

CLINICAL DECISION MAKING

*Case Studies in
Medical-Surgical
Nursing*

SECOND EDITION

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Nursing*

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Gina M. Ankner

RN, MSN, ANP-BC

Revisions and New Cases Contributed by

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**Clinical Decision Making: Case Studies
in Medical-Surgical Nursing, Second Edition**
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Preface

Delmar's Case Study Series was created to encourage nurses to bridge the gap between content knowledge and clinical application. The products within the series represent the most innovative and comprehensive approach to nursing case studies ever developed. Each title has been authored by experienced nurse educators and clinicians who understand the complexity of nursing practice, as well as the challenges of teaching and learning. All the cases are based on real-life clinical scenarios and demand thought and "action" from the nurse. Each case brings the user into the clinical setting and invites the user to employ the nursing process while considering all the variables that influence the client's condition and the care to be provided. Each case also represents a unique set of variables, to offer a breadth of learning experiences and to capture the reality of nursing practice. In order to gauge the progression of a user's knowledge and critical thinking ability, the cases have been categorized by difficulty level. Every section begins with basic cases and proceeds to more advanced scenarios, thereby presenting opportunities for learning and practice for both students and professionals.

All the cases have been reviewed by experts to ensure that as many variables as possible are represented in a truly realistic manner and that each case reflects consistency with realities of modern nursing practice.

Praise for Delmar's Case Study Series

"[This text's] strength is the large variety of case studies—it seemed to be all inclusive. Another strength is the extensiveness built into each case study. You can almost see this person as they enter the ED because of the descriptions that are given."

—MARY BETH KIEFNER, RN, MS,
Nursing Program Director/Nursing Faculty,
Illinois Central College

"The cases . . . reflect the complexity of nursing practice. They are an excellent way to refine critical-thinking skills."

—DARLA R. URA, MA, RN, APRN, BC,
Clinical Associate Professor, Adult and Elder
Health Department, School of Nursing,
Emory University

"The case studies are very comprehensive and allow the undergraduate student an opportunity to apply knowledge gained in the classroom to a potentially real clinical situation."

—TAMELLA LIVENGOOD, APRN, BC, MSN, FNP,
Nursing Faculty, Northwestern Michigan College

"These cases and how you have approached them definitely stimulate the students to use critical-thinking skills. I thought the questions asked really pushed the students to think deeply and thoroughly."

—JOANNE SOLCHANY, PhD, ARNP, RN, CS,
Assistant Professor, Family & Child Nursing,
University of Washington, Seattle

“The use of case studies is pedagogically sound and very appealing to students and instructors. I think that some instructors avoid them because of the challenge of case development. You have provided the material for them.”

—NANCY L. OLDENBURG, RN, MS, CPNP,
Clinical Instructor, Northern Illinois University

“[The author] has done an excellent job of assisting students to engage in critical thinking. I am very impressed with the cases, questions, and content. I rarely ask that students buy more than one . . . book . . . but, in this instance, I can’t wait until this book is published.”

—DEBORAH J. PERSELL, MSN, RN, CPNP,
Assistant Professor, Arkansas State University

“This is a groundbreaking book. . . . This book should be a required text for all undergraduate and graduate nursing programs and should be well-received by faculty.”

—JANE H. BARNSTEINER, PhD, RN, FAAN,
Professor of Pediatric Nursing, University of
Pennsylvania School of Nursing

How to Use This Book

Every case begins with a table of variables that is encountered in practice, and that must be understood by the nurse in order to provide appropriate care to the client. Categories of variables include gender, age, setting, ethnicity, cultural considerations, preexisting conditions, coexisting conditions, communication considerations, disability considerations, socioeconomic considerations, spiritual/religious considerations, pharmacologic considerations, legal considerations, ethical considerations, alternative therapy, prioritization considerations, and delegation considerations. If a case involves a variable that is considered to have a significant impact on care, the specific variable is included in the table. This allows the user an “at a glance” view of the issues that will need to be considered to provide care to the client in the scenario. The table of variables is followed by a presentation of the case, including the history of the client, current condition, clinical setting, and professionals involved. A series of questions follows each case that require the user to consider how she or he would handle the issues presented within the scenario. Suggested answers and rationales are provided in the accompanying *Instructor’s Manual* for remediation and discussion.

Organization

Cases are grouped according to body system and are reorganized in this edition for a head-to-toe approach. Within each part, cases are organized by difficulty level from easy, to moderate, to difficult. This classification is somewhat subjective, but it is based upon a developed standard. In general, the difficulty level has been determined by the number of variables that affect the case and the complexity of the client’s condition. Colored tabs are used to allow the user to distinguish the difficulty levels more easily. A comprehensive table of variables is also provided for reference to allow the user to quickly select cases containing a particular variable of care.

While every effort has been made to group cases into the most applicable body system, the scope of many of the cases may include more than one body system. In such instances, the case will still only appear in the section for one of the body systems addressed. The cases are fictitious; however, they are based on actual problems and/or situations the nurse will encounter.

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Features

- Reflecting real-world practice, the cases are designed to help the user sharpen critical thinking skills and gain hands-on experience applying what the user has learned.
- Providing comprehensive coverage, 43 detailed case studies cover a wide range of topics.
- Case studies progress by difficulty level, from easy to moderate to difficult, which can be identified by colored tabs.
- Written by nurses with modern clinical experience, these cutting-edge cases are relevant to the real-world challenges and pressures of practice—offering insight into the realities of today’s profession.
- Cases include a wide assortment of variables related to client diversity, prioritization, and legal and ethical considerations.

New to This Edition

- Cases are completely updated, reflecting the latest practices in the field.
- Four new case studies cover Bell’s Palsy, Glaucoma, Renal Calculi, and Septic Shock.
- Body systems have been reorganized to follow a head-to-toe approach.
- Nursing diagnoses are updated to reflect NANDA International’s *Nursing Diagnoses: Definitions and Classifications 2009–2011*.

Also Available

Instructor’s Manual to Accompany Clinical Decision Making: Case Studies in Medical-Surgical Nursing, Second Edition, by Gina M. Ankner

ISBN-10: 1-111-13858-3

ISBN-13: 978-1-111-13858-5

This instructor’s manual provides suggested answers and rationales, with references, to each of the case studies in this book. Instructors can use this to evaluate and assess student responses to cases, or as a discussion tool in the classroom.

Clinical Decision Making: Online Case Studies in Medical-Surgical Nursing, Second Edition

A convenient way for you to use these popular case studies online, please visit www.cengagebrain.com for more information on this resource.

Delmar’s Case Study Series: Medical-Surgical Nursing, Second Edition, by Gina M. Ankner

ISBN-10: 1-111-13859-1

ISBN-13: 978-1-111-13859-2

Following the same general case study model, this resource provides an additional 22 case studies based on real-life clinical scenarios that demand critical thinking from the nurse. Suggested answers and rationales are provided immediately following each case to support remediation, review, and discussion.

Acknowledgments

Special thanks go to Patricia M. Ahlschlager and Tammy J. Hale for their hard work revising and updating these cases and contributing the new case studies. Thank you to the publishing team at Delmar Cengage Learning: Steven Helba,

Juliet Steiner, Jennifer Wheaton, Jack Pendleton, and Jim Zayicek. Many thanks to those individuals who willingly shared their personal stories so that future nurses could learn from them. The input from students, friends, and family was invaluable, especially the generosity of Kimberly Dodd, MD, and Kathleen Elliott, ANP, BC, whose contributions and support exemplify friendship and professional collaboration. With great appreciation, I wish to acknowledge the reviewers for the constructive comments and suggestions that helped to enhance the educational value of each case.

About the Author

Gina Ankner, RN, MSN, ANP-BC, is senior nurse coordinator and program director for the Specialty Care in Pregnancy Program (SCIPP) in the Department of Medicine at Women & Infants Hospital of Rhode Island. The only program of its kind in the United States, SCIPP brings a multidisciplinary team together to consult on cases of women whose pregnancy, or plan for pregnancy, is complicated by a medical condition. She is also responsible for outreach and new program development for the Department of Medicine. Prior to her current position at Women & Infants Hospital, she taught medical-surgical nursing for ten years at the University of Massachusetts Dartmouth College of Nursing. Ankner earned her bachelor's and master's degrees in nursing from Boston College.

Note from the Author

My students were the inspiration for this book. With rare exception, each case study is based on a client that a student cared for. Through the student's eyes, I share stories of men and women who have turned to their nurses for care and support during their illness. Perhaps when reading a scenario, you will think, "It would not happen like that." Please know that it did and that it will. The most enjoyable part of writing each case was the realization that another nursing student will learn from the experience of a peer. The intent was not only to provide the more common patient scenarios, but also to present actual cases that encourage critical thinking and prompt a student to ask "what if?"

The wonderful thing about a case study is that possibilities for learning abound! These cases provide a foundation upon which endless knowledge can be built. So be creative—change a client's gender, age, or ethnicity, pose new questions, but, most importantly, enjoy the journey of becoming a better nurse.

The author welcomes comments via e-mail at MedSurgCases@yahoo.com.

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Comprehensive Table of Variables

CASE STUDY	GENDER	AGE	SETTING	ETHNICITY	CULTURE	PREEXISTING CONDITIONS	COEXISTING CONDITIONS	COMMUNICATION	DISABILITY	SOCIOECONOMIC STATUS	SPIRITUALITY	PHARMACOLOGIC	LEGAL	ETHICAL	ALTERNATIVE THERAPY	PRIORITIZATION	DELEGATION
Part One: The Cardiovascular System & the Blood																	
1	F	20	Hospital	Asian American						X		X	X			X	
2	M	58	Rehabilitation unit	Asian American		X				X		X				X	
3	F	71	Hospital	Russian		X		X		X		X			X		
4	F	88	Primary care	White American	X	X						X				X	
5	M	42	Hospital	White American		X	X		X	X			X	X			
6	F	67	Hospital	Black American	X	X						X				X	
7	F	70	Home	Black American	X	X				X		X					
8	F	20	Hospital	Black American	X	X				X		X			X		
9	F	55	Hospital	White American		X	X					X	X				
Part Two: The Respiratory System																	
1	F	38	Walk-in	White American		X				X		X				X	
2	M	25	Hospital	Black American								X				X	
3	M	75	Hospital	Jewish American	X	X	X		X		X	X			X	X	
4	M	67	Primary care	White American			X			X							
Part Three: The Nervous/Neurological System																	
1	F	43	Emergency department	White American			X			X		X			X		
2	F	59	Hospital	Black American		X	X			X		X			X		
3	M	85	Long-term care	Native American	X	X	X	X	X	X							
4	F	92	Hospital	White American			X	X				X	X				
5	F	35	Hospital	White American		X	X			X		X				X	
6	M	73	Home	White American				X	X	X		X	X		X	X	X
Part Four: The Sensory System																	
1	M	73	Outpatient clinic	Black American		X	X		X	X		X					
Part Five: The Integumentary System																	
1	F	70	Home	White American		X	X		X	X						X	
2	M	57	Hospital	White American			X					X			X	X	X
3	F	72	Hospital	White American		X	X		X	X		X	X	X		X	X
4	M	32	Primary care	White American						X		X					
5	M	55	Hospital	Black American		X	X		X			X				X	

CASE STUDY	GENDER	AGE	SETTING	ETHNICITY	CULTURE	PREEXISTING CONDITIONS	COEXISTING CONDITIONS	COMMUNICATION	DISABILITY	SOCIOECONOMIC STATUS	SPIRITUALITY	PHARMACOLOGIC	LEGAL	ETHICAL	ALTERNATIVE THERAPY	PRIORITIZATION	DELEGATION
Part Six: The Digestive System																	
1	F	46	Hospital	White American			X			X		X					
2	F	46	Hospital	White American			X			X	X	X	X			X	X
3	F	33	Hospital	White American			X			X	X	X					X
4	M	44	Hospital	White American		X	X					X				X	
5	F	63	Hospital	White American		X	X		X	X		X					X
Part Seven: The Urinary System																	
1	F	35	Hospital	Native American	X			X		X		X				X	
2	F	56	Hospital	Hispanic		X	X			X		X				X	
3	F	56	Hospital	Hispanic		X	X			X			X			X	X
Part Eight: The Endocrine/Metabolic System																	
1	M	91	Long-term care	White American		X		X		X		X					X
2	M	61	Hospital	Mexican American	X	X	X	X		X		X	X	X	X		X
3	F	88	Hospital	White American		X						X					
Part Nine: The Skeletal System																	
1	M	81	Hospital	Portuguese	X	X	X	X	X	X			X	X			
2	F	77	Hospital	Black American	X	X	X		X	X		X					X
3	M	73	Hospital	White American		X						X					
Part Ten: The Muscular System																	
1	M	81	Hospital	White American		X	X		X	X		X	X				X
2	F	48	Primary care	White American		X			X	X		X			X		
Part Eleven: The Reproductive System																	
1	F	45	Hospital	Black American		X				X		X				X	X
Part Twelve: Multi-System Failure																	
1	F	74	Intensive care unit	White American		X				X		X					

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PART EIGHT



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The Endocrine/ Metabolic System

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CASE STUDY 1

Mr. Rogers

EASY

GENDER

Male

AGE

91

SETTING

- Long-term care

ETHNICITY

- White American

CULTURAL CONSIDERATIONS

PREEXISTING CONDITIONS

- Benign prostatic hypertrophy (BPH);
gout

COEXISTING CONDITION

COMMUNICATION

- Alert and oriented to person, place,
and time

DISABILITY

SOCIOECONOMIC

- Long-term care resident for past nine
years

SPIRITUAL/RELIGIOUS

PHARMACOLOGIC

- Colchicine; allopurinol (Alloprim);
probenecid (*Benemid*);
sulfipyrazone (*Anturane*)

LEGAL

ETHICAL

ALTERNATIVE THERAPY

PRIORITIZATION

DELEGATION

- Nursing collaboration with the
dietician

THE ENDOCRINE/METABOLIC SYSTEM

Level of difficulty: Easy

Overview: The client's symptoms are consistent with cellulitis. His history, however, necessitates consideration of the possibility of a recurrence of gout. The case requires the nurse to consider the defining characteristics of cellulitis and gout. Treatment options are discussed for the two possible diagnoses. Nursing priorities are considered following a definitive medical diagnosis.

Client Profile

Mr. Rogers is an 91-year-old resident of a long-term care facility who tells the nurse, “I have an ache in my right foot.” He offers an explanation, suggesting, “I must have stepped on something or twisted my ankle. Maybe I got bit by a bug when I was outside yesterday.” The nurse notes the medial aspect of Mr. Rogers’s right ankle is reddened, slightly swollen, and warm. His temperature is within normal limits. He has a strong pedal pulse bilaterally.

Case Study

Mr. Rogers’s ankle is X-rayed and there is no fracture noted. He has full range-of-motion of his right ankle and lower extremity, although the pain in his ankle increases with movement. A Doppler ultrasound rules out a deep vein thrombosis.

Questions

1. Prior to the Doppler ultrasound, how could the nurse explain this diagnostic procedure to prepare Mr. Rogers?
2. Define cellulitis and discuss its common manifestations.
3. Briefly explain what gout is and describe the causes of primary and secondary gout.
4. What are the common characteristics of each of the four stages of gout?
5. Explain what will facilitate a definitive diagnosis (cellulitis or gout) in Mr. Rogers’s case.
6. If it is determined that Mr. Rogers has cellulitis, what treatments will the health care provider most likely prescribe?
7. If Mr. Rogers’s symptoms are diagnosed as a recurrence of gout, what treatments will the health care provider most likely prescribe? Consider short- and long-term treatment.
8. The nurse collaborates with the dietician to adjust Mr. Rogers’s diet to decrease his uric acid levels. Provide at least two examples of purine-containing foods and discuss appropriate fluid and alcohol intake to promote uric acid secretion.
9. Write a nursing diagnosis the nurse will consider adding to Mr. Rogers’s plan of care upon learning the definitive diagnosis is gout.

CASE STUDY 2

Mr. Jenaro

GENDER

Male

AGE

61

SETTING

- Hospital

ETHNICITY

- Mexican American

CULTURAL CONSIDERATIONS

- Impact on diabetes education and disease management

PREEXISTING CONDITIONS

- Coronary artery disease (CAD); hypertension (HTN)

COEXISTING CONDITIONS

- Newly diagnosed diabetes; hyperglycemia

COMMUNICATION

- Spanish speaking; use of a medical interpreter

DISABILITY

SOCIOECONOMIC

- Smokes one pack of cigarettes per day; tobacco use for thirty-five years

SPIRITUAL/RELIGIOUS

PHARMACOLOGIC

- Regular insulin (Humulin R, Novolin R)

LEGAL

- Use of a medical interpreter

ETHICAL

- Use of a medical interpreter

ALTERNATIVE THERAPY

- Jerbero; curandera

PRIORITIZATION

DELEGATION

- Diabetes educator to assist with patient education

MODERATE

THE ENDOCRINE/METABOLIC SYSTEM

Level of difficulty: Moderate

Overview: This case requires the nurse to recognize the signs of hyperglycemia and convey an understanding of diabetes-related lab values. Type 1 and type 2 diabetes, complications of diabetes, and dietary guidelines are discussed. The nurse must consider the impact that culture may have on diabetes management. The nurse works with a diabetes educator to educate this newly diagnosed diabetic about blood glucose monitoring, medication administration, foot care, sick day management, and proper diet and exercise. The ethical and legal considerations of using an interpreter are addressed.

Client Profile

Mr. Jenaro is a 61-year-old Spanish-speaking man who presents to the emergency room with his wife Dolores. Mrs. Jenaro is also Spanish speaking, but understands some English. Mr. Jenaro complains of nausea and vomiting for two days and symptoms of confusion. His blood glucose is 796 mg/dL. Intravenous regular insulin (Novolin R) is prescribed and he is admitted for further evaluation. He will require teaching regarding his newly diagnosed diabetes.

Case Study

Mr. Jenaro is newly diagnosed with diabetes. His hemoglobin A1C is 10.3%. Mr. Jenaro is slightly overweight. He is 5 feet 10 inches tall and weighs 174 pounds (79 kg). He reports no form of regular exercise. He does not follow a special diet at home. He states, “I eat whatever Dolores puts in front of me. She is a good cook.” For the past few months, Mrs. Jenaro has noticed that her husband “has been very thirsty and has been up and down to the bathroom a hundred times a day.” Neither can recall how long it has been since these changes in Mr. Jenaro began. Dolores states, “It has been quite a while now. It just seems to be getting worse and worse.”

Questions

1. The nurse does not speak Spanish. Discuss what the nurse should keep in mind to facilitate effective communication using an interpreter. What is the difference between the role of a medical “interpreter” and that of a medical “translator”?
2. Describe the following serum glucose tests used to help confirm the diagnosis of diabetes mellitus: casual, fasting, postprandial, and oral glucose tolerance test.
3. When evaluating Mr. Jenaro’s postprandial result, what is important to consider regarding his age and tobacco use?
4. Explain what a hemoglobin A1C (HbA_{1C}) lab test tells the health care provider.
5. How might the nurse briefly explain what diabetes is in lay terms to Mr. and Mrs. Jenaro?
6. Explain the difference between type 1 diabetes and type 2 diabetes and who is at increased risk for developing each type. Based on this understanding, which type of diabetes does Mr. Jenaro have?
7. Discuss the prevalence of diabetes and the potential long-term complications of diabetes.
8. List five nursing diagnoses appropriate to consider for Mr. Jenaro.
9. Discuss Mr. and Mrs. Jenaro’s learning needs. Consider the communication preferences of Mexican Americans.
10. Discuss the dietary recommendations for a diabetic based on the Diabetes Food Pyramid.
11. Discuss how culture may influence Mr. Jenaro’s diabetes management in terms of food choices, diet and exercise, and use of an alternative health care provider.
12. Discuss the information the nurse and/or diabetes educator should include when teaching Mr. Jenaro about proper foot care.
13. Discuss the lifestyle considerations the nurse and/or diabetes educator should discuss with Mr. Jenaro and his wife.
14. Discuss what Mr. Jenaro should be taught about how to manage his diabetes on days that he is ill (e.g., if he were to have a stomach virus).
15. Mr. Jenaro meets his friends at a local bar once a week for a beer or two. What impact does alcohol have on a diabetic? Should he discontinue this social activity?

CASE STUDY 3

Mrs. Miller

GENDER

Female

AGE

88

SETTING

■ Hospital

ETHNICITY

■ White American

CULTURAL CONSIDERATIONS

PREEXISTING CONDITIONS

■ Heart failure (HF); hypothyroidism; gastroesophageal reflux disease (GERD); allergy to penicillin (PCN)

COEXISTING CONDITION

COMMUNICATION

DISABILITY

SOCIOECONOMIC

SPIRITUAL/RELIGIOUS

PHARMACOLOGIC

■ Potassium chloride (KCl); pantoprazole sodium (Protonix); levothyroxine sodium (Synthroid); spironolactone (Aldactone); metoclopramide (Reglan); morphine sulfate (MS Contin)

LEGAL

ETHICAL

ALTERNATIVE THERAPY

PRIORITIZATION

DELEGATION

THE ENDOCRINE/METABOLIC SYSTEM

Level of difficulty: Difficult

Overview: This case discusses the diagnostic characteristics and treatment of acute pancreatitis. Use of the Ranson and Glasgow criteria assessment tools to determine disease severity is explained. Potential complications of acute pancreatitis are considered. The nurse educates the client about a scheduled diagnostic procedure to help reduce the client's anxiety. Safe administration of a medication via a nasogastric tube is ensured.

DIFFICULT

Client Profile

Mrs. Miller is an 88-year-old woman who presented with complaints of nausea, vomiting, and abdominal pain. Her vital signs on admission are temperature 99.6°F (37.6°C), blood pressure 113/82, pulse 84, and respiratory rate 20. Her laboratory tests reveal white blood cell count (WBC) 13,000/mm³, potassium (K⁺) 3.2 mEq/L, lipase 449 units/L, amylase 306 units/L, total bilirubin 3.4 mg/dL, direct bilirubin 2.2 mg/dL, aspartate aminotransferase (AST) 142 U/L, and alanine aminotransferase (ALT) 390 U/L. Physical examination reveals a distended abdomen that is very tender on palpation. Bowel sounds are present in all four quadrants, but hypoactive. Mrs. Miller is admitted with a diagnosis of acute pancreatitis. She will be kept nothing by mouth (NPO). Intravenous (IV) fluid of D51/2 NS with 40 mEq of potassium chloride (KCl) per liter at 100 mL per hour is prescribed. The health care provider prescribes continued administration of her preadmission medications, that is, pantoprazole sodium and levothyroxine sodium (in IV form because the client is NPO) and spironolactone (available in oral form), and adds the prescription of IV metoclopramide and morphine sulfate. A nasogastric (NG) tube is inserted and attached to low wall suction.

Case Study

Mrs. Miller's NG tube is draining yellow-brown drainage. Her pain is being managed effectively with IV morphine 4 mg every four hours. Mrs. Miller is anxious and has many questions for the nurse: "What is the test I am having done today? What is pancreatitis? Will I need to have surgery? Why did they put this tube in my nose? When will I be able to eat real food?"

Questions

1. Briefly explain acute pancreatitis and discuss its incidence.
2. Mrs. Miller's admitting diagnosis is acute pancreatitis. Can a person have chronic pancreatitis? If so, what is the incidence, and how would you define chronic pancreatitis?
3. Discuss the common clinical manifestations of acute pancreatitis.
4. Briefly discuss the diagnostic tests that help confirm the diagnosis of pancreatitis.
5. Identify the assessment findings in Mrs. Miller's case that are consistent with acute pancreatitis.
6. Identify the possible causes of acute pancreatitis. Discuss the physiology of the two major causes of acute pancreatitis in the United States, and note which individuals are at greatest risk.
7. The severity of an acute pancreatitis episode can be assessed using two tools: (1) Ranson/Imrie criteria and (2) modified Glasgow criteria. Describe each of these tools.
8. Briefly discuss the treatment options for pancreatitis, and explain why Mrs. Miller has an NG tube to low wall suction.
9. Discuss the complications that can arise if pancreatitis is not treated.
10. Evaluate Mrs. Miller's potassium level. Should the nurse question the health care provider's prescription for the diuretic spironolactone? Why or why not?
11. Because Mrs. Miller is NPO, the nurse must administer the oral spironolactone via the NG tube. Is it appropriate to crush this medication? Why or why not? What intervention should the nurse take following administration of the medication to facilitate absorption?
12. Which type of diet will Mrs. Miller advance to when her NPO status is discontinued? What types of liquids are allowed on this diet?
13. Identify the priority nursing diagnosis for Mrs. Miller's plan of care and two additional nursing diagnoses that the nurse should consider.