

Dover Behavioral Health
Clinical Assignment
2025

Student Name: Olivia Creamer

Date: Tues. 09/23/2025

Patient's Initials: C.__ (*Unsure of last name*)

Age: 41

Sex: Male

Psychiatric Diagnosis(es): Alcohol use disorder (AUD); depression; anxiety

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	<p>Basal ganglia</p> <ul style="list-style-type: none"> ▪ Substance use overstimulates this area, creating a feeling of euphoria ▪ Over time, the need to 'bring back' the euphoric feelings becomes overwhelming → ↑ substance use <p>Amygdala</p> <ul style="list-style-type: none"> ▪ Becomes overstimulated with AUD ▪ Drug is needed more in larger doses, leading to tolerance & dependence <p>Prefrontal cortex</p> <ul style="list-style-type: none"> ▪ Becomes imbalanced with AUD, creating a compulsive need to acquire the substance ▪ Inability to control impulses
Neurotransmitters:	<p>Dopamine</p> <ul style="list-style-type: none"> ▪ Becomes less effective with recurrent alcohol use ▪ <i>Cycle of tolerance</i> → Needs more EOTH to ↑ dopamine levels <p>Serotonin</p> <ul style="list-style-type: none"> ▪ Influences mood changes, impulsivity, & cravings that contribute to AUD <p>GABA</p> <ul style="list-style-type: none"> ▪ Receptor responsiveness ↓ with recurrent alcohol use, contributing to withdrawal symptoms <p>Glutamate</p> <ul style="list-style-type: none"> ▪ ↑ glutamate levels during withdrawal influence ETOH "cravings" and can contribute to relapse <p>ETOH may produce morphine-like substances in the brain that are responsible for addiction</p>
Course/ characteristics of illness:	<p>ETOH addiction</p> <p>Chronic, relapsing brain disease; attempts to cut down or control use fail</p> <p>Intense craving for the substance; long-lasting changes in the brain</p> <p><u>DSM-5 criteria for AUD</u></p> <ul style="list-style-type: none"> ▪ Use in larger amounts or over long period ▪ Persistent or unsuccessful efforts at control ▪ Excessive time spent in procurement, use, or recovery ▪ Recurrent use results in failure to fulfill major roles ▪ Continued use despite persistent social problems or knowledge of effects ▪ Loss of important activities due to use ▪ Tolerance; withdrawal or continued use to avoid withdrawal

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Lorazepam <ul style="list-style-type: none"> ▪ Anti-anxiety ▪ ETOH withdrawal 	Benzodiazepine <ul style="list-style-type: none"> ▪ Potentiates (↑) the effects of GABA 	Sedation Dizziness; confusion Weakness Ataxia Hypotension; H/A N/V	Highly addictive <ul style="list-style-type: none"> ▪ Short-term use Toxicity = confusion → coma Monitor B/P, HR, & RR Monitor for suicidal ideation Rise slowly from a seated position Therapeutic level: 50-240 ng/mL
Thiamine <ul style="list-style-type: none"> ▪ Prevention of Wernicke's encephalopathy ▪ B1 supplement in patients with GI disease, alcoholism, or cirrhosis 	Water-soluble vitamin <ul style="list-style-type: none"> ▪ Required for CHO metabolism ▪ Replacement in deficiency states 	Vascular collapse Angioedema Pruritus; urticaria Cyanosis Sweating Nausea Restlessness; weakness Pulmonary edema	↑ dietary intake of thiamine Educate on S/Sx of WE <ul style="list-style-type: none"> ▪ Confusion; memory loss ▪ Seizures; tremors ▪ Difficulty walking & coordinating movements Provide with resources to overcome ETOH misuse.

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	N/A	Appears stated age Well-kempt and appropriately groomed <ul style="list-style-type: none"> ▪ Hair clean Facial expressions appropriate to situation Appears adequately nourished
Behavior	N/A	Posture slouched with arms crossed Maintains eye contact during conversation Gait steady and coordinated
Speech	N/A	Speech fluent and coherent <ul style="list-style-type: none"> ▪ Volume slightly elevated
Mood	"I feel very optimistic about today. I want to continue being a good peer and taking each day one at a time"	Mood appropriate Euthymic
Disorders of the Form of Thought	N/A	Thought processes coherent, logical, and goal-oriented

Perceptual Disturbances	N/A	No cues of hallucinations (<i>Turning or tilting of the head; frequent blinking; facial grimacing; verbally responding to “unseen others”</i>) or delusions observed
Cognition	N/A	AOx4 Attention and concentration intact <ul style="list-style-type: none"> ▪ Participated in group activities ▪ Able to derive meaning from activities Recent and remote memory intact
Ideas of harming self or others	“I do not feel suicidal today.”	No evidence of self-injurious or violent behavior observed.

Problem #1: Risk for relapse

Priority Patient Goal: Will identify at least 3 S/Sx’s of increasing anxiety by the end of my care.

Assessments:

- Evaluate previous successful and unsuccessful stress-coping strategies every shift.
- Assess for S/Sx’s of anxiety Q2H and PRN (*H/A’s; muscle tension; changes in appetite or sleep; ↑ HR & B/P; etc.*).
- Assess motivation to maintain abstinence every shift.
- Assess adherence to the inpatient treatment regimen every shift (*Participation in group therapy and counseling; adherence to medication regimen*).
- Evaluate living conditions and the ability to meet basic, physiological needs every shift.
- Monitor for S/Sx’s of ETOH withdrawal Q4H and PRN (*Tremors; cramps; vomiting; ↑ HR, B/P, & temperature; H/A*)

Top 2 Interventions with rationale:

1. Teach and encourage the client to use healthy coping mechanisms (*e.g. deep breathing, mindfulness, journaling, listening to music, etc.*) when experiencing stress or cravings → Using alternative coping strategies can reduce the risk of ETOH use in response to stress.
2. Provide education on the effects of recurrent alcohol use and the importance of adhering to treatment regimens every shift → Increased insight into the illness promotes engagement and adherence to treatment regimens.

Problem #2: Impaired sleep patterns

Priority Patient Goal: Will sleep at least 6-8 hours per night by the end of the next 3 nights.

Assessments:

- Assess for S/Sx's of ETOH withdrawal (*Tremors; cramps; vomiting; ↑ B/P and HR; H/A*) Q4H and prior to bedtime.
- Evaluate the sleep environment prior to bedtime & then Q4H (*Noise; lighting; room temp, etc.*)
- Inquire if sleep disturbances are related to pain, anxiety, withdrawal, or the environment.
- Ask the client to describe usual sleep patterns (*Bedtime, wake time, total hours slept, environmental conditions, etc.*)
- Assess for fatigue and daytime sleeping Q4H and PRN.

Top 2 Interventions with rationale:

1. Encourage the client to go to bed and wake up at the same time each day → A consistent nighttime routine regulates the circadian rhythm and enhances sleep quality.
2. Encourage participation in at least 60 minutes of light-to-moderate physical activity every day → Daytime activity can enhance sleep drive and improve sleep quality at night.

Patient Teaching

List 2 teaching topics that you taught a client.

1. Stress-reduction techniques (*e.g. Guided imagery; deep breathing exercises; physical activity*).
2. The benefits of following a structured daily routine.

Growth & Development

1. Discuss norms of growth and development for your patient, including development stage.
 - Physical growth and motor development → Appropriate for age & developmental stage
 - BMI 25 and normal for age; gait is steady and coordinated
 - Able to perform tasks requiring gross and fine motor skills without difficulty
 - Cognitive development
 - Able to communicate with peers appropriately and eloquently
 - Mood and affect are congruent
 - Able to reflect on life experiences and recognizes faults
 - Executive functioning intact → Goal-oriented; seeking change in his life; has a plan for staying sober after discharge
2. Discuss any deviations of growth and development.
 - Dissatisfaction with the way his life has developed → Succumbing to substance use; not having a stable job; not having permanent, reliable housing; difficulty forming relationships
 - Major developmental task has not been achieved (*Achieving the life goals established for oneself while also considering the welfare of others*)
 - Poor emotional regulation → Suicidal ideation with a plan on admission; misuse of substances; lack of a support system

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 feel that I performed well today. To be honest, I went into today extremely nervous. I wasn't sure what to expect and was worried about saying the wrong thing(s). In the morning, I made an effort to greet and introduce myself to everyone on the unit. Being able to address the clients by their first names helped me feel more comfortable while interacting with them. For most of the day, I focused on observing. It was interesting to watch the clients interact with each other and how they enforced unit rules.
- I did not have the opportunity to engage in deeper, meaningful conversations with any of the clients today. I wish that I had put myself out there a bit more to have those conversations and explore the motivations or life experiences that caused them to be in the position they are in. My goal for tomorrow is to be more confident and to build a meaningful client-student nurse rapport that makes a positive impact.