

Medications

Pantoprazole (Protonix) – 40 mg, 1 tab, oral, daily. Therapeutic class: Proton pump inhibitor. Pharmacological class: Benzimidazole. The patient is taking this medication to treat GERD. Monitor electrolyte imbalance.

Pancrelipase (Creon) – 3 caps, Oral, BID. Therapeutic class: Digestant. Pharmacological class.: Pancreatic enzyme. The patient is taking this medication to improve food, digestion related to pancreatitis. Monitor fecal fat, nitrogen, pro-time during treatment.

Mirtazapine (Remeron) – 30 mg, 1 tab, oral, daily. Therapeutic class: Antidepressant. Pharmacological class: Tetracyclic. The patient is taking this medication to treat depression. Monitor liver functions.

Atorvastatin (Lipitor) – 20 mg, 1 tab, oral; Bedtime. Therapeutic class: Antilipidemic. Pharmacological class: HMG-CoA reductase inhibitor. The patient is taking this to decreased cholesterol levels. Monitor liver function studies.

Aspirin (Ecotrin)– 81 mg enteric coated, oral, daily. Pharmacological class: Salicylate (Jones & Bartlett, 2020). Therapeutic: NSAID (Jones & Bartlett, 2020). The patient is taking this to relieve mild pain. Assess the patient’s vital signs prior to administering.

Losartan (Cozaar) – 25 g daily, oral. Pharmacologic class: Angiotensin receptor blocker. Therapeutic class: Antihypertensive. PT take it to manage hypertension. Monitor blood pressure and renal function studies, as ordered, to evaluate drug effectiveness.

Promethazine (Promethagan) – 25 mg oral tablet, 25 mg = 1 tabs, oral, BID, PRN. Therapeutic class: Antihistamine, H₁-receptor antagonist; antiemetic; sedative/hypnotic. Pharmacological class: Phenothiazine derivative. The patient is taking this medication for nausea and vomiting. Monitor vital signs.

Tamsulosin (Flomax) – 0.4 mg oral, 1 cap, oral, daily. Therapeutic class.: Selective a-adrenergic blocker, BPH agent. Pharmacological class: Alpha 1 Blockers. The patient is taking this medication to treat enlarged prostate. Monitor liver function.

Tramadol (Conzip) – 50 mg oral tablet, Oral, Q12H, PRN. Pharmacological class.: Analgesic, miscellaneous. Therapeutic class: Opiate (narcotic) analgesics. The patient is taking this medication to relief pain. Assess for bowel pattern; increase fluid.

Insulin Aspart (NovoLOG) – 0.2 mL, Before meals. SQ Pharmacologic class: Human insulin. Therapeutic class: Antidiabetic. To improve glycemic control in patients with diabetes mellitus. Administer at the beginning of meals, check blood sugar.

Doxycycline (Oracea) – 100 mg. Once a day. PO Pharmacologic class: Tetracycline. Therapeutic class: Antibiotic. To treat infection. Give with 8 oz of water 1 hr before bedtime to prevent ulceration.

Lab Values/Diagnostics

RBC - 3.08 (4 – 6) – PT has low RBC due to anemia (Pagana et al., 2018).

Hgb - 9.3 (12 – 16) – PT has low Hgb due to anemia (Pagana et al., 2018).

Hct – 27 (35 – 37) – PT has low Hct due to anemia (Pagana et al., 2018).

Neutrophils – 80.4 (45 – 75) – PT has active infection in the pancreas (Pagana et al., 2018).

Platelets – 137 (150,000 – 400,000) – PT is anemic (Pagana et al., 2018).

Lymphocytes – 13 (20 – 40) – PT has active infection in the pancreas (Pagana et al., 2018).

Monocytes – 2 (4 – 6) – PT has active infection in the pancreas and anemia (Pagana et al., 2018).

Glucose – 269 (70 – 100) – PT has type 1 diabetes (Pagana et al., 2018).

MRSA screening (negative) = negative

CT Abdomen – Left lower lobe infiltration pneumonia, biliary duct dilation, fibrosis related to chronic pancreatitis, the rectal wall thickened, and overload with anasarca third spacing. The CT scans will show a detailed structure of the abdomen.

XR Chest – Left basilar infiltration compatible with pneumonia. The XR will show the space around the lungs.

EKG – The patient has NSR. It will show the electrical signals of the heart.

Demographic Data

Date of Admission: 03/04/2023

Admission Diagnosis/Chief Complaint: Pancreatitis

Age: 48

Gender: Male

Race/Ethnicity: White Caucasian

Allergies: N/A

Code Status: FULL

Height in cm: 163.6 cm

Weight in kg: 64.100 kg

Psychosocial Developmental Stage: Generativity vs. Stagnation

Cognitive Developmental Stage: Formal Operational Thinking

Braden Score: 15

Morse Fall Score: 55

Infection Control Precautions: Standard precaution

Admission History

Mr. Decker is a 48-year-old male with a medical history of chronic pancreatitis who presented to the emergency department with nausea, vomiting, and abdominal pain. The patient states that his symptoms have been ongoing since Wednesday. The patient reports he has taken aspirin at home for pain; however, the patient still has pain.

Medical History

Previous Medical History: Acute pain of the right foot, Alcohol abuse, Chronic hypotension, Chronic pancreatitis, Clostridium difficile, DKA, Methicillin-resistant Staphylococcus aureus, Near syncope, Osteoarthritis, anemia Postop check, Tachycardia, Tobacco use, and Type 1 diabetes mellitus.

Prior Hospitalizations: N/A

Previous Surgical History: Amputation Below Knee (11/22/2019), Incision and Drainage-Debridement Foot-Ankle-Toe(OR) (10/29/2019), Versajet Hydrosurgery (10/29/2019), and Drainage of pseudocyst of the pancreas by anastomosis

Social History: Pt reports smoking about ten cigarettes a month since he was 17 years old, taking prescription marijuana 1-2 times a week for the past five years, no illicit drug uses, and says he stopped drinking alcohol three years ago.

Pathophysiology

Disease process: The pancreas produces the digestive enzymes lipase, which breaks down fats, and amylase, which breaks down carbs. The pancreas also produces the enzymes trypsin and chymotrypsin, which break down proteins. Moreover, the pancreas creates bicarbonate, a natural antacid. The duodenum, liver, and spleen are around the pancreas, which is behind the stomach. It has a flat pear-like shape and is roughly 6 inches long. The head of the pancreas, a broad, medial section, is behind the duodenum in the epigastric area. The pancreas’ body and tail protrude into the left hypogastric space. The hormone secretin by the stomach stimulates pancreatic enzymes when food enters the stomach. The common bile duct penetrates the small intestine and receives the enzymes from the pancreatic duct. Pancreatic enzymes and bile break down lipids, proteins, and carbohydrates in the small intestine (Capriotti & Frizzell, 2020). Diabetes, malabsorption, and pancreatic insufficiency are all consequences of pancreatic inflammation of the pancreas. There are many ways pancreatitis can happen, such as gallstones, alcoholism, medications, hypertriglyceridemia, pancreatic cancer, abdominal surgery, cystic fibrosis, infection, obesity, and trauma (Hoffman & Sullivan, 2020). In cases of chronic pancreatitis, the gland gradually deteriorates due to recurrent inflammation, becoming dysfunctional, fibrotic, and atrophying. Uncertainty surrounds hypertriglyceridemia-induced acute pancreatitis. There are two theories: pancreatic cell damage and ischemia result from excessive triglyceride metabolism by pancreatic lipase to free fatty acids. The most severe form of pancreatitis, necrotizing pancreatitis, which includes cell necrosis, edema, hemorrhage, and loss of gland function, is linked to high morbidity and death (Hoffman & Sullivan, 2020)

S/S of disease: Some common signs and symptoms of acute pancreatitis include upper abdominal pain that radiates to the back, tenderness, fever, nausea, and vomiting (Hoffman & Sullivan, 2020). Some chronic pancreatitis signs and symptoms include upper abdominal pain, pain that feels worse after eating, losing weight, and oily, smelly stools (Hoffman & Sullivan, 2020). This PT came in with abdominal pain, nausea, and vomiting.

Method of Diagnosis: Tests and procedures used to diagnose pancreatitis include blood tests, abdominal ultrasound, CT, MRI, endoscopic ultrasound, and stool tests (Hoffman & Sullivan, 2020). The patient had a CT of the abdomen to detail the structure inside the abdomen, an XR of the chest to see the lungs, and EKG to see heart rhythm.

Treatment of disease: Initial treatments in the hospital include early eating, pain medications, intravenous (IV) fluids, procedures to remove bile duct obstructions, gallbladder surgery, pancreas procedures, treatment for alcohol dependence, and medication changes (Capriotti & Frizzell, 2020). Additional treatments include pain management, enzymes to improve digestion, and diet changes. Lifestyle and home remedies include stopping drinking alcohol, stopping smoking, choosing a low-fat diet, and drinking more fluids (Capriotti & Frizzell, 2020). The patient is on pain management and a low-carb diet.

Active Orders

Place on observation: The patient is on observation for MRSA; however, the patient tested negative.

Request admission: The patient was admitted to the hospital due to chronic pancreatitis.

Heat and ice therapy - The patient's pain.

I & O: Related to the patient's nutrition status.

Pain management: The patient is in severe pain due to pancreatitis 10+ on a scale of 1 to 10.

IV insertions: IV on right arm 20 G to administer medication.

Pulse oximetry: The patient was on pulse oximetry to monitor vital signs for pain.

Fall risk: The patient's right leg is amputated.

Braden assessment: The patient is bed-bound due to a right leg amputation.

Blood sugar: The patient has type one diabetes.

Diet: The patient is on a low-carb diet due to diabetes.

Patient Isolation: The patient was in isolation for a while, waiting for the MRSA test. The patient tested negative.

Adult glycemic management: The patient is on glycemic management related to type one diabetes.

Resuscitation status: For future reference, the patient is full code.

Physical Exam/Assessment

General: The patient was alert and oriented to person, place, and time. The patient was responsive and answered questions clearly. His appearance was clean and appropriate. PT is distressed due to pain 10+ on a scale of 1 – 10. PT is not attending all his ADLs, evidenced by right leg amputation.

Integument: The skin's temperature was warm and dry to the touch, and the skin turgor was normal, with retraction within 2 seconds or less. There were no signs of bruising, rashes, or wounds on the patient.

HEENT: The patient's head and neck were symmetrical, and his trachea was midline upon palpation. There were no visible signs of discoloration, lesions, or swelling in the patient's eyes. The sclera was white bilaterally, and the conjunctiva was pink and moist bilaterally. Hearing in the patient's ears was equal bilaterally. All the patient's teeth were present. The septum of the nose was midline with no bloody discharge or drainage.

Cardiovascular: There were normal heart sounds when auscultating the patient's heart. S1 and S2 sounds were present. His heart rate was normal. The patient's pulses are 2+. The patient's capillary refill was within normal limits of two to three seconds. No edema present.

Respiratory: The lung sounds were clear bilaterally, and the respiratory patterns were regular. The patient's respirations were equal and non-labored bilaterally. The patient was on room oxygen. There were no signs of crackles or wheezes noted. The patient was not using accessory muscles when breathing.

Genitourinary: The patient uses a urinal, 250 mL output. The patient stated no pain during urination. The patient did not have a foley catheter in place.

Gastrointestinal: The patient had active bowel sounds in all four quadrants. The patient stated pain on the right side, and tramadol was administered. The patient had light tenderness when palpating the abdomen in all four quadrants. Upon inspection, there were no signs of distention, incisions, wounds, or drainage.

Musculoskeletal: All the patient's upper extremities had full range of motion and strength bilaterally. The patient could perform all ROM actively in his upper extremities bilaterally. His muscle strength was 5/5 for his upper extremities bilaterally. The patient uses a wheelchair, evidenced by right leg amputation.

Neurological: MAEW was intact, and the patient was alert and oriented to person, place, and time. PERRLA was round and reactive equally. The patient's speech was clear and straightforward. The patient's mental status was normal, and he exhibited appropriate behavior and provided appropriate responses to questions.

Most recent VS (include date/time and highlight if abnormal): The patient's vitals were taken at 0845 on 03/06/2023 with a temperature of 97.3 F (36.3), heart rate of 88 beats per minute, respiratory rate of 18 breaths per minute, blood pressure of 138/86, and oxygen saturation of 96% on room air.

<p align="center">Nursing Diagnosis 1</p> <p>Acute pain related to pancreatitis as evidenced by patient reports pain 10+ on the scale of 1 - 10.</p>	<p align="center">Nursing Diagnosis 2</p> <p>Situational low self-esteem related to loss of body part in functional abilities as evidenced by right leg amputation.</p>	<p align="center">Nursing Diagnosis 3</p> <p>Risk for unstable glucose level related hyperglycemia as evidenced by blood sugar 276 at 0800.</p>
<p align="center">Rationale</p> <p>The patient will identify measures that are effective in relieving pain (Phelps, 2020).</p>	<p align="center">Rationale</p> <p>The patient will talk about emotions and will accept the new self-more quickly (Phelps, 2020).</p>	<p align="center">Rationale</p> <p>The patient will verbalize the understanding of how to control his blood glucose level (Phelps, 2020).</p>
<p align="center">Interventions</p> <p>Intervention 1: Assess the patient's signs and symptoms of pain behavioral cues and administer pain medication as prescribed (Phelps, 2020).</p> <p>Intervention 2: Use a pain scale when assessing for pain (Phelps, 2020).</p>	<p align="center">Interventions</p> <p>Intervention 1: Help the patient cope with his altered body image (Phelps, 2020).</p> <p>Intervention 2: Encourage the patient to express any fears, negative feelings, and grief over the loss of body parts (Phelps, 2020).</p>	<p align="center">Interventions</p> <p>Intervention 1: Monitor or instruct the patient to monitor his glucose levels with a glucometer at regular intervals (Phelps, 2020).</p> <p>Intervention 2: Consult with the physician if signs and symptoms persist (Phelps, 2020).</p>
<p align="center">Evaluation of Interventions</p> <p>The patient identifies most of the effective pain relief measures (Phelps, 2020).</p>	<p align="center">Evaluation of Interventions</p> <p>The patient express feelings about self-image (Phelps, 2020).</p>	<p align="center">Evaluation of Interventions</p> <p>The patient verbalizes his glucose management plan (Phelps, 2020).</p>

References (3) (APA):

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

Hoffman, J. J., & Sullivan, N. J. (2020). *Davis advantage for medical-surgical nursing: Making connections to practice*. F.A. Davis.

Jones & Bartlett Learning. (2020). *2021 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

Pagana, K.D., Pagana, T.J., & Pagana, T.N. (2018). *Mosby's diagnostic and laboratory test reference* (14th ed.). Mosby.

Phelps, L.L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.