

**N311 Care Plan 2**

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Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Henry

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### Demographics (5 points)

<b>Date of Admission</b> 10/05/2024	<b>Client Initials</b> DS	<b>Age</b> 30	<b>Gender</b> Female
<b>Race/Ethnicity</b> White	<b>Occupation</b> Unemployed	<b>Marital Status</b> married	<b>Allergies</b> Acetaminophen- codeine
<b>Code Status</b> full	<b>Height</b> 5' 2"	<b>Weight</b> 207lbs 0.2oz	

### Medical History (5 Points)

**Past Medical History:** Acute pancreatitis, alcohol abuse, anxiety, asthma, auditory hallucinations, depression, DVT of leg, hypertension, marijuana use, pre-eclampsia, preterm labor (02/17/2016), pyloric stenosis, schizoaffective disorder, and smoker.

**Past Surgical History:** Caesarean section, exploratory of abdomen, finger surgery (left), gastrointestinal endoscopy.

**Family History:** cancer maternal grandfather and grandmother

diabetes father

hypertension maternal grandfather, maternal grandmother, mother, paternal grandfather and paternal grandmother

stroke maternal grandmother

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

Smoking cigarettes currently, exposed to tobacco smoke, never smokeless, current alcohol use, currently no use of drugs, past use of marijuana

### Admission Assessment

**Chief Complaint (2 points):** Alcohol problem, nausea, and abdominal pain

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

Patient presented to the ED with nausea and abdominal pain. Her symptoms started a couple days ago, and she believed that they were related to her period to begin with. All her pain is in her abdominal area. She has been experiencing her symptoms for the last 3 days. Her pain is a sharp, severe pain that comes and goes. She states her pain changes. When asked if anything made it worse, she said that trying to go the bathroom made it hurt worse. Laying in a ball, with her knees pulled up to her chest makes it feel a little better. She tried ibuprofen in the middle of the night, and it did not help at all. The severity of her pain fluctuates between a 4 and an 8 on a scale of 0-10.

### **Primary Diagnosis**

**Primary Diagnosis on Admission (3 points):** acute pancreatitis

**Secondary Diagnosis (if applicable):** Thrombocytopenia (HCC) and anemia

### **Pathophysiology**

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

What is acute pancreatitis? “Acute pancreatitis (AP) is a necro-inflammatory disease resulting from exocrine cell destruction by infiltrating inflammatory cells.” (Klochkov).

Common causes of acute pancreatitis are alcohol abuse and biliary tract disease. After having pancreatitis, both exocrine and endocrine functions of the pancreas can be impaired.

Inflammation of the gland can become deficient in digestive enzymes and insulin (Capriotti, 791).

Signs and symptoms of acute pancreatitis include mild or severe abdominal pain. It includes a swollen and tender abdomen. Back pain, fever, nausea, and vomiting are also included. You usually have tachycardia and hypotension with acute pancreatitis to accompany the pain. You also can experience jaundice, which is yellowing of the skin and/or the eyes of

your eyes. Repeat cases of acute pancreatitis can cause irreversible damage to the pancreas leading to chronic pancreatitis and chronic abdominal pain.

To prevent acute pancreatitis, stay away from excessive alcohol use. You also can maintain a healthy and ideal weight. Do not smoke or quit smoking. Take care of yourself by seeing your primary caregiver for appointments.

Physically examination can reveal Cullen's sign and Grey Turners sign. The diagnostic testing for acute pancreatitis includes blood work for blood glucose levels, complete blood count, blood urea nitrogen, serum calcium, lactic dehydrogenase, amylase, and lipase. Then noninvasive imaging that are done are abdominal and endoscopic ultrasound, Ct scan, and MRCP (Capriotti, 792).

Acute pancreatitis on a cellular level, "the localized destruction characterizes the pathophysiology of pancreatitis in the pancreas and systemic inflammatory response. The major inciting event is the premature activation of the enzyme trypsinogen to trypsin within the acinar cell instead of the duct lumen. The leading cause is an elevation in ductal pressures (such as duct obstruction) and problems with calcium homeostasis and pH. Many toxins responsible for causing pancreatitis cause ATP depletion, increasing the intra-acinar calcium concentrations that may stimulate the early activation of trypsinogen to trypsin, activating enzymes such as elastase and phospholipases" (Gapp).

### **Pathophysiology References (2) (APA):**

Gapp J, Tariq A, Chandra S. Acute Pancreatitis. [Updated 2023 Feb 9]. In: StatPearls [Internet].

Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK482468/>

Klochkov A, Kudaravalli P, Lim Y, et al. Alcoholic Pancreatitis. [Updated 2023 May 16]. In:

StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available

from: <https://www.ncbi.nlm.nih.gov/books/NBK537191/>

Theresa Capriotti, 2020, *Chapter 21: Restrictive and Obstructive Pulmonary Disorders*, In Ed.,

Davis Advantage for Pathophysiology: Introductory Concepts and Clinical Perspectives,

pp. 790-792.

**Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	103	112/66	20	98.1°	97%

**Pain Assessment, 1 set (5 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
0700	1-10	abdomen	7	Sharp	Pain medication

**Intake and Output (2 points)**

Intake (in mL)	Output (in mL)
50 mL PO	2 urine/ unmeasurable

**Nursing Diagnosis (15 points)**  
**\*Must be NANDA approved nursing diagnosis\***

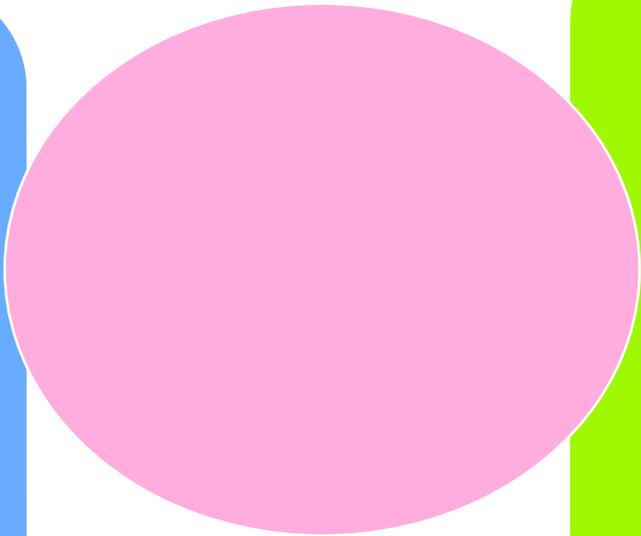
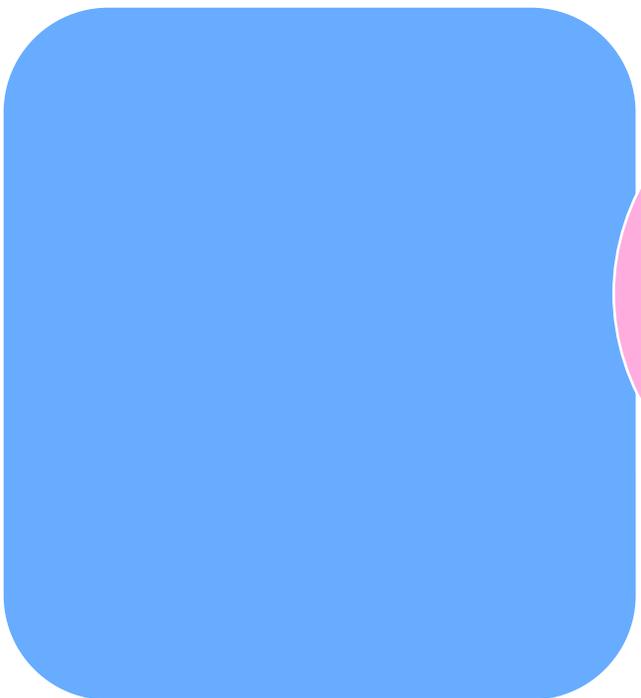
<p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> <li>• Listed in order by priority – highest priority to lowest priority pertinent to this client</li> </ul>	<p><b>Rationale</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>Interventions (2 per dx)</b></p>	<p><b>Outcome Goal (1 per dx)</b></p>	<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• How did the client/family respond to the nurse’s actions?               <ul style="list-style-type: none"> <li>• Client response, status of goals and outcomes, modifications to plan.</li> </ul> </li> </ul>
<p>1. Acute Pain related to the patients rating of a 7 on the pain scale, evidence by the chief complaint of abdominal pain upon arrival to the ED.</p>	<p>This nursing diagnosis was chosen because the patient rated pain as a 7 on the scale of 0-10.</p>	<p><b>1.</b>Use pain scale when assessing pain.  <b>2.</b> Apply heat or cold, as ordered, to minimize or relieve pain.</p>	<p><b>1.</b> Patient will express relief from pain within a reasonable time after interventions.</p>	<p>Client and family were okay with these being the goals to reach</p>
<p>2. Nausea related to patient saying</p>	<p>This nursing diagnosis was chosen because the</p>	<p><b>1.</b> Administer antinausea medications as prescribed</p>	<p><b>1.</b> Patient takes steps to manage episodes of nausea and vomiting.</p>	<p>Client and family were okay with these goals.</p>

<p>they were nauseous, evidence by the patient stating she was nauseous and vomiting.</p>	<p>patient shows signs of nausea and vomiting</p>	<p>to provide relief from nausea and allow the patient to eat.</p> <p>2. Teach relaxation techniques and help patient use techniques during mealtime to reduce stress and divert attention from nausea, thereby helping the patient eat and drink.</p>		
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**Other References (APA):**

Phelps, linda. (n.d.). In *Nursing diagnosis reference manual* (12th ed., pp. 431 and 463-433 and 465). essay.

**Concept Map (23 Points):**



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