N321 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	**Client Initials**	**Age**	**Gender**
09/24/2023	M.M.	41 y.o.	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White	Disabled	Divorced	• Morphine • Trazodone Hcl
Code Status	**Height**	**Weight**	
Full Code	5’ 2”	115 lb.	

Medical History (5 Points)

Past Medical History: History of alcohol abuse, Hypertension, Psoriasis

Past Surgical History: tonsillectomy, tubal ligation, cholecystectomy

Family History: Diabetes (sister), Rheumatoid arthritis (mother)

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use): Patient reports no drug use. Patient reports current alcohol use estimating 10 drinks a week for the past 3 years. Patient reports that they smoke .5 packs of cigarettes per day for the past 10 years. No smokeless tobacco uses.

Assistive Devices: Patient has glasses.

Living Situation: Patient reports that they have a house and live alone.

Education Level: GED (General Education Development)

Admission Assessment

Chief Complaint (2 points): Alcohol Withdrawal syndrome

History of Present Illness – OLD CARTS (10 points): Patient is a 41-year-old female that arrived in the Emergency Department at OSF by ambulance on 9/24/23 due to alcohol withdrawal syndrome. Patient reported abdominal pain beginning in the left lower region and in the center of the lower abdomen. Patient reports pain began on 9/24/23. The pain was reported to be “sharp” pain when moving and “dull” pain when resting. The patient reported that pain is

"worse when there is movement" and pain intensity subsides with rest. The patient has used no other forms of treatment before seeking medical care at OSF on 9/24/23. Due to the circumstances, the severity level is moderate.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Acute Pancreatitis

Secondary Diagnosis (if applicable): N/A

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

Acute pancreatitis is a condition in which the pancreas is swollen/inflamed over a period of time. Acute pancreatitis can have different causes due to different pathologies, the suspected cause with this patient is alcohol consumption. Acute pancreatitis, although lasting a short period of time, can extend to severe or life-threatening illness (Gapp & Chandra, 2021).

The major cause or event that often leads to pancreatitis is the early stimulation of trypsin (enzyme) inside the acinar cell, whereas it is usually the duct lumen. Trypsin can break down protein and cause zymogen activation cascades. This early stimulation of trypsin is crucial to note because "This premature activation of these zymogens causes extensive tissue damage and Damage Associated Molecular Patterns (DAMPs) release. This release of DAMPs is associated with recruiting neutrophils and initiating the inflammatory cascade. This inflammatory cascade then leads to the systemic manifestations of acute pancreatitis" (Gapp & Chandra, 2021). This results in damage to the pancreas and activates the inflammatory cascade that begins the SIRS (systemic inflammatory response syndrome) that can be indicated to be related to acute pancreatitis (Gapp & Chandra, 2021). The pancreas produces enzymes that assist with digestion. The pancreas produces the enzymes and then sends these enzymes to the small intestine where

they are activated in order to assist in the breakdown of proteins. If this process is activated too soon in the pancreas, they can cause damage, agitation, or destruction of the cells causing an immune system reaction that may include inflammation/swelling (Gapp & Chandra, 2021). Although this is the most common, it is important to note that there are other harmful contaminators that can contribute to the cause of pancreatitis.

There are different forms of testing to diagnose acute pancreatitis such as collecting blood samples to test the lipase levels or complete radiological imaging to search for signs of acute pancreatitis. There is often three different criteria that can be associated with diagnosing acute pancreatitis. These criteria include lipase or amylase levels that are three times the higher level of the normal range, an assessment/exam that is completed with findings related to acute pancreatitis, and imaging performed that have findings associated with acute pancreatitis (Gapp & Chandra, 2021). The patient received radiological imaging when receiving the CT Abdomen pelvis w/o Contrast. The findings indicated acute pancreatitis, and enlargement of the head/body/tail of the pancreas. These are all expected findings with acute pancreatitis. There were ordered labs to further diagnose and identify acute pancreatitis including Lipase because it is one of the most defined markers for pancreatic cell damage. The serum levels of AST (Aspartate Transferase) and ALT (Alanine Transaminase) are also often retrieved during blood work due to ALT and AST levels can be directly related to the acuteness of pancreatitis (Gapp & Chandra, 2021).

There are common signs and symptoms related to acute pancreatitis due to the inflammation of the pancreas and the pain associated. Some common signs and symptoms include nausea, diarrhea, fever, jaundice, tenderness/swelling of the abdomen, rapid pulse, and pain in the abdomen (Jones & Bartlett Learning, 2022).

Treatment and management of acute pancreatitis is crucial. The first steps of treatment include fluid rejuvenation, nutrition, and managing pain associated with acute pancreatitis. Antibiotics may be prescribed but are not always required. If there is suspicion of infected necrosis then there may be empiric antibiotics provided until infection can be ruled out (Gapp & Chandra, 2021).

Pathophysiology References (2) (APA):

Gapp, J. & Chandra, S. (2021). *Acute Pancreatitis*. PubMed; StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK482468/#:~:text=The%20pathophysiology%20of%20acute%20pancreatitis,often%20associated%20with%20acute%20pancreatitis.

Jones & Bartlett Learning, LLC. (2022). 2022 Nurse's Drug Handbook (20th ed.).

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	3.80-5.30 10(6)/mcL	3.56 10(6)/mcL	3.38 10(6)/mcL	Low RBC count are indicative of dehydration and hypoxia (low blood oxygen levels). (Martin, 2019).
Hgb	12.0-15.8 g/dL	11.4 g/dL	10.8 g/dL	Decreased Hemoglobin levels are indicative of nutritional deficiency (Martin, 2019).
Hct	36.0-47.0%	34.5%	33.4%	Decreased Hematocrit levels are indicative of nutritional deficiency (Martin, 2019).
Platelets	140-440 10(3)/mcL	64 10(3)/mcL	47 10(3)/mcL	Decreased Platelet count are indicative of infection related to acute pancreatitis (Martin, 2019).
WBC	4-12.00 10(3)/mcL	10.30 10(3)/mcL	8.80 10(3)/mcL	Lab values were within normal range.
Neutrophils	47.0-73.0 %	88.6%	81.0%	Elevated neutrophils are indicative of

				inflammation related to acute pancreatitis (Martin, 2019).
Lymphocytes	18.0-42.0 %	6.2%	14.3%	Decreased lymphocytes are indicative of inflammation related to acute pancreatitis (Martin, 2019).
Monocytes	4.0-12.0 %	5.1%	4.4%	Lab values were within normal range.
Eosinophils	0.0-0.5%	0.0%	0.2%	Lab values were within normal range.
Bands	0-2%	N/A	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 mmol/L	136 mmol/L	133 mmol/L	Decreased Serum Sodium levels is indicative of diarrhea/vomiting (Martin, 2019).
K+	3.5-5.1 mmol/L	2.6 mmol/L	2.6 mmol/L	Decreased potassium levels are indicative of diarrhea/vomiting (Martin, 2019). (decreased levels of potassium is hypokalemia)
Cl-	98-107 mmol/L	97 mmol/L	101 mmol/L	Decreased chloride levels are indicative of hypokalemia or vomiting (Martin, 2019).
CO2	22-30 mmol/L	25 mmol/L	27 mmol/L	Lab values were within normal range.
Glucose	70-99 mg/dL	164 mg/dL	112 mg/dL	Increased levels of Glucose are indicative of acute pancreatitis (Martin, 2019).
BUN	5-18 ratio	5 ratio	5 ratio	Lab values were within normal range.
Creatinine	0.60-1.00 mg/dL	0.60 mg/dL	0.61 mg/dL	Lab values were within normal range.
Albumin	3.5-5.0 g/dL	2.9 g/dL	2.6 g/dL	Decreased levels of albumin are indicative of inflammation in the liver (Martin, 2019).
Calcium	8.7-10.5 mg/dL	6.2 mg/dL	5.7 mg/dL	Decreased levels of Calcium are indicative of acute pancreatitis (Martin, 2019).
Mag	1.6-2.6 mg/dL	<0.7 mg/dL	1.7 mg/dL	Decreased levels of Magnesium are indicative of alcoholism (Martin,

				2019).
Phosphate	34-104 mg/dL	N/A	N/A	N/A
Bilirubin	0.2-1.2 mg/dL	2.1 mg/dL	1.7 mg/dL	Elevated bilirubin levels are indicative of inflammation (Martin, 2019).
Alk Phos	40-150 U/L	57 U/L	47 U/L	Lab values were within normal range.
AST	5-34 U/L	95 U/L	54 U/L	Elevated levels of AST are indicative of acute pancreatitis (Martin, 2019).
ALT	0-55 U/L	29 U/L	18 U/L	Lab values were within normal range.
Amylase	60-120 U/L	N/A	N/A	N/A
Lipase	8-78 U/L	629.8 U/L	N/A	Elevated levels of lipase are indicative of acute pancreatitis (Martin, 2019).
Lactic Acid	0.5-2.2 mmol/L	N/A	N/A	N/A

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

The labs listed here were not collected from this patient.

Lab Test	**Normal Range**	**Value on Admission**	**Today's Value**	**Reason for Abnormal**
INR	0.8-1.1	N/A	N/A	N/A
PT	10.1-13.1 seconds	N/A	N/A	N/A
PTT	25-36 seconds	N/A	N/A	N/A
D-Dimer	> 250 mg/L FEU	N/A	N/A	N/A
BNP	100-400 pg/mL	N/A	N/A	N/A
HDL	> 60 mg/dL	N/A	N/A	N/A
LDL	<130 mg/dL	N/A	N/A	N/A

Cholesterol	<200 mg/dL	N/A	N/A	N/A
Triglycerides	40-180 mmol/L	N/A	N/A	N/A
Hgb A1c	< 7 mg/dL	N/A	N/A	N/A
TSH	0.5-5.0 mIU/mL	N/A	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	Yellow, clear	Dark, Cloudy	N/A	Dark and cloudy urine is indicative of dehydration (Martin, 2019).
pH	5.0-9.0	6.0	N/A	Lab values were within normal range.
Specific Gravity	1.003-1.030	1.015	N/A	Lab values were within normal range.
Glucose	Neg	Neg	N/A	Lab values were within normal range.
Protein	Neg	Trace	N/A	Elevated levels of protein in the urine can be indicative of dehydration (Martin, 2019).
Ketones	Neg	Trace	N/A	Elevated levels of Ketones in the urine can be indicative of heavy alcohol use (Martin, 2019).
WBC	Neg-0.5	11-20	N/A	Elevated levels of WBC are indicative of infection (Martin, 2019).
RBC	Neg-0.2	3-5	N/A	
Leukoesterase	N/A	N/A	N/A	N/A

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

These tests were not performed on this patient.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative <10,000	N/A	N/A	N/A

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

Lab Correlations Reference (1) (APA):

Martin, P. (2019). *Normal Laboratory Values for Nurses: A Guide for Nurses*. Nurselabs. https://nurseslabs.com/normal-lab-values-nclex-nursing/

Diagnostic Imaging

All Other Diagnostic Tests (5 points): CT Abdomen pelvis w/o Contrast

Diagnostic Test Correlation (5 points): The patient arrived in the Emergency room with abdominal pain. The CT abdomen pelvis w/o contrast was necessary to confirm/diagnose a cause of the abdominal pain the patient is experiencing.

There is a finding of moderate fatty infiltration of liver noted, acute pancreatitis, and enlargement of head/body/tail of the pancreas. Presence of diffuse peripancreatic inflammatory phlegmon edema (fluid collection located posterior to the tail of the pancreas.)

Reason for findings: The finding of moderate fatty infiltration of the liver indicates that there is fat built up in the liver. This can occur over time and can be directly related to the patients frequent and heavy alcohol abuse (Australia, 2023). The finding of acute pancreatitis as well as the additional inflammation in the head/body/tail of the pancreas can be directly related to the patient's primary diagnosis of acute pancreatitis. Acute pancreatitis can be directly related to the patient's heavy alcohol abuse.

Diagnostic Test Reference (1) (APA):

Australia, H. (2023). Fatty Liver. www. healthdirect.gov.au.

https://www.healthdirect.gov.au/fatty-liver#:~:text=It%20means%20too%20much%20fat,lifestyle%2C%20and%20reducing%20alcohol%20intake

Jones & Bartlett Learning, LLC. (2022). 2022 Nurse's Drug Handbook (20th ed.).

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

Home Medications (5 required)

Brand/Generic	HydrOXYzine/ Vistaril	Losartan/ Cozaar	Toprol-xL/ Metoprolol	Fluticasone propionate/ Flonase	Vit B1 Thiamine
Dose	50 mg	50 mg	50 mg	50 mcg/ACT	100 mg
Frequency	PRN	Once daily	Once daily	1-2 sprays PRN	Once daily
Route	Oral	Oral	Oral	Nasal	Oral
Classification	Pharmacological: piperazine derivative Therapeutic: antihistamine, anxiolytic, antiemetic, sedative hypotonic (Jones & Bartlett Learning, 2022).	Pharmacological: Angiotensin II receptor blocker Therapeutic: Antihypertensive (Jones & Bartlett Learning, 2022).	Pharmacological: Beta-adrenergic blocker Therapeutic: Antihypertensive (Jones & Bartlett Learning, 2022).	Pharmacological: Corticosteroid Therapeutic: anti-asthmatic, anti-inflammatory (Jones & Bartlett Learning, 2022).	Pharmacological: Vitamin B1 analogs. Therapeutic: Water soluble (Jones & Bartlett Learning, 2022).

Mechanism of Action	Competes with histamine for histamine, receptor sets on surfaces of effector cells, resulting in the suppression of histamine activity (edema, flare, and pruritus'). Sedative actions take place at the subcortical level of CNS and are often dose correlated (Jones & Bartlett Learning, 2022).	Stops binding of angiotensin II to receptor sites in tissues. Angiotensin II is a vasoconstrictor that energizes the adrenal cortex to secrete aldosterone. Allowing the inhibiting effects to decrease blood pressure (Jones & Bartlett Learning, 2022).	Obstructs stimulation of beta-receptor sites. Mainly located in the heart causing decreased cardiac excitability, cardiac output, and the demand of oxygen (Jones & Bartlett Learning, 2022).	Interferes with cells involved in the inflammatory reaction of asthma. (basophils, eosinophils, lymphocytes, macrophages, neutrophils). Obstructs production of chemical mediators (Jones & Bartlett Learning, 2022). n	Vitamin B1 Thiamine is crucial for the production of ATP and NADPH. Vit B1 Thiamine is digested in the gastrointestinal tract and circulates in the blood. Thiamine is a water-soluble vitamin (Jones & Bartlett Learning, 2022).
Reason Client Taking	Patient taking to reduce anxiety.	Patient taking to treat hypertension.	Patient taking to treat hypertension.	Patient taking to treat seasonal allergies.	Patient taking to increase immune system.
Contraindications (2)	1.Medications such as sotalol, quinidine, thioridazine can interact with hydroxyzine to cause abnormal heart rhythm. 2. Do not take if patient already has disruptive heart rhythm.	1. If the patient has renal artery stenosis. 2. If the patient has severe CHF.	1. If the patient has severe bradycardia. 2. If the patient has a heart block.	1. If the patient has had recent nasal surgery. 2. If the patient has glaucoma/ Cataracts.	There are no contraindications related to vit. B1 Thiamine, however there should be caution if a patient has experienced allergic reactions in the past or is currently breastfeeding.
Side Effects/Adverse Reactions (2)	1.Chest pain 2.Bradycardia	1.Dizziness 2. Nausea	1. Fatigue 2. pruritus	3. Nasal dryness 4. Nausea	Although rare there can be side effects of

					coughing and itching of the skin.
Nursing Considerations (2)	1.Monitor patient for respiratory distress (tightness in chest, wheezing) 2.Monitor patient for adverse reactions such as agitation or anxiety (Jones & Bartlett Learning, 2022).	1.Monitor renal function and blood pressure to ensure desired therapeutic effect. 2.Monitor patients potassium levels (may cause hyperkalemia) (Jones & Bartlett Learning, 2022).	1. Monitor patient ECG 2. Monitor patient for any respiratory distress and monitor vitals regularly (Jones & Bartlett Learning, 2022).	1.Assess patients' respiratory status before administration of Flonase to ensure no respiratory distress. 2. Use cautiously on patients that have untreated infections (Jones & Bartlett Learning, 2022).	1.Administer vitamin with food for best absorption. 2.Educate patient to not take vitamin if breastfeeding (Jones & Bartlett Learning, 2022).

Hospital Medications (5 required)

Brand/Generic	Lovenox/ Enoxaparin	FentaNYL citrate (PF) Soln	Dilaudid/ Hydromorphone	Toradol/ ketorolac tromethamine	Potassium Chloride SA/ KCl
Dose	40 mg	50 mcg	0.5 mg	30 mg	40 mEq
Frequency	Once daily	Administered once	Q6 PRN	PRN	2x daily w/ meals
Route	SubQ Inj	IV	IV	IV	Oral
Classification	Low molecular weight heparins. Anticoagulant (Jones & Bartlett Learning, 2022).	Pharmacological: Opioid analgesics. Therapeutic: Opioid (Jones & Bartlett Learning, 2022).	Pharmacological : Opioid analgesic. Therapeutic: Opioid (Jones & Bartlett Learning, 2022).	Pharmacological: NSAID Therapeutic: Analgesic (Jones & Bartlett Learning, 2022).	Pharmacological: Electrolyte cation Therapeutic: electrolyte replacement (Jones & Bartlett Learning, 2022).

Mechanism of Action	Increased the effect of antithrombin III by binding with antithrombin III enoxaparin quickly attaches and inactivates clotting factors. The lack of thrombin results in fibrinogen being unable to convert to fibrin and unable to form thrombus (Jones & Bartlett Learning, 2022).	Binds to opioid receptor sites in the CNS, changing conception and emotional reaction to pain by hindering ascending pain pathways (Jones & Bartlett Learning, 2022).	This medication connects with opioid receptors in the spinal cord, thus stimulating kappa and mu receptors, changing the conception of pain and emotional reaction (Jones & Bartlett Learning, 2022).	Stops the enzyme needed to synthesize prostaglandins (cyclooxygenase). Prostaglandins arbitrate inflammatory response and cause vasodilation. Stopping the cyclooxygenase and obstructing prostaglandins the medication is able to lessen inflammation and provide pain relief (Jones & Bartlett Learning, 2022).	Potassium is a crucial cation in intracellular fluid, activates different enzymatic reactions that are crucial for physiologic processes. Potassium assists in maintaining electroneutrality in cells by directing exchanges of intracellular and extracellular ions. Potassium assists in maintain normal renal function, and acid-base balance (Jones & Bartlett Learning, 2022).
Reason Client Taking	Patient is taking to prevent blood clots.	Patient is taking for pain relief.	Patient is taking for pain relief.	Patient is taking for pain and inflammation relief.	Patient is taking to increase potassium levels.
Contraindications (2)	1. If the patient has major bleeding. 2. If the patient has history heparin-induced thrombocytopenia.	1. If the patient has history or current respiratory depression. 2. If the patient has liver failure.	1. If the patient has known history of respiratory depression. 2. If the patient has severe asthma.	1. If the patient has peptic ulcer disease. 2. If the patient has a GI bleed.	1. If the patient has high potassium levels. 2. If the patient has renal failure with potassium retention.
Side Effects/Adverse Reactions (2)	1.Easily bruising 2.Uncontrolled bleeding (hemorrhage risk; high-alert medication)	1.Nausea 2.dizziness 3.constipation 4.confusion (risk for	1.Nausea 2.Sweating 3.Dry mouth 4.Constipation (risk for	1.Diarrhea 2.Drowsiness 3.Indigestion 4.Nausea	1.Vomiting 2.Diarrhea

		addiction, tolerance, and dependence)	addiction, tolerance, and dependence)		
Nursing Considerations (2)	1.Monitor patients closely for any bleeding. Notify provider if platelet count decreases below 100,000mm3. 2. Prepare to cease this medication if the patient has a thromboembolic event (Jones & Bartlett Learning, 2022).	1.Montior patients for any signs or symptoms of reduced consciousness. 2. If the patient has bradycardia apply monitor of heart rate and rhythm as ordered (Jones & Bartlett Learning, 2022).	1.Monitor patient for respiratory depression. 2. Monitor patient for signs and symptoms of agitation, diarrhea, fever, and hallucinations. Be prepared to notify provider (Jones & Bartlett Learning, 2022).	1. Monitor patient with a history of inflammatory bowel diseases, their conditions may worsen. 2. Monitor blood pressure (may increase chance of hypertension) 3. Monitor patient for thrombotic incidents (MI, Stroke) Medications similar to this (NSAIDS) increase risk of thrombotic incidents (Jones & Bartlett Learning, 2022).	1. Monitor patients potassium levels before and during treatment, may cause hyperkalemia. 2. Monitor patients creatine levels to ensure proper renal function during potassium chloride treatment. Proper renal function is crucial during potassium chloride treatment (Jones & Bartlett Learning, 2022).

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). 2022 Nurse's Drug Handbook (20th ed.).

Assessment

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

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient is alert and oriented to person, place, time, and situation. The patient is well-groomed and is in no acute distress.
INTEGUMENTARY: **Skin color:** **Character:**	Skin color is normal for ethnicity. Skin appears warm and dry. Skin turgor <3 seconds. No wounds noted. White scaly dry patches on left

Temperature: **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	and right leg and left arm. Bruising noted on the left lower quadrant of the abdomen. Braden score: 21 Peripheral IV left antecubital 20 G IV site appears dry and intact. Infusing 0.9% Sodium Chloride 150 mL/hr.
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck are symmetrical, trachea is without deviation. Thyroid is nonpalpable, with no nodules noted. Bilateral carotid pulses are palpable and 2+. Auricles appear with no visible or palpable deformities, lesions or lumps bilaterally. Septum is midline, turbinates' are pink and moist with no visible lesions, bleeding, or polyps bilaterally. Sclera white bilaterally, cornea clear bilaterally, conjunctiva pink bilaterally, no visible drainage from eyes. Lids are moist and pink without discharge or drainage. PERRLA bilaterally, EOMs bilaterally. Oral mucosa is pink and moist without lesions or bleeding. Patient oral dentition is poor.
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:**	S1 & S2 present. Regular rate and rhythm. No gallops, murmurs, or rubs heard upon auscultation. Peripheral pulses 2+ bilaterally. PMI palpable at the 5th intercostal space at MCL Capillary refill <3 seconds.
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Breath sounds are clear bilaterally. No wheezes, crackles or rhonchi noted. Normal rate and pattern of respiration.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:** **Last BM:**	Patient reports "normal" diet at home but does not appear to have proper nutrition. Patient also has history of alcohol abuse, and regularly current use of alcohol. Current diet: full liquid Height: 5'2" Weight: 115 lbs.

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 sounds are present in all 4 quadrants. Abdomen is soft, tender in the lower left and right quadrant. No distention, incisions, scares, drains, or wounds present. Last bowel movement was 9/25/23 Patient reports diarrhea stools and emesis.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Color: yellow Character: dark, cloudy Quantity of urine: 500 mL No pain, urgency, or frequency reported.
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** ☐	All extremities have full range of motion, active ROM. 4 strength. Hand grips and pedal pushes and pulls appear normal and equal in strength. Fall score is 24. No supportive devices in use, patient is independent. Balanced and smooth gait.
NEUROLOGICAL: **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient is orientated to person, place, situation, and time. Patient appears with normal cognition. Speech is clear. Patient is alert-awake and answers questions appropriately. PERRLA. Strength is equal on all extremities bilaterally.

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):**	Patient is very cooperative and receptive to treatment. Patient allowed two visitors (family members). The patient is not religious. The patient states they have a good home environment, and family support. Erikson's developmental level: generativity vs. stagnation Paget development level: formal operational

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1219	133 bpm	121/104	22	95.9 F	93
1500	129 bpm	131/98	20	97.2 F	97

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1219	0-10	N/A	6	N/A	N/A
1500	0-10	Abdomen	4	Sharp	Rest

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 G **Location of IV:** peripheral IV left antecubital **Date on IV:** 9/24/23 **Patency of IV:** Patency verified **Signs of erythema, drainage, etc.:** No **IV dressing assessment:** dry and intact	0.9 % sodium chloride solution 1000mL 150 mL/hour

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
Juice x2: 240 mL, Broth: 240 mL, 0.9% sodium chloride solution 1000mL Overall intake: 1,480 mL	Urine output: 600mL Emesis was recorded but no specified mL provided.

Nursing Care

Summary of Care (2 points)

Overview of care: I went and introduced myself to the patient at 1330. The patient had just finished their lunch tray, so I removed the tray and charted their intake. I assisted the patient to use the restroom and provided the patient with new gown/undergarments. I completed a set of vitals at 1500. The patient later had two visitors from her family around 1600. The patient requested medication to “calm her anxiety”. I assisted my preceptor in administering Ativan via IV. I then assisted my preceptor in other duties such as collecting supplies. I saw my patient before the end of my shift to ensure there was nothing, I could do for her at this time the patient declined any assistance at this time. I then reported back to my preceptor before leaving the unit.

Procedures/testing done: None

Complaints/Issues: The patient requested medication for anxiety at 1400.

Vital signs (stable/unstable): stable

Tolerating diet, activity, etc.: Tolerated full liquid diet, voided in the toilet x3, no bowel movement

Physician notifications: None

Future plans for client: Complete medication and complete IVF, anti-emetics, electrolyte replacement, stool softener.

Discharge Planning (2 points)

Discharge location: The patient will be returning to her home alone.

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Follow up with PCP as needed/ordered.

Education needs: Patient needs to be educated on harmful side effects of heavy alcohol use, causes of acute pancreatitis/liver damage, education/resources for alcohol addiction.

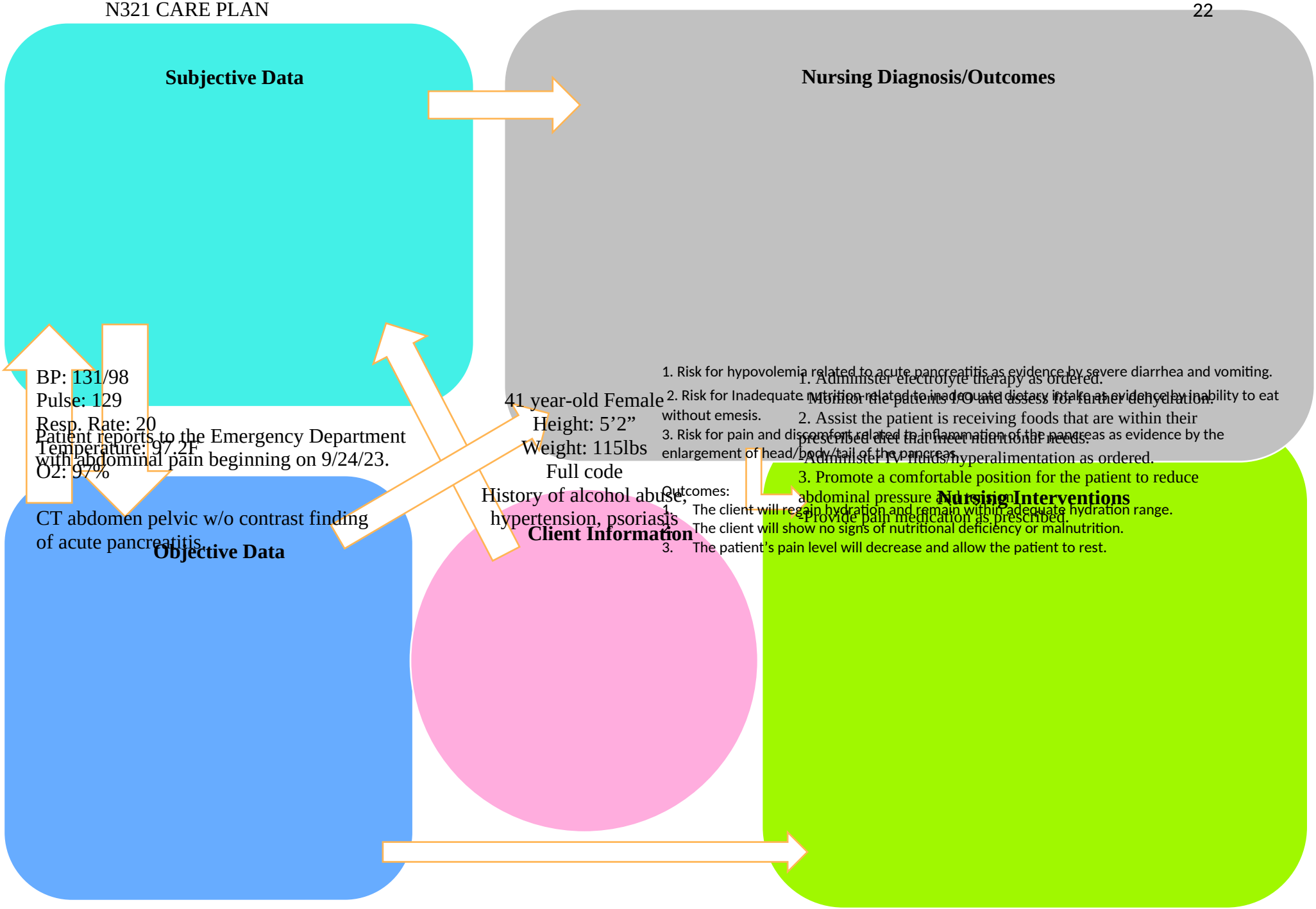
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority	**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

to lowest priority pertinent to this client				outcomes, modifications to plan.
1. Risk for hypovolemia related to acute pancreatitis as evidence by severe diarrhea and vomiting.	Current severe diarrhea and vomiting.	1. Administer electrolyte therapy as ordered. 2. Monitor the patients I/O and assess for further dehydration.	1. The client will regain hydration and remain within adequate hydration range.	The patient was very receptive to electrolyte therapy. The patient responded well.
2. Risk for Inadequate nutrition related to inadequate dietary intake as evidence by inability to eat without emesis.	The patient is unable to eat foot without vomiting.	1. Assist the patient is receiving foods that are within their prescribed diet that meet nutritional needs. 2. Administer IV fluids/hyperalimentation as ordered.	1. The client will show no signs of nutritional deficiency or malnutrition.	The patient was very receptive and responded well. The patient was prescribed a liquid diet and given IV fluids. The patient tolerated well.
3. Risk for pain and discomfort related to inflammation of the pancreas as evidence by the enlargement of head/body/tail of the pancreas.	The patient is reporting sharp pain in the lower abdomen. The patient is showing nonverbal signs of pain and discomfort.	1. Promote a comfortable position for the patient to reduce abdominal pressure and tension. 2 Provide pain medication as prescribed.	1. The patient's pain level will decrease and allow the patient to rest.	The patient was very receptive and responded well to treatment. The patient did report less pain.

Other References (APA):

Concept Map (20 Points):


Subjective Data
Patient reports to the Emergency Department with abdominal pain beginning on 9/24/23.
Objective Data
BP: 131/98
Pulse: 129
Resp. Rate: 20
Temperature: 97.2F
O2: 97%
CT abdomen pelvic w/o contrast finding of acute pancreatitis.
41 year-old Female
Height: 5'2"
Weight: 115lbs
Full code
History of alcohol abuse, hypertension, psoriasis
Client Information
Nursing Diagnosis/Outcomes
1. Risk for hypovolemia related to acute pancreatitis as evidence by severe diarrhea and vomiting.
2. Risk for Inadequate nutrition related to inadequate dietary intake as evidence by inability to eat without emesis.
3. Risk for pain and discomfort related to inflammation of the pancreas as evidence by the enlargement of head/body/tail of the pancreas.
Outcomes:
1. The client will regain hydration and remain within adequate hydration range.
2. The client will show no signs of nutritional deficiency or malnutrition.
3. The patient's pain level will decrease and allow the patient to rest.
Nursing Interventions
1. Administer electrolyte therapy as ordered.
-Monitor the patients I/O and assess for further dehydration.
2. Assist the patient is receiving foods that are within their prescribed diet that meet nutritional needs.
-Administer IV fluids/hyperalimentation as ordered.
3. Promote a comfortable position for the patient to reduce abdominal pressure and tension.
-Provide pain medication as prescribed.

All used References:

Australia, H. (2023). Fatty Liver. www.healthdirect.gov.au. https://www.healthdirect.gov.au/fatty-liver#:~:text=It%20means%20too%20much%20fat,lifestyle%2C%20and%20reducing%20alcohol%20intake

Jones & Bartlett Learning, LLC. (2022). 2022 Nurse's Drug Handbook (20th ed.).

Martin, P. (2019). *Normal Laboratory Values for Nurses: A Guide for Nurses*. Nurselabs. https://nurseslabs.com/normal-lab-values-nclex-nursing/

Phelps, L.L. (2020). Spark's & Taylor's Nursing Diagnosis Reference Manual 11th ed. Essay. Wolters Kluwer.