PANCREATITIS PATHOCHART

PATHOPHYSIOLOGY

Self-digestion of the pancreas by its own proteolytic enzymes (trypsin) causes acute inflammation of the pancreas. Enzymes within the pancreas may be prematurely activated by obstruction of gallstones in the bile duct. The enzymes then reflux back into the pancreatic duct causing inflammation, erosion and necrosis. Acute pancreatitis is a sudden inflammation that only lasts a short time, and is often caused by gallstones or alcohol intake. Chronic pancreatitis is long-lasting, usually due to chronic alcohol intake, and usually occurs after an acute episode. The pancreas is responsible for digestion of foods as well as glucose management, both of which are impaired with pancreatitis.

ASSESSMENT FINDINGS

- Abdominal pain – mid-epigastric pain that radiates to the back
- Nausea / Vomiting / Anorexia
- Fever, Dehydration
- Rigid abdomen
- Tachycardia, Hypotension
- Bruising in the flank
- Bruising around the umbilicus (Cullen's Sign)
- Hyperglycemia due to decreased insulin production

DIAGNOSTICS

- ERCP - Endoscopic Retrograde CholangioPancreatography
- Serum Lipase/Amylase levels

NURSING PRIORITIES

- Optimize Nutritional Status
- Promote Comfort
- Patient Education
- Glucose Management

THERAPEUTIC MANAGEMENT

- NPO during acute phase
- Decrease Pancreatic stimulation
- Increase fluid intake (IV Fluids if needed)
- Smoking Cessation

MEDICATION THERAPY

- H2 Receptor Blockers
- Antibiotics
- Insulin or Glucagon