N321 Care Plan # 1

Lakeview College of Nursing

Amber Raimer

02/14/22

Professor Pratt

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
02-06-2022	L.J.	71	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	retired	married	Penicillin, sulfa
Code Status	**Height**	**Weight**	
Full code	5'6"	171	

Medical History (5 Points)

Past Medical History: Depression, Essential Hypertension, Osteoarthritis @ multiple sites, pancreatitis, thrombocytosis

Past Surgical History: Total Hip replacement- bilateral

Family History: Mother- Cancer, Father- CAD

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Current smoker, everyday 0.50 pack daily, never used smokeless, never alcohol, never other drugs

Assistive Devices: no assistive devices

Living Situation: with spouse

Education Level: not specified- no learning barriers

Admission Assessment

Chief Complaint (2 points): Abdominal Pain

History of Present Illness – OLD CARTS (10 points):

Patient presented with acute abdominal pain located in the epigastric region at 23:00 the previous night (02-05-2022). The patient complained of worsening symptoms and was evaluated by Kirby hospital. CT abdomen indicated necrotizing pancreatitis. Patient was transferred to Carle Hospital for further evaluation and treatment. Patient reports a 10/10

in pain located in the epigastric region of the abdomen, pain was described by patient as "dull and achy, radiating to the back of left shoulder." No complaints of fever, chills, shortness of breath. Complaints of nausea since onset of symptoms. Patient claims prior history of pancreatitis symptoms on 2 different occasions several years ago.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pancreatitis

Secondary Diagnosis (if applicable): Acute necrotizing pancreatitis

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

The pancreas is responsible for preventing injury to the glandular parenchyma from digestive enzymes. (Capriotti, 2020) When the pancreas is not functioning properly, inflammation and injury at the cellular level occur. (Roland, 2017) The enzymes will start to digest and destroy the gland causing mild form pancreatitis, which can lead to the most severe: necrotizing, and hemorrhagic pancreatitis. (Capriotti, 2020) With acute pancreatitis, the damage can be reversible. (Capriotti, 2020) In severe forms of necrotizing or hemorrhagic, it can often be fatal if not treated promptly. (Capriotti, 2020)

The most common etiology for pancreatitis is alcohol/biliary tract disease. (Capriotti, 2020) Other causes can be gallstone obstruction which in turn creates a backup of digestive enzymes that damage the gland. (Capriotti, 2020) In the alcohol/biliary tract disease, ethanol may cause an abundance of intracellular accumulation, which can lead to the early deployment of digestive enzymes. (Capriotti, 2020) Infections, hypercalcemia, bacterial

infection, AIDS, high levels of Triglycerides, exposure to insecticides, methanol, and thiazide diuretics can also cause pancreatitis. (Capriotti, 2020).

A common symptom of pancreatitis is abdominal pain described as achy, dull, and constant. (Capriotti, 2020) The onset is rapid and increases in severity located in the epigastric region of the abdomen (Capriotti, 2020). Radiating pain in the back region is also common. (Capriotti, 2020) Upon assessment, jaundice, abdominal tenderness with guarding, absence of bowel sounds, diaphoresis, and pale skin are prevalent. (Capriotti, 2020) Cullen sign which can be described as a blue band around the waist and umbilicus that resembles bruising, is indicative of hemorrhagic pancreatitis. (Capriotti, 2020) Vitals for persons with pancreatitis can be expected to have a fever, hypotension, tachycardia, dyspnea dependent upon the severity of the disease process. (Capriotti, 2020)

The disease process can be identified using Ranson criteria (6 criteria equal increased risk for necrosis or infection), dependent upon the score and the associated factors such as infection and necrosis, which could have a grave impact on the morbidity/mortality of the patient. (Capriotti, 2020)

Labs are drawn to include BUN, CBC, glucose, nitrogen, calcium, lactic acid, lipase, and amylase. (Capriotti, 2020) Amylase that is greater than ten times the normal or elevated lipase is indicative of pancreatitis. (Capriotti, 2020) CT scans and ultrasounds are an effective imaging tool that is also used to diagnose pancreatitis. (Capriotti, 2020)

The treatment for necrotizing (tissue death) pancreatitis is supportive care and pancreatic stimulation avoidance. (Capriotti, 2020) Fluids and foods are limited until the pain has subsided. (Capriotti, 2020) Electrolyte monitoring is essential while food and water limitations are in place. (Capriotti, 2020) Pain medications and antibiotic therapy

may also be administered. (Capriotti, 2020) Emergency surgery may be necessary for perforation or necrosis via laparoscopy. (Capriotti, 2020)

This client is being treated with antibiotic therapy (levofloxacin and metronidazole) to treat the infection leading to necrotizing pancreatitis. The client has been on a clear liquid diet for the past few days. The clients' vital signs indicate a low O2 level at 90%, which correlates to the expected findings. Lab results from Kirby hospital indicated an elevated lactic acid and leukocytosis greater than 20,000. A CT scan of the abdomen confirmed necrotizing pancreatitis. Upon arrival at Carle, the patient underwent an Ultrasound of the abdomen RT upper quadrant, which had no evidence of cyst, and results were normal.

Pathophysiology References (2) (APA):

Capriotti, T. (2020) *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives Second Edition*. Philadelphia, PA: F.A. DAVIS

Roland, J. (2017) *What is necrotizing pancreatitis and how is it treated?* Healthline: https://www.healthline.com/health/digestive-health/necrotizing-pancreatitis

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	F 4.2-5.4 M 4.7-6.1	5.44	n/a	Slightly elevated- Indicator of chronic infection or dehydration, pancreatitis. (Pagana et al., 2021)
Hgb	F12-16 M14-18	15.7	12.8	Wdl
Hct	F37-47% M42-52%	49.5	40.1	High- Dehydration- Pt complain of Nausea with symptoms, restricted fluid due to pancreatitis. (Pagana et al., 2021)
Platelets	150-400	228	206	wdl
WBC	5-10 5,000-10,000	31.07	25.40	High- Infection leading to Necrotizing Pancreatitis. (Pagana et al., 2021)
Neutrophils	55-70 Absolute 2500-8000	28.40	n/a	Low-Chronic Infection from necrotizing pancreatitis. (Pagana et al., 2021)
Lymphocytes	20-40 Absolute 1000-4000	3.3	n/a	wdl
Monocytes	2-8 Absolute 100-700	4.4	n/a	wdl
Eosinophils	1-4 Absolute 50-500	0.0	n/a	wdl
Bands	0.5-1 Absolute 25-100	n/a	n/a	Not performed

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-	136-145	136	140	wdl

K+	**3.5-5.1**	**4.5**	**4.0**	**wdl**
Cl-	**98-107**	**102**	**104**	**wdl**
CO2	**22.0-29.0**	**26.0**	**25.0**	**wdl**
Glucose	**74-100**	**141**	**79**	**High- necrotizing pancreatitis or presence of infection can lead to increased glucose levels. (Pagana et al., 2021)**
BUN	**10-20**	**25**	**28**	**High- Dehydration related to nausea necrotizing pancreatitis fluid restriction. (Pagana et al., 2021) Patient also taking famotidine which can cause an increase in BUN levels. (Nursing 2020 Drug Handbook, 2020)**
Creatinine	**0.55-1.02**	**1.13**	**0.83**	**High- Dehydration due to patient being nauseated due to pain related to necrotizing pancreatitis. (Pagana et al., 2021)**
Albumin	**3.4-4.8**	**2.8**	**2.4**	**Low- Chronic Inflammation from pancreatitis lead to low albumin level. (Pagana et al., 2021)**
Calcium	**8.9-10.6**	**7.9**	**8.1**	**Low-Pancreatitis can cause low calcium levels. (Pagana et al., 2021)**
Mag	**1.6-2.6**	**1.7**	**n/a**	**wdl**
Phosphate	**40-150**	**73**	**n/a**	**wdl**
Bilirubin	**0.2-1.2**	**0.3**	**0.6**	**wdl**
Alk Phos	**40-150**	**n/a**	**97**	**wdl**
AST	**5-34**	**19**	**42**	**High-Pancreatitis can cause elevated AST levels. (Pagana et al., 2021)**
ALT	**0-55**	**12**	**18**	**wdl**
Amylase	**6.6-35.2**	**n/a**	**n/a**	**Not performed**

Lipase	**0-160**	**n/a**	**n/a**	**Not performed**
Lactic Acid	**V: 5-20 A: 3-7**	**n/a**	**n/a**	**Not performed**

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	**2-3 standard 3-4 high dose**	**n/a**	**n/a**	**Not performed**
PT	**9.6-11.8 9.5-11.3**	**n/a**	**n/a**	**Not performed**
PTT	**30-40**	**n/a**	**n/a**	**Not performed**
D-Dimer	**<250**	**n/a**	**n/a**	**Not performed**
BNP	**Less than 100**	**n/a**	**n/a**	**Not performed**
HDL	**>60**	**n/a**	**n/a**	**Not performed**
LDL	**>130**	**n/a**	**n/a**	**Not performed**
Cholesterol	**<200**	**n/a**	**n/a**	**Not performed**
Triglycerides	**<150**	**n/a**	**n/a**	**Not performed**
Hgb A1c	**4-5.6**	**n/a**	**n/a**	**Not performed**
TSH	**2-10**	**n/a**	**n/a**	**Not performed**

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, Amber/ Yellow, Straw**	**n/a**	**n/a**	**Not performed**
pH	**4.5-8**	**n/a**	**n/a**	**Not performed**

Specific Gravity	**1.005-1.035**	**n/a**	**n/a**	**Not performed**
Glucose	**none**	**n/a**	**n/a**	**Not performed**
Protein	**<100mg/24hr negative**	**n/a**	**n/a**	**Not performed**
Ketones	**negative**	**n/a**	**n/a**	**Not performed**
WBC	**0-4**	**n/a**	**n/a**	**Not performed**
RBC	**Less than or equal to 2.**	**n/a**	**n/a**	**Not performed**
Leukoesterase	**negative**	**n/a**	**n/a**	**Not performed**

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	**neg**	**n/a**	**n/a**	**Not performed**
Blood Culture	**neg**	**n/a**	**neg**	**wdl**
Sputum Culture	**neg**	**N/a**	**n/a**	**Not performed**
Stool Culture	**neg**	**n/a**	**n/a**	**Not performed**

Lab Correlations Reference (1) (APA):

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2021). *Mosby's Diagnostic and Laboratory Test Reference, fifteenth edition.* St. Louis, MO: Elsevier

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Ultrasound of Abdomen RT Upper Quadrant- Normal. (performed at carle)

CT abdominal scan revealed necrotizing pancreatitis. (Performed at Kirby hospital prior to transfer)

Diagnostic Test Correlation (5 points):

Ultrasounds use high frequency sound waves to create images to identify the presence of cyst, blood flow, and tissue issues. (Capriotti, 2020) For the purpose of this client the ultrasound was used to determine if there was a cyst on the pancreas that may have otherwise required surgery. (Capriotti, 2020)

CT scans provide 2 dimensional images of tissue, organs and bone, tumor, inflammation, and other vascular issues. (Capriotti, 2020) For the purpose of this patient, the CT showed evidence of necrotizing pancreatitis. (Capriotti, 2020)

Diagnostic Test Reference (1) (APA):

Capriotti, T. (2020) *Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives Second Edition*. Philadelphia, PA: F.A. DAVIS

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

Home Medications (5 required)- NO HOME MEDICATIONS LISTED in CHART VERIFIED BY INSTRUCTOR

Brand/Generic	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
Dose	**n/a**	**n/a**	**N/a**	**n/a**	**n/a**
Frequency	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
Route	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
Classification	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
Mechanism of Action	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
Reason Client Taking	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
Contraindications (2)	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
Side Effects/Adverse Reactions (2)	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
Nursing Considerations (2)	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**

Hospital Medications (5 required)

Brand/ Generic	**levofloxacin/ Levaquin**	**metronidazole/Flagyl**	**famotidine /Pepcid**	**guaifenesin/ Mucinex**	**oxycodone/ Oxycontin**
Dose	**500 mg**	**500 mg**	**20 mg**	**600mg**	**2.5mg**
Frequency	**daily**	**TID**	**daily**	**Q 12 prn**	**Q 6 prn**
Route	**PO**	**PO**	**PO**	**PO**	**PO**
Classification	**Antibiotic/ Fluoroquinolones**	**Antiprotozoals/ Nitroimidazoles**	**Antiulcer drug/ H2 receptor antagonist (Nursing 2020 Drug Handbook, 2020)**	**Expectorant/ Propanediol derivative**	**Opioid Analgesic** **Opioids** **Controlled substance II**
Mechanism of Action	**Stops bacteria and prevents DNA replication (Nursing 2020 Drug Handbook, 2020)**	**Direct-acting trichomonacide and amebicide works inside and outside intestines that enter microorganism that cause cell death. (Nursing 2020 Drug Handbook, 2020)**	**Reduces gastric acid (Nursing 2020 Drug Handbook, 2020)**	**Expectorant (Nursing 2020 Drug Handbook, 2020)**	**Binds with receptors in CNS. Altering response to pain. (Nursing 2020 Drug Handbook, 2020)**

Reason Client Taking	**Necrotizing Pancreatitis/Infection (Nursing 2020 Drug Handbook, 2020)**	**Necrotizing pancreatitis Anerobic bacteria**	**Necrotizing Pancreatitis (Nursing 2020 Drug Handbook, 2020)**	**Wheezing upon inspiration and expiration**	**To alleviate pain associated with necrotizing pancreatitis (Nursing 2020 Drug Handbook, 2020)**
Contraindications (2)	**Increase risk for fall/unsteady gait. Increase risk for erosion on weight bearing joints. (Nursing 2020 Drug Handbook, 2020)**	**CNS disorders, Visual field changes- could put patient at further risk of falls. (Nursing 2020 Drug Handbook, 2020)**	**May cause confusion 3-4 after last taken and hypotension (Nursing 2020 Drug Handbook, 2020)**	**Blockage of stomach or intestine. Decrease in respiratory function (Cunha, 2021)**	**Respiratory depression risk. Client already has o2 level of 90% on 4 L air. Use caution with acute abdominal conditions. (Nursing 2020 Drug Handbook, 2020)**
Side Effects/Adverse Reactions (2)	**Abdominal pain, dyspnea (Nursing 2020 Drug Handbook, 2020)**	**UTI, Seizures (Nursing 2020 Drug Handbook, 2020)**	**Increases BUN levels, constipation (Nursing 2020 Drug Handbook, 2020)**	**Diarrhea Stomach pain (Cunha, 2021)**	**Bradycardia, Respiratory depression (Nursing 2020 Drug Handbook, 2020)**
Nursing Considerations (2)	**Patient is able to ambulate with assistance as this medication creates an added fall risk. Abdominal pain may be**	**Monitor LFT in patient. Watch for edema (Nursing 2020 Drug Handbook, 2020)**	**Monitor BUN levels, May lead to decrease bowel mobility/absence of bowel sounds (Nursing 2020 Drug**	**Patient is already on O2 @ 4L. Monitor respiratory function. Could cause diarhhea, should monitor patient as already on restricted fluid**	**Watch proper dose is administered to avoid overdose. Respiratory depression can be fatal. Monitor vital signs. Closely**

	associated with this medication instead of r/t pancreatitis. (Nursing 2020 Drug Handbook, 2020)		**Handbook, 2020)**	**intake for signs of dehydration or fluid volume deficit.** **(Cunha, 2021)**	**(Nursing 2020 Drug Handbook, 2020)**

Medications Reference (1) (APA):

Cunha, J. (2021). *Guaifenesin.* RXLIST:

https://www.rxlist.com/consumer_guaifenesin_mucinex/drugs-condition.htm

Nursing 2020 Drug Handbook (2020).

Philadelphia, PA: Wolters Kluwer

Assessment

Physical Exam (18 points) – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: alert and oriented **Alertness: alert and responsive**	**Patient alert, cooperative, no acute distress, denies pain**

Orientation: person, place, time and situation x4 **Distress: no signs of distress, denies pain** **Overall appearance: WDL**	**Glascow coma scale 15** **Orientation x4** **Overall appearance Within desired limits.**
INTEGUMENTARY: **Skin color: wdl** **Character: dry** **Temperature: warm** **Turgor: quick to return** **Rashes:no** **Bruises: no** **Wounds: no** **Braden Score: 20** **Drains present: Y☐ N ☒** **Type: n/a**	**Warm and dry without jaundice. Skin color consistent to ethnicity. No tenting noted. Skin free of rash, bruise, wound. Braden score 20, requires 1 person assist with gait belt for mobility.**
HEENT: **Head/Neck:WDL** **Ears: WDL** **Eyes: WDL** **Nose: WDL** **Teeth: dental appliance**	**Head/Neck midline, thyroid not palpable.** **Ears: no drainage noted** **Eyes: WDL- PERRLA,** **Nose- Nasal cannula 4 L O2. Nose is midline, no drainage, no polyps on turbinates noted** **Patient has dental appliance**
CARDIOVASCULAR: **Heart sounds: RRR, no murmur noted** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses: 2+ all pulse points** **Capillary refill: less than 3 seconds- WDL** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☐ N ☒** **Location of Edema:** **n/a**	**Regular rate and rhythm without murmur, rub, or gallop. Peripheral pulses 2+ all pulse points. Capillary refill WDL, less than 3 seconds**
RESPIRATORY: non-labored **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **Wheeze inspiratory and expiratory**	**Rhythm of rate and respiration non-labored.** **On 4L O2 nasal cannula. Wheezes expiratory and inspiratory.**
GASTROINTESTINAL: **Diet at home: regular** **Current Diet: clear liquid** **Height: 5'6"** **Weight: 171** **Auscultation Bowel sounds: wdl** **Last BM: 02/10/2022** **Palpation: Pain, Mass etc.:no** **Inspection:** **Distention:no**	**Normal diet at home. Presently on a clear liquid diet. Hopes to progress to regular diet as tolerated.** **Bowel sounds within desired limits all 4 quadrants active. Patient height 5'6" and weight 171.** **Last BM 02/10/2022**

Incisions:no **Scars:no** **Drains: no** **Wounds:no** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:n/a** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:** **n/a**	**Denies pain. no sign of distention, scars, wounds, drains.**
GENITOURINARY: **Color: Yellow** **Character: normal** **Quantity of urine: normal-350ml** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals: wdl** **Catheter: Y ☐ N ☒** **Type:n/a** **Size: n/a**	**Urine was yellow and WDL, patient denies pain upon urination. Genitals are WDL.**
MUSCULOSKELETAL: **Neurovascular status: Alert and oriented** **ROM: equal strength and grips** **Supportive devices: no** **Strength: equal strength** **ADL Assistance: Y☒ N ☐ 1 person** **Fall Risk: Y ☒ N☐** **Fall Score: 19** **Activity/Mobility Status: able to ambulate with 1 person assistance and gait belt.** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐ Yes** **Needs support to stand and walk ☐ Yes**	**Patient requires assistance for ambulation bed to chair, chair to toilet. Patient is a fall risk. Morse fall score 19. Required 1 person assist with gait belt. Bed alarm present.**
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☒** **Orientation: Alert and orient x4** **Mental Status:WDL** **Speech:WDL** **Sensory: WDL** **LOC:Alert and responsive. Orient to person, place, time, and situation.**	**Both eyes reactive to light bilaterally. Equal EOM. Pupils equal and reactive** **Alert and orient to person, place, time and situation.** **Equal strength and grips for both upper and lower extremities.** **Mental status, Speech, and Sensory: WDL**

PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Support/acceptance** **Developmental level: Normal** **Religion & what it means to pt.: unknown did not discuss, not charted.** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**Calm and Cooperative- support is present from spouse and has level of acceptance appropriate to situation.** **Religion: not discussed.** **Personal/Family: Married with spouse and home.**

Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
02/10/22 **12:01**	**93**	**149/72**	**18**	**97.5 oral**	**90%**
02/10/22 **14:30**	**87**	**154/74**	**18**	**97.6 oral**	**90%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
09:30	**0-10**	**Denies pain**	**0**	**0**	**0**
10:15	**0-10**	**Denies pain**	**0**	**0**	**0**

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 22 gauge **Location of IV: left hand**	22 gauge IV located on Left hand on 02/09/22, Patent IV flush/Patent, Neg for

Date on IV: 02/09/22 **Patency of IV:flush/patent** **Signs of erythema, drainage, etc.:neg** **IV dressing assessment: dry and intact**	erythema and drainage. IV dressing dry and intact.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
3248.69- clear liquids	**350**

Nursing Care

Summary of Care (2 points)

Overview of care: Antibiotic treatment patient tolerating.

Procedures/testing done: none. Did not leave floor for other services

Complaints/Issues: Patient denies pain. O2 level @ 90%. Patient not tolerating removal of O2. May require oxygen upon discharge.

Vital signs (stable/unstable): Vital signs are stable with B/P slightly elevated and reduced O2, 90% nasal cannula @ 4L. Reduction of O2 not tolerated. May require O2 upon discharge.

Tolerating diet, activity, etc.: Diet is presently clear liquid, plans to migrate to regular diet as tolerated. Patient is able to ambulate with 1 person assist with gait belt.

Physician notifications: none

Future plans for client: Hopes to go home. O2 needs addressed prior to discharge planning.

Discharge Planning (2 points)

Discharge location: Will be discharged to home.

Home health needs (if applicable): Will need to discuss with Spouse and Client to determine at home support, if necessary.

Equipment needs (if applicable): May require O2 upon discharge

Follow up plan: n/a

Education needs: May need education on at home O2 machine and how to operate upon discharge, depending upon patient status.

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 • Listed in order by priority – highest priority to lowest priority pertinent to this client	**Rationale** • Explain why the nursing diagnosis was chosen	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation** • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Impaired gas exchange, related to long time smoker and secondary to trauma(necrotizing pancreatitis) as evidenced by O2 nasal cannula @ 4 L unable to wean. (Carpenito, 2017)	**Airway, breathing, circulation Are a patient priority**	**1.Assist patient in increasing mobility to prevent mucus from setting in lungs.** **2.Educate the patient about the effects of smoking**	**1.** **Patient will reduce from 4L to 2L and maintain or improve 90% oxygen.** **Patient education on smoking cessation**	**Client participated with the assistance and gait belt to ambulate throughout the day.** **Goal still having issues weaning off o2 @ 4 L**

2. Risk for falls, related to side effects of medication as evidenced by fall score of 19 (Carpenito, 2017)	**Fall score 19**	**1. Educate patient that they require assistance to get in and out of bed with the use of a gait belt and assistive personal. Use call light when need to get up.** **2.Use of bed alarm to alert staff if patient vacates bed without assistance.**	**1. Patient will use call light to call staff to transfer and remain free from falls during stay.**	**Patient remained free from fall for duration of shift.** **Patient used call light for transfers assistance from bed to toilet. Free from fall.**
3. At risk for pain related to necrotizing pancreatitis as evidenced by abdominal discomfort reported upon admission (Carpenito, 2017)	**Pain was 10/10, but it is currently at a zero. Controlling pain will help with mobility and respiration rate.**	**1. Nurse will educate patient about pain and opioid pain control. They need to report the first sign of discomfort to keep pain level manageable.** **2 Administer pain medicine promptly and reassess effectiveness**	**1. Client will contact nurse upon first sign of pain.** **2. Patient will remain without pain.**	**Patient maintains 0 for pain level throughout the day.** **Patient was able to communicate with nurse when the pain level was increasing.**

Other References (APA):

Carpenito, L.J., (2017) *Nursing Diagnosis: Application to Clinical Practice Fifteen Edition.*

Philadelphia, PA: Wolters Kluwer

Concept Map (20 Points):

Subjective Data

Patient pain level 0/10- Current
Upon admission- Dull, achy, radiating to back 10/10.

Nursing Diagnosis/Outcomes

1. Impaired gas exchange, r/t long time smoker and secondary to trauma (necrotizing pancreatitis) as evidenced by o2 nasal cannula 4L, unable to wean.
Patient will maintain 90% O2 and reduce from 4L-2L.
2. Risk for fall, related to medication, as evidence by fall score of 19.
Patient will remain free from fall during shift.
3. At Risk for pain, related to necrotizing pancreatitis as evidenced by abdominal discomfort upon admission.
Patient will contact nurse first feeling of pain. Nurse will administer pain medication to maintain a 0/10 pain level.

Client Information

Full code
Married
Female
71 years old
Admitted for abdominal pain 10/10 transfer from Kirby hospital.
PSH- Bilateral Hip Replacement
Depression, Hypertension, Osteoarthirtis, history of pancreatitis

Objective Information

Necrotizing Pancreatitis
171 pounds
5'6"
Clear liquid diet
Alert and orient x4
Braden 20
Fall score 19
CT of Abdomen show necrotizing pancreatitis, US of upper RT quad- normal- no cyst noted.
Presently on antibiotic and opioid therapy

Nursing Interventions

1. Nurse will educate patient about smoking cessation. Nurse will encourage mobility to promote healing.
2. Nurse will educate patient about the importance of utilizing call lights to prevent fall. Ensure bed alarm in place in case patient is under the influence of medication and vacates bed without assistance to prevent fall.
3. Nurse will educate patient about pain control and the importance of notifying nurse upon first feeling of pain. Nurse will administer pain medication promptly and reassess patient as necessary.