

Student Names: Carleigh Zerkle & Johnny Morris **Mental Health Concept Map**

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| <p>Nursing Diagnosis #1 Acute Substance Withdrawal Syndrome</p> | <p>Nursing Diagnosis #2 Ineffective Coping</p> |
| <p>EO #1 JM will have a normal thiamine level between 2.5-7.5 by discharge.</p> <p>EO#2 JM will acknowledge the need to reduce alcohol intake by discharge.</p> | <p>EO #1 JM will be compliant with outpatient services regarding recovery from substance abuse.</p> <p>EO#2 JM will not have any angry outbursts when discussing his plan of treatment before discharge.</p> |
| <p style="text-align: center;"><u>Nursing Interventions</u></p> <ol style="list-style-type: none"> 1. Administer Lorazepam 1-2mg PO prn with CIWA score between 20-39. Rationale: Lorazepam helps decrease the symptoms of withdrawal. 2. Administer Prochlorperazine 5mg IV bolus q12h prn for nausea and vomiting. Rationale: Prochlorperazine helps with nausea and vomiting associated with alcohol withdrawal. 3. Provide safe and calm environment when in the room. Rationale: Reducing stimuli can help alleviate withdrawal symptoms. 4. Administer thiamine hydrochloride 100mg at bedtime. Rationale: Due to chronic alcohol abuse, thiamine levels are low, and this could lead to Wernicke's encephalopathy. 5. Implement seizure precautions during my care. Rationale: Seizures are a dangerous side effect of alcohol withdrawal, ensuring safety if a seizure were to occur. 6. Provide a one-to-one sitter prn for agitation and tactile hallucinations. Rationale: Being able to reorient JM would benefit recovery and also ensures safety. | <p style="text-align: center;"><u>Nursing Interventions</u></p> <ol style="list-style-type: none"> 1. Establish trust and rapport qshift. Rationale: This helps build trust allowing them to feel comfortable during my care. 2. Assist JM to realize negative triggers causing angry outburst and how to control these feelings qshift. Rationale: This helps with JM's communication with family and everyday life. 3. Encourage JM to discuss concerns about intensive outpatient programs qshift. Rationale: Talking about this will allow JM to express his concerns and increase compliance to make changes toward sobriety. 4. Encourage JM to set realistic goals for recovery qshift. Rationale: Setting realistic goals allows JM to feel self-accomplishment heading towards sobriety. 5. Educate healthy coping mechanisms qshift. Rationale: This will help JM in everyday life as well as his road to recovery. Some defense mechanisms have negative impacts on growth leading to a closed mindset. 6. Encourage group family therapy qshift. Rationale: This is seen as a powerful tool to help clients with a substance dependence make a change towards sobriety. |

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Mental Health History/ Predisposing factors

History of childhood abuse and history of familial alcohol abuse (father and grandfather). Immediate family problems related to divorce and children problems. History of alcohol abuse.

Medical Diagnosis: Alcohol withdrawal. Both

NDx #1 Acute Substance Withdrawal Syndrome

NDx #2 Ineffective Coping

Labs, Dx Studies

Mental Health Assessment

CIWA:

Behavior/affect: admits inability to manage anger, agitated, inappropriate, help-rejecting/complaining, and angry.

Stressors: hospitalization, family problems, abuse/neglect, and familial substance abuse.

Coping: ineffective.

Consult: social work.

Communication: verbal.

Coping style: denial and rationalization.

Thoughts Exhibited: tactile hallucinations.

Reaction: over-reactive.

Speech: verbal.

Thought clarity: coherent.

Attention and Concentration: adequate most of the time with an occasional short attention span.

Mood: irritable, fearful, guilty.

Abstract Reasoning and Comprehension: intact.

Memory: intact.

Insight and Judgement: took time to gain compliance and to solve problems. Aware of illness before discharge.

Overall behavior: agitated and was not compliant with treatment at first.

Medications, Treatments, & Therapies

Consult social services regarding history of alcohol use disorder: this consult will help JM begin to live a sober life.

Begin intensive outpatient program for alcohol dependence on 07/25/xx, social service to make arrangements: this aids in JM's recovery.

Multivitamin 1 tab PO daily at bedtime.

Supplementation due to low B vitamin values.

Thiamine hydrochloride (Vitamin B1) 100mg PO at bedtime.

B vitamins are used to convert carbohydrates into glucose, helping with metabolizing fats and proteins. Helps prevent Wernicke's encephalopathy.

Prochlorperazine (Compazine) 5mg IV bolus q12h PRN for nausea/vomiting.

Helps reduce side effects of alcohol withdrawal.

Nicotine dermal patch 22mg T daily.

Nicotine helps subside withdrawal symptoms being unable to smoke cigarettes in the hospital.

Lorazepam based on CIWA score q3h: 0-9 none, 0-19 1mg PO, 20-39 2mg PO, more than 40 call provider.

After 2 consecutive scores of 9 or less, discontinue.

Antianxiety medication that helps with withdrawal symptoms and a calming effect.

Physical Assessment

Superficial abrasions to left forearm. Pain with ROM: left elbow, arm, and shoulder. Dry heaving in fetal position. Feels "sore."
Alert/oriented x3. **Patient appearance: poor body/oral hygiene, appears older than age.**
Affect: eye contact maintained. Psychomotor activity: mild hand tremors, mildly restless, did not assess gait.