If pancreatic function has been severely impaired, discuss appropriate use of pancreatic enzymes, including timing, dose, potential side effects, and monitoring of effectiveness.

A low-fat diet is recommended. Provide a list of high-fat foods to avoid. Crash dieting and binge eating also should be avoided as they may sometimes precipitate attacks. Spicy foods, coffee, tea, or colas, and gas-forming foods, stimulate gastric and pancreatic secretions and may precipitate pain. Avoid them if this occurs.

Report symptoms of infection (fever of 102° F (38.8° C) or more, pain, rapid pulse, malaise) as a pancreatic abscess may develop after initial recovery.

Refer to a dietitian or nutritionist for diet teaching as needed. If appropriate, refer to community agencies, such as Alcoholics Anonymous, or to an alcohol treatment program. Provide referrals to community or home health agencies as needed for continued monitoring and teaching at home.

CHART 22–4 LINKAGES BETWEEN NANDA, NIC, AND NOC

The Client with Pancreatitis

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Rose Schliefer is a 59-year-old wife, mother of three, and grandmother of four. She has been hospitalized for the past 6 weeks for acute hemorrhagic pancreatitis and pseudocyst. The pancreatitis was caused by gallstones. Mrs. Schliefer spent 3 weeks in intensive care, and then underwent surgery to remove the gallstones and to insert drains into the pseudocyst. Prior to discharge, she had progressed to a soft, high-carbohydrate, low-fat diet; had all drains removed; and was able to walk in the hall. Mrs. Schliefer was referred to a community health agency in her home town for continued follow-up.

DIAGNOSES

Ms. Quinn, together with Mr. and Mrs. Schliefer and their three daughters, develop a plan of care based on the following nursing diagnoses.

• Fatigue, related to decreased metabolic energy production
• Imbalanced nutrition: Less than body requirements, related to prolonged hospitalization, dietary restrictions, and impaired digestion
• Bathing/hygiene self-care deficit (Level II: requires help of another person, supervision, and teaching), related to decreased strength and endurance
• Risk for caregiver role strain, related to inexperience with caregiving tasks

EXPECTED OUTCOMES

The expected outcomes specify that Mrs. Schliefer, within 1 month, will

• Set priorities for daily and weekly activities, and incorporate a rest period into daily activity.
• Gain 3 to 4 lb.
• Bathe and maintain personal hygiene without assistance.
Cancer of the pancreas accounts for approximately 2% of all cancers. It is, however, one of the most lethal cancers: More than 98% of people with pancreatic cancer die. An estimated 30,300 new cases occurred in the United States in 2002, with approximately 29,700 deaths from cancer of the pancreas (American Cancer Society, 2002). The incidence of pancreatic cancer increases after age 50. The incidence is slightly higher in women than men, and is higher in blacks than in whites. Most cancers of the pancreas occur in the exocrine pancreas, are adenocarcinomas, and cause death within 1 to 3 years after diagnosis.

The major risk factor for cancer of the pancreas is smoking; the incidence is twice as high in smokers as in nonsmokers. Other risk factors are exposure to industrial chemicals or environmental toxins, high-fat diet, chronic pancreatitis, and diabetes mellitus.

Cancer of the pancreas has a slow onset, with manifestations of anorexia, nausea, weight loss, flatulence, and dull epigastric pain. The pain increases in severity as the tumor grows. Other manifestations depend on the location of the tumor. Cancer of the head of the pancreas, which is the most common site, often obstructs bile flow through the common bile duct and the ampulla of Vater, resulting in jaundice, clay-colored stools, dark urine, and pruritus. Cancer of the body of the pancreas presses on the celiac ganglion, causing pain that increases when the person eats or lies supine. Cancer of the tail of the pancreas often causes no symptoms until it has metastasized. Other late manifestations include a palpable abdominal mass and ascites. Because the manifestations are nonspecific, up to 85% of clients with cancer of the pancreas do not seek health care until the cancer becomes too far advanced for a cure.

Early cancers of the head of the pancreas may be resectable. A pancreatoduodenectomy (commonly called Whipple’s procedure) is performed to remove the head of the pancreas, the entire duodenum, the distal third of the stomach, a portion of the jejunum, and the lower half of the common bile duct. The common bile duct is then sutured to the end of the jejunum, and the remaining pancreas and stomach are sutured to the side of the jejunum (Figure 22–8 ■). Radiation and chemotherapy are often used in addition to surgery.

Postoperative nursing care of the client undergoing Whipple’s procedure is outlined on page 606. Immediate postoperative care is often provided in the intensive care unit.

The client with pancreatic cancer has multiple problems requiring nursing care. Chapter 10 provides a discussion of care of the client with cancer; the nursing diagnoses and interventions discussed for the client with pancreatitis are also appropriate for the client with pancreatic cancer.

THE CLIENT WITH PANCREATIC CANCER

- Family members will verbalize comfort with providing necessary care.
- Encourage family discussion of concerns about future; acknowledge family strengths.

PLANNING AND IMPLEMENTATION

Ms. Quinn plans and implements the following interventions for the Schliefer family.

- Explain causes of fatigue: Review effects of pancreatitis, surgery, and acute illness on energy levels.
- Develop activity goals, incorporating small, incremental steps toward achieving goal. Mrs. Schliefer indicates that she wants to cook a meal for the whole family. To reach this goal, she will:
  a. Schedule the meal when her energy level is highest.
  b. List actions necessary to prepare the meal and delegate difficult tasks to family members.
  c. Ask daughters to reorganize the kitchen to avoid unnecessary steps.
  d. Plan the meal no sooner than the third week after being home.
- Instruct to:
  a. Rest in bed each day from 1:00 P.M. to 3:00 P.M.
  b. Eat six small meals a day with family members or friends.
  c. Sit and rest quietly for 15 minutes before eating.
- Discuss dietary restrictions and how to adapt them to usual diet.
- Advice to use shower chair and develop self-care goals for bathing and hygiene in small steps. Add self-care tasks gradually as tolerated.
- Discuss division of responsibilities for physical care, home maintenance, and medical care with family members.

EVALUATION

One month after discharge, Mrs. Schliefer and her family have established new routines based on her energy levels. Mrs. Schliefer now fixes lunch because she feels best during midday. She and her husband share this time together without interruption. Mrs. Schliefer still rests during the day but can now provide self-care. She has gained only 2 lb, but states that she is getting used to the new diet and that “things are even starting to taste good without butter.” She also says that sitting quietly before meals is helpful and that she prefers eating six small meals a day. Mr. and Mrs. Schliefer and their daughters agree that their initial worries about Mrs. Schliefer’s care have been resolved; now they all know what they must do, and the future looks much brighter.

Critical Thinking in the Nursing Process

1. Your client with acute pancreatitis is also an alcoholic. Describe assessments that indicate the beginnings of withdrawal.
2. Discuss the pathophysiologic basis of hypovolemic shock in acute necrotic pancreatitis.
3. Outline a teaching plan that includes specific foods to omit and to include in a high-carbohydrate, low-protein, low-fat diet.
4. Develop a plan of care for the nursing diagnosis, Impaired home maintenance management.

See Evaluating Your Response in Appendix C.