

Pancreatitis

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Acute pain Related factors: Distention of pancreatic capsule Obstruction of pancreatic biliary ducts Local peritonitis Symptoms / Risk factors: Abdominal distention Antalgic positioning to avoid pain Facial mask Verbal or coded report Outcome / Goal: Patient appears relaxed and comfortable Patient verbalizes relief of pain and spasm</p>		<p>Pain Management Investigate verbal reports of pain Note factors that aggravate and relieve pain Optimize the patient's comfort in bed Keep environment free of food odors Administer medication as prescribed Obs. pain (effectiveness of medication)</p>	
	<p>Risk for deficient fluid volume Related factors: Vomiting gastric suctioning Alteration of clotting process, hemorrhage Third-space fluid transudation, ascites formation Symptoms / Risk factors: Electrolyte imbalance Excessive losses through normal routes (e.g., diarrhea) Oliguria Outcome / Goal: Normal vital signs Patient will maintain balanced fluid intake and output</p>		<p>Fluid Management Restrict oral intake until vomiting stops Monitor client's vital signs and signs of possible hemorrhage and perforation Maintain intravenous infusion as prescribed Measure intake and output; weigh _____</p>	
	<p>Imbalanced nutrition: Insufficient Related factors: Nausea, vomiting Loss of digestive enzymes Symptoms / Risk factors: Lack of interest in food Reported altered taste sensation Weight loss Weakness of muscles required for swallowing or mastication Outcome / Goal: Experience no signs of malnutrition.</p>		<p>Nutrition Management Assess abdomen, bowel sounds, abdominal distention and nausea Assess current timing and content of meals. Consult a dietitian Offer antiemetics as prescribed Monitor intake / output _____ Suggest the patient take small bites of food Observe color, consistency, and amount of stools Administer enteral or parenteral feedings, as indicated Replacement enzymes, such as pancreatin</p>	
	<p>Risk for infection Related factors: Inadequate primary defenses. Nutritional deficiencies Tissue destruction Symptoms / Risk factors: Broken skin Decreased hemoglobin and leukopenia Tissue destruction and increased environmental exposure Outcome / Goal: Demonstrates appropriate hygienic measures Normal body temperature Immune Status OK</p>		<p>Infection Protection Use strict aseptic technique, IV, Tubes, drains and catheters Observe rate and characteristics of respirations, sound, cough and sputum Encourage frequent position changes Observe for signs of infection: fever (>38°C), increased pain and leukocytosis</p>	

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	<p>Ineffective breathing pattern</p> <p>Related factors:</p> <ul style="list-style-type: none"> Pain Upper abdominal distention Pleural effusion <p>Symptoms / Risk factors:</p> <ul style="list-style-type: none"> Decreased vital capacity Dyspnea Shortness of breath <p>Outcome / Goal:</p> <ul style="list-style-type: none"> Maintain adequate ventilation 		<p>Respiratory Monitoring</p> <ul style="list-style-type: none"> Monitor rate, rhythm, depth, and effort of respirations Auscultate breath sounds Obs increasing restlessness, confusion, and lethargy Monitor changes in O2 saturation Obs. lab results of electrolytes (Na(136-146),K(3,6-4,9)) 	
	<p>Deficient knowledge</p> <p>Related factors:</p> <ul style="list-style-type: none"> Lack of exposure Unfamiliarity with disease and treatment <p>Symptoms / Risk factors:</p> <ul style="list-style-type: none"> Inaccurate follow through of instruction Increase in anxiety level Verbalization of the problem Multiple questions <p>Outcome / Goal:</p> <ul style="list-style-type: none"> Patient verbalize understanding of disease and procedure Initiate necessary lifestyle changes 		<p>Teaching: Disease Process</p> <ul style="list-style-type: none"> Acknowledge patient's knowledge about condition Discuss therapy/treatment options Identify possible etiologies, as appropriate Patient education: Disease process, Diet, Medication effects and Exercise 	