

N311 Care Plan 3

Alaska Anacker

Lakeview College of Nursing

N311: Foundations of Professional Practice

Professor Merriweather

September 28th, 2025

Demographics

Date of Admission 09/22/25	Client Initials P.W.H.	Age 55	Biological Gender M
Race/Ethnicity White	Occupation Unemployed	Marital Status Single	Allergies No known
Code Status Not on file	Height 5'9 (175.3cm)	Weight 208lbs (94.3kg)	

Medical History

Past Medical History: Gastritis and pancreatitis

Past Surgical History: Colonoscopy

Family History: No family history noted

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

Tobacco: Everyday, N/A values. Alcohol: Current use, N/A values. Smokeless: Chew, N/A values. Drugs: Never.

Education: Information not provided, patient noted military experience

Living Situation: Resides in private residence (house)

Assistive devices: Patient is independent, no assistive devices required.

Admission Assessment

Chief Complaint: Chest pain

History of Present Illness (HPI) – OLD CARTS: Onset: Pain began suddenly on 9/22/25.

Location: Reported in the chest and upper abdomen. Duration: Constant since onset.

Characteristics: Described as a heavy sensation, non-radiating. Aggravating factors: Worsens with food intake; pain has been gradually increasing in intensity. Relieving factors: Rest and avoidance of food provide some relief. Patient is currently on a liquid diet. Treatment: Patient

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has not attempted any treatments prior to admission. Patient placed on Dilaudid for pain management. Severity: Rated 8/10 at the time of admission.

Primary Diagnosis

Primary Diagnosis on Admission: Pancreatitis

Secondary Diagnosis (if applicable): N/A

Pathophysiology**Pathophysiology of Pancreatitis, APA format:**

Pancreatitis happens when the pancreas becomes inflamed. The problem starts when the digestive enzymes activate too early inside the pancreas instead of in the small intestine. This leads to the pancreas beginning to digest itself, which causes pain, swelling, and damage to the tissue (Capriotti, 2024).

Acute pancreatitis starts suddenly. It is most often caused by gallstones or alcohol, but it can also be linked to injury, certain medicines, or high triglycerides. The inflammation makes the pancreas swell and can affect other organs if it becomes severe. Sometimes it leads to fluid loss, electrolyte problems, or even organ failure. With treatment, the inflammation can go away, and the pancreas can return to normal function (Capriotti, 2024).

Chronic pancreatitis is different because the inflammation keeps happening over time. This repeated damage causes scarring, shrinking of the pancreas, and changes in the pancreatic ducts (Tsomidis et al., 2024). As the tissue breaks down, the pancreas cannot make enough digestive enzymes, which leads to poor absorption of food and weight loss. Over time, insulin production

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is also affected, and diabetes may develop. These changes do not heal, so chronic pancreatitis is permanent and usually gets worse as time goes on (Tsomidis et al., 2024).

In short, both acute and chronic pancreatitis involve inflammation from enzymes activating too early. Acute cases can improve, but chronic cases cause lasting damage and loss of function (Capriotti, 2024; Tsomidis et al., 2024).

Pathophysiology References (2) (APA):

Capriotti, T. M. (2024). *Pathophysiology: Introductory concepts and clinical perspectives*. (3rd ed.). F.A. Davis.

Tsomidis, I., Voumvouraki, A., & Kouroumalis, E. (2024). The pathogenesis of pancreatitis and the role of autophagy. *Gastroenterology Insights*, 15(2), 303–341.

<https://doi.org/10.3390/gastroent15020022>

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
CBC w/ diff (RBC's)	4.55 10(6)/mcL	4.28 10(6)/mcL	4.40-5.80 10(6)/mcL	Pancreatitis
CMP (sodium)	139 mmol/L	131 mmol/L	136-145 mmol/L	Pancreatitis
CMP (potassium)	3.5 mmol/L	3.4 mmol/L	3.5-5.1 mmol/L	Pancreatitis
CMP (glucose)	127 mg/dL	62 mg/dL	70-99 mg/dL	Pancreatitis

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CMP (creatine, blood)	0.70 mg/dL	0.60 mg/dL	0.70-1.30 mg/dL	Pancreatitis
CMP (Bun/creatinine ratio)	24 ratio	18 ratio	12-20 ratio	Pancreatitis
CMP (total protein)	7.2 g/dL	5.9 g/dL	6.0-8.0 g/dL	Pancreatitis
CMP (albumin)	4.1 g/dL	3.3 g/dL	3.5-5.0 g/dL	Pancreatitis
CMP (calcium)	9.1 mg/dL	8.2 mg/dL	8.7-10.5 mg/dL	Pancreatitis
CMP (T BILLI)	1.4 mg/dL	1.3 mg/dL	0.2-1.2 mg/dL	Pancreatitis
BMP (potassium)	3.5 mmol/L	3.4 mmol/L	3.5-5.1 mmol/L	Pancreatitis
BMP (glucose)	127 mg/dL	112 mg/dL	70-99 mg/dL	Pancreatitis
BMP (creatine, blood)	0.70 mg/dL	0.62 mg/dL	0.70-1.30 mg/dL	Pancreatitis
BMP (bun/creatinine ratio)	24 ratio	29 ratio	12-20 ratio	Pancreatitis
BMP (calcium)	9.1 mg/dL	8.3 mg/dL	8.7-10.5 mg/dL	Pancreatitis
Lipase	285.4 U/L	N/A	8-78 U/L	Pancreatitis
ETOH	<10 mg/dL	N/A	<10 mg/dL	N/A within normal limits

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Troponin I, High Sensitivity (Abbott)	3.0 ng/L	N/A	≤ 35.0 ng/L	N/A within normal limits
Urine drug screen	300 ng/mL of opiates	N/A	Non-detected (negative)	Consistent with prescribed Dilaudid
Urinalysis w/ reflex (specific gravity)	1.036	N/A	1.003-1.030	Pancreatitis
Urinalysis w/ reflex (protein)	2+	N/A	Negative	Pancreatitis
Urinalysis w/ reflex (ketones)	1+	N/A	Negative	Pancreatitis
Urinalysis w/ reflex (urine blood)	2+ ery/ul	N/A	Negative ery/ul	Pancreatitis
Urinalysis w/ reflex (urine RBC)	21-50	N/A	Negative, 0-2/hpf	Pancreatitis
Urinalysis w/ reflex (bacteria)	Few	N/A	Negative/hpf	Pancreatitis

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Complete Abdomen Ultrasound to evaluate abdominal organs to identify the cause on upper abdominal pain	Upper abdominal pain	Dilated gallbladder, mildly dilated common bile duct within pancreatic head, splenomegaly

<p>Magnetic Resonance Cholangiopancreatography with Magnetic Resonance Imaging to provide detailed images of the pancreas, gallbladder, bile ducts, and pancreatic ducts to detect abnormalities related to abdominal pain.</p>	<p>Upper abdominal pain</p>	<p>Pancreaticoduodenal groove pancreatitis present; diffuse pancreatic atrophy with ductal dilation suggesting possible underlying chronic pancreatitis; mild gallbladder wall thickening; common bile duct dilation.</p>
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Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana, T. J., & Pagana, T. N. (2025). *Mosby's diagnostic and laboratory test reference* (17th ed.). Elsevier.

Assessment

Physical Exam – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

General, Psychosocial/Cultural, and TWO focused assessment specific to the client is required.

The student and instructor may complete these assessments together.

<p>GENERAL: Alertness: Alert Orientation: Orientated Distress: No sign of distress Overall appearance: Well groomed</p>	
<p>INTEGUMENTARY: Skin color: Pink</p>	

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<p>Character: Warm, smooth, intact</p> <p>Temperature: Warm, dry, intact</p> <p>Turgor: Elastic, < 3 seconds</p> <p>Rashes: No visible rashes observed</p> <p>Bruises: No bruising noted</p> <p>Wounds: No open wounds or lesions present</p> <p>Braden Score: 21</p> <p>Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p>	
<p>HEENT:</p> <p>Head/Neck:</p> <p>Ears:</p> <p>Eyes:</p> <p>Nose:</p> <p>Teeth:</p>	
<p>CARDIOVASCULAR:</p> <p>Heart sounds:</p> <p>S1, S2, S3, S4, murmur etc.</p> <p>Cardiac rhythm (if applicable):</p> <p>Peripheral Pulses:</p> <p>Capillary refill:</p> <p>Neck Vein Distention: Y <input type="checkbox"/> N <input type="checkbox"/> Edema Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Location of Edema:</p>	
<p>RESPIRATORY:</p> <p>Accessory muscle use: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Breath Sounds: Location, character</p>	

<p>GASTROINTESTINAL:</p> <p>Diet at home: Regular</p> <p>Current Diet: Liquid diet</p> <p>Height: 5'9 (175.3cm)</p> <p>Weight: 208lbs (94.3kg)</p> <p>Auscultation Bowel sounds: Active bowel sounds in each quadrant x4.</p> <p>Last BM: Monday September 22, 2025</p> <p>Palpation: Pain, Mass etc.: Upper abdomen pain. Pain scale: 5/10.</p> <p>Inspection:</p> <p>Distention: Present (abdomen visibly full/rounded)</p> <p>Incisions: None present</p> <p>Scars: None present</p> <p>Drains: None present</p> <p>Wounds: None observed</p> <p>Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Size:</p> <p>Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p> <p>Type:</p>	
<p>GENITOURINARY:</p> <p>Color:</p> <p>Character:</p> <p>Quantity of urine:</p> <p>Pain with urination: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Dialysis: Y <input type="checkbox"/> N <input type="checkbox"/></p>	

<p>Inspection of genitals:</p> <p>Catheter: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Type:</p> <p>Size:</p>	
<p>MUSCULOSKELETAL:</p> <p>Neurovascular status:</p> <p>ROM:</p> <p>Supportive devices:</p> <p>Strength:</p> <p>ADL Assistance: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Risk: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Fall Score:</p> <p>Activity/Mobility Status:</p> <p>Independent (up ad lib) <input type="checkbox"/></p> <p>Needs assistance with equipment <input type="checkbox"/></p> <p>Needs support to stand and walk <input type="checkbox"/></p>	.
<p>NEUROLOGICAL:</p> <p>MAEW: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>PERLA: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Strength Equal: Y <input type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Orientation:</p> <p>Mental Status:</p> <p>Speech:</p> <p>Sensory:</p> <p>LOC:</p>	.
<p>PSYCHOSOCIAL/CULTURAL:</p> <p>Coping method(s):</p> <p>Developmental level:</p>	.

Religion & what it means to pt.: Personal/Family Data (Think about home environment, family structure, and available family support):	
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Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1500	98 bpm	151/92 mmHg	20 breaths/min	97.0° F	99% room air

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
1540	0-10	Upper abdomen	5	Squeezing pain	Dilaudid

Intake and Output

Intake (in mL)	Output (in mL)
75% of meal consumed; patient currently on liquid diet.	Voided 4 times; no bowel movement during shift.

Nursing Diagnosis

Must be NANDA approved nursing diagnosis

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • 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 	<p>Rationale</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Interventions (2 per dx)</p>	<p>Outcome Goal (1 per dx)</p>	<p>Evaluation</p> <ul style="list-style-type: none"> • How did the client/family respond to the nurse’s actions? <ul style="list-style-type: none"> • Client response, status of goals and outcomes, modifications to plan.
<p>1. Acute pain</p>	<p>Client reports abdominal pain (5/10); pancreatitis causes inflammation leading to significant pain.</p>	<ol style="list-style-type: none"> 1. Assess pain using 0-10 scales every 2-4 hours and PRN 2. Administer prescribed pain medication (e.g., Dilaudid) and evaluate effectiveness 	<p>1. Client will report pain decreased to $\leq 3/10$ within 24 hours of nursing interventions.</p>	<p>Client reported pain decreased from 8/10 to 5/10 after pain medication; outcome partially met. Client appeared more comfortable and able to rest. Continue current pain management plan.</p>
<p>3. Imbalanced nutrition</p>	<p>Client on liquid diet with 75% intake; abdominal pain limits eating. Pancreatitis can</p>	<ol style="list-style-type: none"> 1. Monitor daily intake, weight, and tolerance to liquid diet. 2. Encourage 	<p>1. Client will tolerate liquid diet with $\geq 75\%$ intake during hospitalization</p>	<p>Client consumed 75% of liquid diet during shift without nausea or vomiting. Outcome met;</p>

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	impair digestion and absorption.	small, frequent intake as tolerated; monitor for nausea, vomiting, or worsening abdominal pain.	n.	continue to monitor intake and encourage adequate nutrition.
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Other References (APA):

Wayne, G. (2024). *Imbalanced nutrition: Less than body requirements nursing diagnosis & care plan*. Nurseslabs. <https://nurseslabs.com/imbalanced-nutrition-less-body-requirements/>

Wayne, G. (2025, March 17). *Acute pain – nursing diagnosis & care plan*. Nurseslabs. <https://nurseslabs.com/acute-pain/>

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