N431 Care Plan # 2

Lakeview College of Nursing

Name

Shivani Patel

Demographics (3 points)

Date of Admission	Client Initials	Age	Gender
10/18/22	M.T.E.	81 years old	Female
Race/Ethnicity	Occupation	Marital Status	Allergies
White	Carle Foundation Hospital	Married	Morphine
Code Status	Height	Weight	
DNR	167.6 cm	88.5 kg	

Medical History (5 Points)

Past Medical History: Anemia, breast cancer, depression, diarrhea, DJD, hiatal hernia, HTN, osteoarthrosis, sciatica, severe obstructive sleep apnea, urine incontinence

Past Surgical History: Upper endoscopy, axillary node dissection, cataract removal, colonoscopy, excisional biopsy, hysterectomy, Lap Nissen, laparoscopic salpingostomy, laparoscopic tubal block, mastectomy, phacoemulsification of cataract, mastectomy for gynecomastia, total abdominal hysterectomy, radiation therapy, total knee replacement, upper gastrointestinal endoscopy, ventral hernia repair

Family History:

Father- died of MI at 80 years old, glaucoma

Brother- died of MI at 69 years old, skin cancer

Mother- died of MI at 72 years old, liver cancer

Sister- breast cancer, diabetes, asthma

Social History (tobacco/alcohol/drugs including frequency, quantity, and duration of use): N/A

Assistive Devices: N/A

Living Situation: Lives at home with husband

Education Level: High school diploma

Admission Assessment

Chief Complaint (2 points): The patient came into the ED with worsening epigastric pain

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

The patient stated their pain began last week when she was visiting her son. She is experiencing pain in her middle epigastric area. The pain lasted for about one week and is constant. She describes the pain as “sharp and stabbing”. She stated that she lost over 10 pounds over the past 1-2 months and decreased appetite since the past week. She also states she has constipation, and her last bowel movement was 3 days ago, but she has been passing flatus. The patient also complains of nausea. The pain radiates to her right upper back. The pain increases when she gets up and walks around. The pain is relieved through bed rest. In the ED, she received 1 dose of Zofran 4 mg along with 2 doses of fentanyl 50 mg. The patient states their pain is a 7 on a scale of 1 to 10. Initially, when she visited the ED where she had a CT of the abdomen which showed metastatic pancreatic cancer. She then met with an oncologist who recommended further imaging for staging. Prior to admission, the patient had not sought any other form of treatment.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Pancreatic cancer

Secondary Diagnosis (if applicable): N/A

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

Pancreatic cancer is a condition characterized by upper abdominal pain, radiating to the back. Pancreatic cancer occurs when cells in the pancreas develop changes in their DNA (Carvajal, 2021). Pancreatic adenocarcinoma is the most common type of pancreatic cancer. Pancreatic cancer can arise from the exocrine or endocrine portions of the pancreas, but the majority develop in the exocrine portion. The pancreas is a small stick-shaped gland that is located behind the stomach. The main job of the pancreas is to aid in food digestion and regulate blood sugar levels. The signs and symptoms of pancreatic cancer include abdominal pain, loss of appetite, jaundice, fever, nausea, and vomiting (Capriotti, 2020). With pancreatic cancer, the patient can have a rapid pulse. They can also see an increase in temperature. The patient's bilirubin tends to be high because pancreatic cancer blocks the common bile duct. Diagnostic testing used to detect pancreatic cancer include ultrasound, CT scan, MRI, and PET scans. The doctor may test the blood for specific proteins shed by pancreatic cancer cells. The test is known as CA19-9 and are often increased with patients with pancreatic cancer. On the patient, a CT scan of the abdomen and pelvis was performed to assess for pancreatic mass. The treatment for pancreatic cancer includes surgery, radiation therapy, chemotherapy, and immunotherapy (Capriotti, 2020). Surgery is the most successful treatment that can cure pancreatic cancer. Currently, no treatment was performed on the client since they got admitted last night. The patient's bilirubin level was

2.8 which is high. High bilirubin levels can indicate pancreatic cancer. Furthermore, the CT scan indicated a pancreatic mass as well.

Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* (2nd ed.). F.A. Davis Company.

Carvajal, G. (2021). Pancreatic cancer related pain: Review of pathophysiology and intrathecal drug delivery systems for pain management. *Pain Physician*, *24*(5), 1-10.

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	3.50-5.20	5.42	4.79	A high RBC count can be caused by dehydration (Pagana et al., 2019).
Hgb	11.0-16.0	15.7	14.1	
Hct	34.0%-47.0%	47.9	42.3	Indicates there is a high number of RBCs in the body which can indicate dehydration (Pagana et al., 2019).
Platelets	140-400	246	201	
WBC	4.00-11.00	9.35	7.96	
Neutrophils	47.0%-73.0%	N/A	N/A	
Lymphocytes	18.0%-42.0%	17.0	N/A	Low lymphocytes or low WBCs is associated with immunocompromised and inability to fight off infections (Pagana et al., 2019)

Monocytes	4.0%-12.0%	N/A	N/A	
Eosinophils	0.0%-5.0%	N/A	N/A	
Bands	Less than or equal to 10%	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-	136-145	139	140	
K+	3.5-5.1	3.8	3.8	
Cl-	98-107	101	100	
CO2	22.0-29.0	27.0	27.0	
Glucose	60-99	150	123	This indicates hyperglycemia, meaning high glucose levels. This may be caused by problems with the pancreas. High blood sugar can also be caused by dehydration (Pagana et al., 2019).
BUN	10-20	14	13	
Creatinine	0.55-1.02	0.83	0.74	
Albumin	3.4-4.8	2.9	2.6	This may be a sign of malnutrition. It can also indicate liver disease knowing the CT scan indicated metastatic disease to the liver (Pagana et al., 2019).
Calcium	8.9-10.6	8.7	8.5	It can indicate problems with the pancreas or vitamin D deficiency (Pagana et al., 2019).
Mag	1.6-2.6	N/A	N/A	
Phosphate	2.5-4.5	N/A	N/A	
Bilirubin	0.2-1.2	2.8	2.8	The liver isn't clearing bilirubin properly. It reaches high levels in

				patients with pancreatic cancer due to the blockage of the common bile duct (Pagana et al., 2019).
Alk Phos	40-150	328	268	High levels may indicate pancreatic cancer (Pagana et al., 2019).
AST	5-34	71	66	High levels may indicate damage to the liver. The CT scan indicated metastatic disease to the liver (Pagana et al., 2019).
ALT	0-55	40	35	
Amylase	40-140	N/A	N/A	
Lipase	8-78	<4	N/A	Low levels indicate there is damage to the lipase-producing cells in the pancreas (Pagana et al., 2019).
Lactic Acid	0.50-2.20	N/A	N/A	
Troponin	0-0.04	0.04	N/A	
CK-MB	3%-5%	N/A	N/A	
Total CK	22-198	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	0.9-1.1	1.4	N/A	It takes longer for the patient's blood to clot (Pagana et al., 2019).
PT	11.7-13.8	17.3	N/A	It takes longer for the blood to clot (Pagana et al., 2019).
PTT	22.4-35.9	N/A	N/A	
D-Dimer	Less than 0.5	N/A	N/A	
BNP	Less than 100	N/A	N/A	
HDL	45-70	N/A	N/A	
LDL	Less than 100	N/A	N/A	

Cholesterol	Less than 200	N/A	N/A	
Triglycerides	Less than 150	N/A	N/A	
Hgb A1c	Less than 5.7%	N/A	N/A	
TSH	0.5-5.0	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-yellow	N/A	N/A	
pH	4.6-8.0	N/A	N/A	
Specific Gravity	1.000-1.030	N/A	N/A	
Glucose	Negative	N/A	N/A	
Protein	Negative	N/A	N/A	
Ketones	Negative	N/A	N/A	
WBC	0-25	N/A	N/A	
RBC	0-20	N/A	N/A	
Leukoesterase	Negative	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	N/A	N/A	
PaCO2	35-45	N/A	N/A	
HCO3	22.0-26.0	N/A	N/A	
SaO2	92%-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	No growth	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana T. N. (2019). *Mosby's diagnostic and laboratory desk reference* (14th ed.). Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT of abdomen and pelvis with contrast was performed on the patient. A CT of the abdomen and pelvis is a diagnostic imaging test that helps to detect diseases of the small bowel, colon, and other internal organs. The procedure is mainly used to help diagnose the cause of abdominal or pelvic pain.

Diagnostic Test Correlation (5 points): The CT scan indicated a large pancreatic mass at the distal aspect. It was measured at approximately 6.5 cm. Metastatic nodules were noted in the epicardial fat. There was a small right pleural effusion noted in the CT scan. There were a few pulmonary nodule bases noted as well. Cholelithiasis, renal cysts, and right-sided nephrolithiasis were observed. Overall, the CT scan indicated extensive metastatic disease to the liver and pancreas, and adenopathy in the upper abdomen.

Diagnostic Test Reference (1) (APA):

Grajo, J. R., & Sahani, D. V. (2018). Dual-energy CT of the abdomen and pelvis: Radiation dose considerations. *Journal of the American College of Radiology*, *15*(8), 1128-1132.

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

Home Medications (5 required)

Brand/Generic	Alprazolam (Xanax)	Amlodipine (Norvasc)	Fluoxetine (Prozac)	Famotidine (Pepcid)	Meclizine (Antivert)
Dose	0.5 mg	5 mg	40 mg	20 mg	12.5 mg
Frequency	BID	Once daily	Every 6 hrs. PRN	Once daily	Once
Route	Oral	Oral	Oral	Oral	Oral
Classification	Pharmacologic class: Benzodiazepine Therapeutic class; Anxiolytic,	Pharmacologic class: Calcium channel blocker Therapeutic class:	Pharmacologic class: Selective serotonin reuptake inhibitor (SSRI)	Pharmacologic class: Histamine-2 blocker Therapeutic class: Antiulcer	Pharmacologic class: Antihistamine Therapeutic class: Antihistamine

	antipanic	Antianginal, antihypertensive	Therapeutic class: Antidepressant	agent	
Mechanism of Action	May increase effects of gamma-aminobutyric acid (GABA) and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of the CNS. GABA inhibits excitatory stimulation, which helps control emotional behavior.	It binds to dihydropyridine and nondihy-dropyridine cell membrane receptor sites on myocardial and vascular smooth-muscle cells and inhibits influx of extracellular calcium ions across slow calcium channels. This decreases intracellular calcium level, inhibiting smooth-muscle cell contractions and relaxing coronary and vascular smooth muscles, decreasing peripheral vascular resistance, and reducing systolic and diastolic	Selectively inhibits reuptake of the neurotransmitter serotonin by CNS neurons and increases the amount of serotonin available in nerve synapses. An elevated serotonin level may result in elevated mood and, consequently, reduce depression.	Famotidine, an H2-receptor antagonist, reduces HCl formation by preventing histamine from binding with H2 receptors	Meclizine primarily works by inhibiting signaling pathway transduction through histaminergic neurotransmission from the vestibular nuclei

		blood pressure			
Reason Client Taking	Relieves anxiety	Controls hypertension	Treats depression	Treats heartburn	Prevents nausea, vomiting, and dizziness
Contraindications (2)	-Acute angle-closure glaucoma -Hypersensitivity to alprazolam	-Hypersensitivity to amlodipine or its components -Cardiogenic shock	-Concurrent therapy with pimozide or thioridazine -Hypersensitivity to fluoxetine	-Hypersensitivity to famotidine -Hypersensitivity to H2-receptor antagonists, or their components	-Hypersensitivity to meclizine -Use caution in obstructive genitourinary tract disease
Side Effects/Adverse Reactions (2)	-Agitation -Chest pain	-Anxiety -Weight loss	-Akathisia -Arrhythmias	-Abdominal pain -Bronchospasm	-Blurred vision -Headache
Nursing Considerations (2)	-Expect to give a higher dosage if patient's panic attacks occur unexpectedly or during such activities as driving. -Plan to reduce dosage slowly when alprazolam is discontinued, as ordered, because use can lead to dependency.	-Use amlodipine cautiously in patients with heart block, heart failure, impaired renal function, hepatic disorder, or severe aortic stenosis. -Monitor blood pressure while adjusting dosage, especially in patients with heart	-Use fluoxetine cautiously in patients with a history of seizures and in children, because of potential for adverse effects. -Use fluoxetine cautiously in patients with congenital long QT syndrome	-Shake famotidine oral suspension vigorously for 5 to 10 seconds before administration. -Know that adult patients who have a suboptimal response or an early symptomatic relapse after completing therapy, should be	- Advise patient to avoid alcohol and other CNS depressants be cause of the increased risk of sedation and adverse effects. -Instruct patient to report other troublesome side effects including severe or prolonged fatigue, dry mouth, or blurred vision

		failure or severe aortic stenosis because symptomatic hypotension may occur.		evaluated for gastric malignancy	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	-It is important to do a liver function test prior to administration	-Assess blood pressure prior to administration	-Assess impaired hepatic or renal function	-Assess the patient's heart rate	-Assess for any heart problems
Client Teaching Needs (2)	-Warn against stopping drug abruptly because withdrawal symptoms may occur. -Instruct patient never to increase prescribed dose because of risk of dependency.	-Tell patient to take missed dose as soon as remembered and next dose in 24 hours. -Tell patient to immediately notify prescriber of dizziness, arm or leg swelling, difficulty breathing, hives, or rash.	-Caution patient to avoid hazardous activities until CNS effects of drug are known. -Caution against stopping fluoxetine abruptly because serious adverse effects may result.	-Instruct patient to carefully chew chewable tablets thoroughly before swallowing. -Instruct patient who also takes antacids to wait 30 to 60 minutes after taking famotidine, if possible, before taking antacid.	-Take this medication by mouth with or without food. -If you are taking the chewable tablets, chew the tablet thoroughly before swallowing

Hospital Medications (5 required)

Brand/	Acetaminophen	Pantoprazole	Enoxaparin	Ondansetron	Oxybutynin

Generic	(Tylenol)	(Protonix)	(Lovenox)	(Zofran)	(Ditropan)
Dose	500 mg	40 mg	40 mg	4 mg	5 mg
Frequency	Every 4 hrs PRN	Once daily	Once daily	Once daily PRN	BID
Route	Oral	Oral	Subcutaneous	IV	Oral
Classification	Pharmacologic class: Nonsalicylate, para-aminophenol derivative Therapeutic class: Antipyretic, nonopioid analgesic	Pharmacologic class: Proton pump inhibitor Therapeutic class: Antiulcer	Pharmacologic class: Low-molecular-weight heparin Therapeutic class: Anticoagulant	Pharmacolog ic class: Selective serotonin (5-HT3) receptor antagonist Therapeutic class: Antiemetic	Pharmacologic class: Anticholinergic Therapeutic class: Antispasmodic (urinary)
Mechanism of Action	It inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on temperature-regulating center in the hypothalamus.	It irreversibly inhibits the final step in gastric acid production by blocking the exchange of intracellular H+ and extracellular K+, thus preventing H+ from entering the stomach and additional HCl from forming.	It potentiates the action of antithrombin III, a coagulation inhibitor. By binding with antithrombin III, enoxaparin rapidly binds with and inactivates clotting factors.	It blocks serotonin receptors centrally in the chemorecept or trigger zone and peripherally at vagal nerve terminals in the intestine. This action reduces nausea and vomiting by preventing serotonin release in the small intestine.	It exerts antimuscarinic (atropine-like) and potent direct antispasmodic (papav like) actions on smooth muscle in the bladder and decreases detrusor mu contractions
Reason Client Taking	Relieves mild to moderate pain	Treats heartburn	It is used as a blood thinner	It prevents nausea and vomiting	Helps to treat incontinence
Contraindicati ons (2)	-Hypersensitivity to acetaminophen or its components	- Concurrent therapy with rilpivirine-	- Hypersensitivit y to benzyl	- Concomitant use of	- Angle-closure glaucoma, gastric retention - Hypersensitivity to oxybutynin o

	-Severe hepatic impairment	containing products - Hypersensitivity to pantoprazole	alcohol enoxaparin, heparin -Pork products or their components	apomorphine - Hypersensitivity to ondansetron or its components	components, urine retention
Side Effects/Adverse Reactions (2)	-Hypotension -Fatigue	-Chest pain -Abdominal pain	-Atrial fibrillation -Anemia	- Constipations - Bronchospasms	-Asthma -Anaphylaxis
Nursing Considerations (2)	- Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment - Monitor renal function in patient on long-term therapy. Keep in mind that blood or albumin in urine may indicate nephritis	- Administer delayed-release oral suspension 30 minutes before a meal mixed in apple juice or applesauce - Be aware that if therapy lasts more than 3 years, patient may not be able to absorb vitamin B12 because of achlorhydria or hypochlorhydria	- Be aware that drug isn't recommended for patients with prosthetic heart valves, especially pregnant women, because of risk of prosthetic valve thrombosis - Use also extreme caution in patients with an increased risk of hemorrhage	- Place disintegrating tablet or oral soluble film on patient's tongue immediately after opening package. It dissolves in seconds - Monitor patient closely for signs and symptoms of hypersensitivity to ondansetron because hypersensitivity reactions	- Assess urinary symptoms before and after treatment. - Make sure patient swallows E.R. tablets whole and doesn't chew, crush, or divide them. Expect to see portions of drug in stool
Key Nursing Assessment(s) /Lab(s) Prior to Administration	-Assess for any allergies to acetaminophen	-Assess respiratory status	-Assess the patient's complete blood count	-Assess dizziness or drowsiness	-Assess the patient's heart rate
Client Teaching Needs (2)	- Tell patient that tablets may be crushed or	- Advise the patient who takes warfarin	- Advise patient to notify prescriber about	- Advise patient to use calibrated	-Instruct patient to take oxybutynin on an empty stomach. If adverse

	swallowed whole - Inform patient that acetaminophen may cause reduced fertility in both females and males	to follow bleeding precautions and to notify prescriber immediately if bleeding occurs - Instruct patient to notify prescriber if diarrhea occurs and becomes prolonged or severe	adverse reactions, especially bleeding - Inform patient that taking aspirin or other NSAIDs may increase risk for bleeding. Instruct patient to seek immediate help for evidence of thromboembolism	container or oral syringe to measure oral solution - Advise patient to immediately report signs of hypersensitivity, such as rash	GI reactions develop, suggest taking drug with food or milk -Advise patient to swallow E.R. tablets whole and not to break, ch or crush them

Medications Reference (1) (APA):

Jones & Bartlett Learning, (2021). *2021 Nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Assessment

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

GENERAL: Alertness: Orientation: Distress: Overall appearance:	The patient is alert and oriented to person, place, and time There is no visible acute distress Pt well dressed in clean gown Pt's skin, hair, nails clean and well maintained
INTEGUMENTARY: Skin color: Character: Temperature: Turgor:	Skin color: White Character: Skin is warm and dry upon palpation Temperature: Taken orally and was 98.3 F Turgor: Skin has normal turgor Pt has a blister on left lower abdomen

Rashes: Bruises: Wounds: . Braden Score: Drains present: Y☐ N ☒ Type:	Normal quantity, distribution, and texture of hair Braden score: 19 There are no drains present
HEENT: Head/Neck: Ears: Eyes: Nose: Teeth:	Head/Neck: Head and neck are symmetrical. Normocephalic and atraumatic. No cervical lymphadenopathy, normal range of motion, no rigidity. Ears: Left/right external ear normal Eyes: Visible drainage from eyes, the bilateral sclera is red, the bilateral cornea is clear, bilateral conjunctiva is pink. Bilateral lids are red with some discharge Extraocular movements: extraocular movements are intact Conjunctiva/sclera: conjunctivae/sclera are abnormal Pupils: pupils are equal, round, and are reactive to light Nose: Septum is midline and no visible bleeding from nose Teeth: Did not notice plaque or tartar. Teeth are white and aligned with gums. The mucous membrane is moist .
CARDIOVASCULAR: 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:	Normal heart rate and rhythm. Clear S1 and S2 without any murmurs Peripheral pulses: 3+ Capillary refill: 2 seconds No edema or neck vein distention
RESPIRATORY: Accessory muscle use: Y☐ N ☒ Breath Sounds: Location, character	No accessory muscle use Breath sounds: normal breath sounds. Equal and clear bilaterally The lung sounds are clear to auscultation bilaterally Effort: pulmonary effort is normal. No respiratory distress Regular depth and pattern; unlabored breathing;

	expansion symmetrical; no retractions No cough, rhonchi, crackles, or wheezing
GASTROINTESTINAL: Diet at home: Current Diet 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:	Diet at home: regular Current diet: full liquid Height: 167.7 cm Weight: 88.5 kg Bowel sounds: normoactive Last BM: 10/15/22 The patient states they have constipation Upon palpation there is no pain and no abdominal mass present. The abdomen is soft Tenderness: There is abdominal tenderness. There is no guarding or rebound Distention: none Incisions: none Scars: none Drains: none Wounds: none No ostomy, nasogastric, or feeding tubes
GENITOURINARY: Color: Character: Quantity of urine: Pain with urination: Y ☐ N ☒ Dialysis: Y ☐ N ☒ Inspection of genitals: Catheter: Y ☐ N ☒ Type: Size:	Clear yellow The urine output was 240 mL No pain with urination No dialysis Genitals appear to be normal No catheter
MUSCULOSKELETAL: 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☐	Neurovascular status: normal No swelling. Normal range of motion Cervical back: normal range of motion Strength: Patient noticeably weak Supportive devices: none ADL assistance: no Fall risk: yes Fall risk score: 16 Mobility status: Patient needs stand-by assistance. The patient is independent. Does not need assistance with equipment. Does not assistance when standing or walking.

NEUROLOGICAL: MAEW: Y ☐ N☒ PERLA: Y ☒ N☐ Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐ Orientation: Mental Status: Speech: Sensory: LOC:	MAEW: no (weakness present when moving extremities) Strength is equal in all extremities. Patient has subtle weakness in left/right dorsiflexion and weak left/right plantar flexion. Patient is alert and oriented x4. Orientation, mental status, speech, sensory are all within normal limits. Cranial nerves grossly intact PERRLA: yes, normal pupil accommodation
PSYCHOSOCIAL/CULTURAL÷ Coping method(s): Developmental level: Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):	Coping method: resting, smartphone, television Developmental level: developmental status appropriate for age Patient is calm and cooperative. The patient is also accepting and participates in care. Behavior is appropriate to the situation. The patient states they are religious. The patient believes in Christianity. The patient has good family support and lives at home with her husband.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:42 am	80	158/77	18	98.3F (oral)	91%
11:29 am	71	140/66	18	97.3 F (axillary)	93%

Vital Sign Trends: The vital signs stay mainly stable. The blood pressure and pulse decreased when the second set of vitals were checked.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

8:22 am	1-10	Right, upper back	3	Sharp	Acetaminophen
10:25 am	1-10	Right, upper back	7	Sharp/stabbing	Acetaminophen

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:	Size of IV: 20 G Location of IV: Right middle arm Date on IV: 10/18/22 Patency of IV: open No signs of erythema or drainage IV dressing assessment: dry and intact

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
IV Zofran: 2 mL Oral liquids: 120 mL (water) 122 mL	Urine: 240 mL

Nursing Care

Summary of Care (2 points)

Overview of care: The patient is diagnosed with pancreatic cancer. The patient is calm and cooperative. The patient's labs are monitored daily.

Procedures/testing done: CT scan of abdomen/pelvis with contrast

Complaints/Issues: There are no complaints or issues

Vital signs (stable/unstable): Stable

Tolerating diet, activity, etc.: Patient tolerating activity

Physician notifications: N/A

Future plans for client: Surgery if needed

Discharge Planning (2 points)

Discharge location: Undetermined

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: The patient will need to follow-up with an oncologist

Education needs: Signs and symptoms to look out for including abdominal pain that radiates to, fever, rapid pulse, nausea, and vomiting. Along with that, educate the patient on the important of receiving adequate fluid and food intake to minimize fatigue and weakness.

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

Nursing Diagnosis	Rationale	Interventions	Outcome	Evaluation

• 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	• Explain why the nursing diagnosis was chosen	(2 per dx)	Goal (1 per dx)	• How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Risk for infection related to a lymphocyte level of 17.0 as evidenced by pancreatic mass	The patient's lymphocyte level was a 17.0 upon admission. A low number of lymphocytes can put the patient at a higher risk for infection.	1. Educate the patient on the importance of hand hygiene. Educate the patient to limit touching multiple surfaces. 2. Encourage the intake of protein-rich and calorie-rich foods and encourage a balanced diet when off liquid diet. Encourage the patient to drink more fluids.	1. The client will remain free of infection, as evidenced by normal vital signs and a normal lymphocyte level. Ensure the patient is washing their hands after going to the bathroom. Continue to encourage intake or protein and calorie-rich foods when off liquid diet.	The client was understanding when they were instructed to consume protein-rich foods. They also knew to maintain proper hand hygiene while at the hospital. They were aware that their vital signs will be checked frequently to assess for any changes.
2. Risk for fatigue related to upper back pain as evidenced by pancreatic	The patient came into the ED with abdominal pain radiating to the back. Due to this, the patient had	1. The patient will be recommended to maintain as much bed rest as possible. 2. The patient	1. The goal is reduced fatigue by administering pain meds in a timely manner. Continue to	The patient did well with understanding that they will need to press the call light when they need something. They are also aware that they will need

mass	generalized weakness.	will be given their pain meds in a timely manner, and if the patient needs more, they will be informed to press the call light.	assess the patient's pain throughout the day. Staff will ensure the call light is always placed next to the patient.	to report their pain level frequently throughout the day.
3. Risk for fluid volume deficit related to inadequate fluid intake as evidenced by high blood glucose level	After admission, the patient's lab indicated a blood glucose level of 150.	1. Assess the client's skin turgor and mucous membranes for signs of dehydration. 2 Provide the client with adequate fluids throughout the day.	1. Continue to monitor the patient's fluid intake frequently. Continue to assess the patient's blood glucose levels to see any changes.	The patient is aware that they will have their blood glucose levels frequently. They will be expected to tell the nurse how much fluid they had throughout the day. The nurse will be expected to document the patient's fluid intake.
1. Imbalanced nutrition related to an albumin of 2.8 as evidenced by infection	The patient was diagnosed with pancreatic mass. Patients with this condition are prone to getting an infection. The infection causes malnutrition in patient's and decreases albumin levels. The patient also stated they lost 10 pounds in 1-2 months, and their	1. The patient will be recommended to eat foods high in energy and nutrients after they are off the liquid diet. They will need to increase their fluid intake. 2. It is important to monitor the patient's intake and output to assess for dehydration.	1. The goal is to raise albumin levels and get the patient to consume efficient amount of nutrients throughout the day once they are off a full liquid diet. The patient will be advised to consume 2 to 3 liters of water a day. Any signs of malnutrition will need to	The patient did well with understanding the foods they needed to consume once they are off a liquid diet. The patient will need to be advised to consume more fluids throughout the day. The patient's albumin levels will be checked daily.

	appetite decreased significantly.		be reported to the nurse.	

Other References (APA):

Phelps, L. L. (2020). *Sparks & Taylor's nursing diagnosis reference manual*. Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

Upon admission to the ED, the patient's pain level was a 7 on a scale of 1 to 10. The patient described the pain as "sharp and stabbing". The patient was also experiencing constipation, nausea, and loss of appetite.

Nursing Diagnosis/Outcomes

1.Risk for infection related to a lymphocyte level of 17.0 as evidenced by pancreatic mass
-The client will remain free of infection, as evidenced by normal vital signs and a normal lymphocyte level. Ensure the patient is washing their hands after going to the bathroom. Continue to encourage intake or protein and calorie-rich foods when off liquid diet.
2.Risk for fatigue related to upper back pain as evidenced by pancreatic mass
-The goal is reduced fatigue by administering pain meds in a timely manner. Continue to assess the patient's pain throughout the day. Staff will ensure the call light is always placed next to the patient.
3.Risk for fluid volume deficit related to inadequate fluid intake as evidenced by high blood glucose level
-Continue to monitor the patient's fluid intake frequently. Continue to assess the patient's blood glucose levels to see any changes.
4.Imbalanced nutrition related to an albumin of 2.8 as evidenced by infection
-The goal is to raise albumin levels and get the patient to consume efficient amount of nutrients throughout the day once they are off a full liquid diet. The patient will be advised to consume 2 to 3 liters of water a day. Any signs of malnutrition will need to be reported to the nurse.

Objective Data

The CT scan showed a pancreatic mass indicating metastatic pancreatic cancer

Pulse: 80
Blood pressure: 158/77
Respiratory rate: 18
Temperature: 98.3 (oral)
Oxygen: 91%

Client Information

M.T.E.
81 yrs. old
White
Employed: Carle Hospital
Married
Allergies: Morphine
DNR
167.6 cm
88.5 kg

Nursing Interventions

Risk for infection
1. Educate the patient on the importance of hand hygiene. Educate the patient to limit touching multiple surfaces.
2. Encourage the intake of protein-rich and calorie-rich foods and encourage a balanced. Encourage the patient to drink more fluids.

Risk for fatigue
1. The patient will be recommended to maintain as much bed rest as possible.
2. The patient will be given their pain meds in a timely manner, and if the patient needs more, they will be informed to press the call light.

Risk for fluid volume deficit
1. Assess the client's skin turgor and mucous membranes for signs of dehydration.
2 Provide the client with adequate fluids throughout the day.

Imbalanced nutrition
1. The patient will be recommended to eat foods high in energy and nutrients after they are off the liquid diet. They will need to increase their fluid intake.
2. It is important to monitor the patient's intake and output to assess for dehydration.