Patient Name: Muhammad Ali
Age: 37 years
Gender: Male
Occupation: Worker
Address: Sulemani
Date of Admission: 25/12/2025
Date of Interview: 27/12/2025

Chief Complaint:
Severe epigastric pain for 2 days .

History of Present Illness:
The patient was apparently well until two days prior to admission when he developed severe epigastric pain. The pain had a gradual onset, occurred more than three episodes per day, and radiated to the back and abdomen. It was associated with nausea and occasional vomiting. The pain was aggravated by lying in a supine position and relieved by not eating. The pain interfered with sleep, and the patient had not eaten for the last 24 hours with loss of appetite. He also complained of constipation for more than three days. There was no diarrhea, flatulence, or bleeding. The patient also reported headache. On observation, the patient appeared angry and pale.

Vital Signs:
Temperature: 38.2 °C (elevated)
Pulse: 82bpm
Blood Pressure: 72/128mmhg
O2 concentration: 97
Pain Level: Severe

Fluid Balance:
Normal intake and output, no edema, no signs of dehydration.

Family History:
Positive family history of cardiac disease and diabetes mellitus.

Psychosocial Status:
Patient appears angry. Lives with family. Family is supportive.

Review of Systems:
Cardiovascular: Palpitations present.
Respiratory: Normal respiration.
Gastrointestinal: Severe epigastric pain, nausea, vomiting, constipation, loss of appetite.
Genitourinary: Normal.
Reproductive System: Normal.
Integumentary: Normal.

No past medical history, no drug history, no chronic disease, no previous hospitalization, no blood transfusion.

Medical Diagnosis:
Suspected acute gastrointestinal condition (e.g., acute gastritis or pancreatitis). Or cardiac diseases.

Nursing Diagnoses and Interventions

Nursing diagnosis	Nursing intervention
Acute Pain related to gastrointestinal inflammation	1. Assess pain location, intensity, duration, and radiation using a pain scale to evaluate severity and response to treatment. 2. Position the patient in a semi-Fowler's position to reduce pressure on the abdomen and relieve discomfort. 3. Administer prescribed analgesics and antispasmodics as ordered and monitor for effectiveness and side effects. 4. Keep the patient NPO or restrict oral intake as prescribed to reduce gastric stimulation. 5. Monitor vital signs and observe for signs of complications such as worsening pain or guarding
Hyperthermia related to inflammatory process	1. Monitor body temperature regularly to detect fever changes. 2. Administer antipyretic medications as prescribed. 3. Encourage adequate fluid intake to prevent dehydration. 4. Provide tepid sponging and light clothing to reduce body temperature. 5. Observe for signs of infection and report abnormalities promptly.

Nursing diagnosis	Nursing intervention
Imbalanced Nutrition: Less than body requirements related to decreased intake	1. Assess nutritional status including appetite, weight changes, and dietary intake. 2. Encourage small, frequent meals when oral intake is allowed to reduce gastric irritation. 3. Administer antiemetic medications as prescribed to control nausea and vomiting. 4. Monitor laboratory values related to nutrition if available. 5. Collaborate with the dietitian to provide appropriate dietary recommendations.
Risk for Deficient Fluid Volume related to vomiting and fever	1. Monitor intake and output accurately to assess hydration status. 2. Assess for signs of dehydration such as dry mucous membranes and poor skin turgor. 3. Encourage oral fluids as tolerated to maintain hydration. 4. Administer intravenous fluids as prescribed. 5. Monitor vital signs, especially temperature and pulse, for signs of fluid imbalance
Constipation related to decreased intake and immobility	1. Assess bowel movement frequency, consistency, and duration of constipation. 2. Encourage increased fluid intake if not contraindicated. 3. Promote gradual ambulation to stimulate bowel activity. 4. Provide fiber-rich foods when oral intake is allowed. 5. Administer stool softeners or laxatives as prescribed.

Nursing diagnosis	Nursing intervention
Disturbed Sleep Pattern related to pain and discomfort	1. Assess sleep patterns and factors affecting sleep. 2. Provide a quiet and comfortable environment during rest periods. 3. Administer pain medication before bedtime as prescribed. 4. Encourage relaxation techniques such as deep breathing. 5. Minimize nighttime interruptions and nursing procedures
Anxiety related to acute illness and hospitalization	1. Monitor body temperature regularly to detect fever changes. 2. Administer antipyretic medications as prescribed. 3. Encourage adequate fluid intake to prevent dehydration. 4. Provide tepid sponging and light clothing to reduce body temperature. 5. Observe for signs of infection and report abnormalities promptly.