Dover Behavioral Health
Clinical Assignment
2024

Student Name: Heather Schurman Date: 10/8/24

Patient's Initials: TS Age: Sex: Male

Psychiatric Diagnosis(es): _Alcoholism

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Thiamine deficit, brain volume reduces, damage to the brain and the liver
Neurotransmitters:	Dopamine -
Course/ characteristics of illness:	Craving of alcohol, they build a high tolerance for alcohol, need it to have make their side effects go away – tremors and more, causes lots of issues with family, friends, jobs, cannot keep up with their life and their drinking habits

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Disulfiram for alcohol addiction	Reaction with alcohol causes unpleasant side effects Alcohol antagonist drug	Throbbing headache, flushing, n/v, weakness, chest pain, seizures	Education about avoiding alcohol while taking medication, monitor for adverse reactions, monitor liver function, urea, and electrolytes

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	N/A	Obese, Ungroomed hair, wearing all black,
Behavior	“Im just so tired not sleeping well at night”	Kept eye contact, Fell asleep sitting in group multiple times
Speech	Loudly laughing, “bro your crazy need to calm down”	Speech varied he was loud but also soft in volume Rate for the most part was normal but could also be rapid in pace
Mood	“I do not want to go to rehab just want to go home, tired of this place”	Mood was sad did not want to be there or even go to rehab afterwards, just wanted to be home Affect was flat
Disorders of the Form of Thought	N/A	N/A
Perceptual Disturbances	N/A	N/A
Cognition	“I was drinking 3 pints of vodka a night that’s why I am here” “I got cows, goats, a whole farm” “today is the eighth”	He was oriented to time, person and place Level of consciousness was appropriate Memory was intact Had insight into why he as at DBH
Ideas of harming self or others	“almost killed myself with drinking I was drinking 3 pints of vodka every night”	Understood his drinking was going to kill him if he did not stop

Problem #1: Risk for injury
Priority Patient Goal:

1. Will not harm oneself during my time of care

Assessments:

- Drinking habits, for any SI, HI,

Top 2 Interventions with rationale:

1. Introduce into AA – can be very helpful in getting him to stop his alcohol addiction which would therefore put him at a lower risk for injury
2. Introduce into different medications like disulfiram – can help him again stop his alcohol addiction which would therefore put him at a lower risk for injury

Problem #2: Ineffective Coping
Priority Patient Goal:

1. Able to identify healthy coping strategies by the end of my care

Assessments:

- Assess drinking habits, why does he automatically go to drinking instead of other coping habits

Top 2 Interventions with rationale:

1. Teach about other healthy coping strategies - for him to start using healthy coping strategies we need to help him identify them by teaching him of some that would work for him
2. Need to help end the unhealthy coping strategy of alcohol, if he can't end that then or understand why it is unhealthy, he will not be able to start using healthy ones

Patient Teaching
List 2 teaching topics that you taught a client.
1. About the importance of a support system

2. How he should try to keep a positive mindset about rehab even though he does not want to go it could really help him in many ways

Growth & Development
1. Discuss norms of growth and development for your patient, including development stage.

Young adulthood – big thing here is intimacy vs isolation, does he feel loved and have those healthy relationships with others, does he have a success with business and continuing to grow in education and life

2. Discuss any deviations of growth and development.

Does he have a successful relationship and feel the intimacy that is needed for humans especially during this stage, I think is the big one with him.

Self-Evaluation: Answer the following question.

1. What is your personal perception of your performance during your clinical day? What did you do well? What could you have done better? Give specific examples.

I think for the most part I did okay. I talked with a couple different patients. But I should have had more in-depth conversations with them. Talk with them more about why they were there and everything going on with them. I didn't ask him about his age or anything else major about how else he was really feeling and dealing with the whole situation. Wish I would have taken more initiative with the conversation a bit. I know we did talk about his farm and a little bit about his drinking. Another thing is the whole not saying anything personal I caught myself twice before I had said them. Like with how my back up was going to be working for my parents at their construction company. I said parents and then stopped and said I did not really have one. Then again with saying about where I work, I just immediately stopped and switched around what I was saying.