

A Client with Acute Pancreatitis



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.

ASSESSMENT

Lee Quinn, the community health nurse, assesses Mrs. Schliefer at home after discharge. Mrs. Schliefer is thin and appears anxious and tired. She states that she lost 30 lb (13.6 kg) in the hospital and now weighs only 102 lb (46 kg). She is 66 inches (168 cm) tall. Her vital signs are within normal limits. Mrs. Schliefer has a well-healed upper abdominal scar and two round wounds (from drains) on each side of her abdomen. The wounds are closed but still have scabs. Her skin is cool and dry, and turgor is poor. She is alert and oriented and responds appropriately to questions. Blood glucose levels are normal. Mrs. Schliefer states that her main problems are lack of energy and lack of appetite for the low-fat diet that has been ordered. Mrs. Schliefer's husband and daughters express concern about their ability to provide care. Although they have been taught all about the disease and how to provide care, they

still are not sure they know exactly what should be done now that Mrs. Schliefer is at home.

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.

- Family members will verbalize comfort with providing necessary care.

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.

- Encourage family discussion of concerns about future; acknowledge family strengths.

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.