition: less	**Patient is not able to keep any**	**1. Provide frequent oral care**	**Patient is able and willing to adhere to the**

than the body needs related to vomiting as evidence by lack of intake.	**food down without vomiting.**	**(Swearingen, 2019).** **2.Resume oral intake with clear liquids and advance diet slowly to provide high-protein, high-carbohydrate diet, when indicated.**	**interventions. The goal would be for the client to be able to eat solid food by end of shift.**
3. Risk for infection related to nutritional deficiencies as evidence by clear liquid diet.	**Patient is not getting enough nutrition due to only being on a clear liquid diet this may lead to infection.**	**1.stress importance of good handwashing.** **2Monitor vital signs for changes that could indicate infection.**	**Patient was able and willing to adhere to the interventions. The goal for this patient would be to not have an infection at the end of the shift.**
4. Deficient knowledge related to lack of exposure as evidence by Statement of misconception.	**Patient complains of not getting surgery when his pancreatitis can be resolved by diet and cessation of alcohol and smoking.**	**1. Explore availability of treatment programs and rehabilitation of chemical dependency if indicated (Swearingen, 2019).** **2. Recommend cessation of smoking.**	**Patient was able and willing to adhere to the interventions. The goal for this client would be to understand his condition and how he can improve his condition by the end of the shift.**

Other References (APA):

Swearingen, P.L. (2019). ***All-in-One nursing care planning resource medical surgical, pediatric, maternity, and psychiatric-mental health*****. Elsevier.**

Concept Map (20 Points):

Subjective Data

Patient is a glass blower he makes pipes, patient is in pain constantly and is not happy with the way his pain is being managed, patient says that he has been feeling this way for some time but the insurance he has will not cover the surgery he needs to fix this issue.

Nursing Diagnosis/Outcomes

Acute pain related to obstruction of pancreatic, biliary ducts, as evidence by reports of pain. Goals would be for the patient to report pain is relieved by the end of the shift.
Imbalanced nutrition: less than the body needs related to vomiting as evidence by lack of intake. The goal would be for the client to be able to eat solid food by end of shift.
Risk for infection related to nutritional deficiencies as evidence by clear liquid diet. The goal for this patient would be to not have an infection at the end of the shift.
Deficient knowledge related to lack of exposure as evidence by Statement of misconception. The goal for this client would be to understand his condition and how he can improve his condition by the end of the shift.

Objective Data

Low RBC, creatinine, albumin, hematocrit, CO2, BUN. High lipase and glucose. Patient is frustrated with care and pain rating of 7 and 6 out of 10 with nothing helping even pain medication.

Patient Information

Male
Glassblower
Separated from wife
½ a pack a day smoker, daily alcohol user, denies any history of substance use.
Patient reports pain in abdomen

Nursing Interventions

Monitor for signs and symptoms of pain.
2.Maintain bedrest during acute attack. Provide quiet environment for the patient to rest.
1. Provide frequent oral care.

2.Resume oral intake with clear liquids and advance diet slowly to provide high-protein, high-carbohydrate diet, when indicated.
.stress importance of good handwashing.

2Monitor vital signs for changes that could indicate infection.
1. Explore availability of treatment programs and rehabilitation of chemical dependency if indicated

2. Recommend cessation of smoking.