

N311 Care Plan 1

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N311: Foundations of Professional Practice

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Demographics

Date of Admission 2/12/2025	Client Initials BSM	Age 87	Biological Gender Female
Race/Ethnicity Caucasian	Occupation Retired Nurse also owned her own Hair salon.	Marital Status Widow	Allergies Meperidine- Anxiety Penicillins- Shortness of breath Sulfa (sulfonamide antibiotic- Hives, Rash Vancomycin Hal- Hives Haloperidol Lactate- Hives Haloperidol- n/a Meperidine Hcl- n/a Tramadol- Hives Lisinopril- cough
Code Status Attempt CPR	Height 4'11	Weight 211	

Medical History

Past Medical History: Diabetes Mellitus type 2, GERD (gastroesophageal reflux disease), Hypertension, Pancreatitis

Past Surgical History: Appendectomy, Embolectomy, removal gallbladder

Family History: Alcohol and drug use on her father side. Breast cancer in her sister, Cancer in her brother, father, sister and son. Diabetes on her mom and son both had type 2. Gallbladder disease in her mother. Glaucoma in her mother. Hypertension in her mother and another family member, lipids in one of her family members, Liver Disease in her father and son. Macular Degeneration in her mother. Peptic Ulcer disease in her son. Retinal detachment in her mother. Sleep apnea runs in the family. Strokes also runs in the family.

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

Never smoked or drunk alcohol.

Education: Nursing Degree

Living Situation: BSM lives alone, she does have a caregiver that comes and help her with her ADLs.

Assistive devices: Uses a walker

Admission Assessment

Chief Complaint: Chest and abdominal pain

History of Present Illness (HPI)– OLD CARTS:

Then patient came to the ED stating that she had chest and abdominal pain. BSM states “the pain started 4 days ago”. She states that the pain comes and goes but has gotten worsen the past couple of days. She describes the pain as a “grabbing and squeezing feeling” in both chest and upper abdominal. Patient states after a few bites of food she starts to feel the pain her chest. She states she gets a relief “when I. am sitting up straight or using a heating pad”. She states the pain radiates to the back and chest sometimes. Patients also stated that she woke up this morning and the pain ws constant for about a few hours with no relief.

Primary Diagnosis

Primary Diagnosis on Admission: Pancreatitis

Secondary Diagnosis (if applicable): N/A

Pathophysiology

Pathophysiology of the Disease, APA format:

“Pancreatitis is an inflammatory disease of the pancreas that can result from episodes of untreated cholecystitis caused by gallstones” (2024 Capriotti pg. 822). The gallstones can make their way to the common bile duct and obstruct the flow of enzymes from the pancreas. This can cause the digestion enzymes to perform autodigestion, destroying the pancreatic cells.

“Autodigestion leads to severe damage to pancreatic cells edema, vascular insufficiency and ischemia of the gland” (2024 Capriotti pg. 822). The pancreas has a crucial role in digestion and blood sugar regulation. The pancreas releases enzymes and insulin, which help break down food and control glucose levels. The inflammation of the pancreas causes pain and swelling and, in some cases, can cause tissue necrosis. Many causes lead to pancreatitis, such as alcohol, high fatty levels in the blood, drugs, and infectious agents. The signs and symptoms of pancreatitis can be severe abdominal pain, which can occur after eating, nausea and vomiting, fever, and jaundice. There are a couple of treatments to manage pancreatitis such as “(1) fluid resuscitation to maintain or restore tissue perfusion and (2) nutritional support to counter the catabolic state and decrease the rate of infectious complications” (2024 Capriotti pg. 824). My patient presented to the ED with acute on chronic pancreatic with no history of smoking or alcohol, but she did have Type 2 diabetes and previous pancreatitis. She stated that the pain radiates from her abdominal to her chest. The flare up causing the pancreatitis to come back could be due to my patient being a diabetic. “Diabetes can also develop as a direct consequence of other diseases, including diseases of the exocrine pancreas”, (2016 The lancet) My patient stated that the pain comes back when she has eaten. Upon checking her vitals, she showed a low blood pressure, and her heart rate was pumping faster for her age. She was also on a liquid diet and was given fluid through an IV. During her stay she will be monitored very closely.

Pathophysiology References (2) (APA):

Capriotti, T. (2024). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company.

Type 3C (pancreatogenic) diabetes mellitus secondary to ... the lancet. (2016).

[https://www.thelancet.com/journals/langas/article/PIIS2468-1253\(16\)30106-6/abstract](https://www.thelancet.com/journals/langas/article/PIIS2468-1253(16)30106-6/abstract)

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen SAT	Oxygen Delivery Method
1137	60	103/51	20	97.8	96	Nasal 2 L

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
0834	1-9	Stomach	5	Sharp pain, its not constant she stated it feels like someone is squeezing her insides.	The nurse gave pain medications.