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Mental Health History/ Predisposing factors

MH History: Depression, anxiety, AUD, substance use disorder

Predisposing Factors: ACES – abuse from father, predisposed to alcohol at a young age, father and paternal grandfather both had Alcohol use problems

Mental Health Concept Map

MH Diagnosis

AUD/ AWD

Problem #1

Risk For Injury

Problem #2

Ineffective coping

Mental Health/ Physical Assessment

Mental Health Assessment

- Personal Information:** transgender, age 65, divorced, lives in parents basement, unemployed, has 2 children, used to go to church, white
- Appearance:** unkempt, unclean clothing, dirt on face.
- Behavior:** agitated, anxious, irritable, fearful, hopeless
- Speech:** normal, clear, logical, and loud
- Mood:** guarded irritable, paranoid
- Form of Thought:** preoccupied, statements of hopelessness, self-deprecation, guilt and shame
- Perceptual:** tactile hallucinations “felt like bugs were crawling all over body”
- Cognition:** A/O x3 – time, place and person, situation was unknown to pt.
- Suicidal:** no thoughts of self-harm or others

CIWA

Time →	1115	1215
N/V	4	2
Tremor	4	0
Sweats	4	0
Tactile	4	0
Auditory	0	1
Visual	0	0
Anxiety	4	0
Agitation	2	1
Headache	2	2
Orientation	0	0
Total Score	24	6

Labs & Diagnostics (includes interpretation)

ALT- 60 (high) • Protein 5.8 (low) • AST 46 (H) • PTT 28 • PT 12

Albumin 3.4 (low) • BAC 330 (H) • Ca 11 (high)

UA: Positive for marijuana/ THC • CT head & neck: no bleeding, no head injury, or skull fractures noted. Soft tissue swelling to L facial area. No vertebral Fx or injuries noted.

Medications (includes action)

Lorazepam 2mg/mL IVP- binding to the benzodiazepine site on the GABA receptor which produces calming effect on brain and nerves.

Thiamine 100mg PO- dietary supplement used to prevent Wernicke Korsakoff syndrome and brain function.

Folic Acid 1mg PO- used to treat megaloblastic anemia, and help treat low levels of RBC in body
Multivitamin 1 tablet- used to help with imbalanced nutrition in getting important vitamins that is not getting through proper nutrition

Prochlorperazine 100mg IVPG- blocks dopamine receptors in the brain from triggering feelings N/V
Nicotine patch 7mg transdermal- transdermal patch helps reduce cravings for nicotine patch

Physical Assessment

Repetitive leg movements

Bruise on forehead and L side laceration of cheek

Green liquid-like emesis on beside table

Water was full, but kept drinking soda

Loud talking

Tactile hallucinations

Vital Signs

Time →	1110	1115
BP	176/86	180/80
HR	116	120
RR	22	22
Temp	99.2	99.2
SpO2	95	96

Anticipated Treatments & Therapies (includes explanation)

AA meetings- Peer system to lean on during cravings to provide experienced support.

Employee assistance- Allows for a safe, gradual return to work to sustain employment and avoid stigma

Inpatient detox program: Provides safety during crisis and gives techniques/resources for recover

Halfway house- allows a safe space for recovery w/ individuals going through a similar experience where if they currently live is unsafe/unsupported.

Outpatient detox program- Allows for support, medication administration while still living at home making recovery easier comfortable

Patient Problem #1 R/F Injury		Patient Problem #2 Ineffective Coping	
Goal 1: Pt will be free from harm during my care.		Goal 1: Pt will consider participation in going to church and inpatient rehabilitation during my time of care.	
Goal 2: Pt will not have a seizure during my time of care.		Goal 2: Pt will verbalize at least 2 adaptive coping skills during my time of care.	
Assessments (with timeframes and rationale): <ol style="list-style-type: none"> 1. Assess for seizures & seizure precautions q1hr & prn 2. VS q4hr & prn 3. Assess LOC every time room is entered 4. Assess feelings of N/V q4hr & prn 5. Assess CIWA score q1hr 6. Assess fall risk precautions q4h4 & prn 		Assessments (with timeframes and rationale): <ol style="list-style-type: none"> 1. Assess CAGE score qshift 2. Asses AUDIT score qshift 3. Assess SBIRT questionnaire q shift 4. Assess support systems qshift 5. Assess self-care habits & nutrition status q4hr 6. Assess coping skills qshift 	
Nursing Interventions	Rationale	Nursing Interventions	Rationale
#1 Administered seizure pads on side rails & put side rails up. Ensured suction was at bedside	By apply seizure pads on side rails it will protect the pt from harm during seizure such as loss of consciousness, shaking possibly hitting head, suction is to prevent aspiration.	#1 Offer in hospital resources such as peers to bridge a relationship if there are gaps at home	By providing resources, it allows them the opportunity and accessibility to promote sobriety
2#Put-on low-level lighting in corner of the room to ensure a low stimuli environment.	To not overwhelm the pt during time of agitation.	#2 Administered 7mg transdermal nicotine patch on L upper chest	To reduce cravings and support continued cessation
#3 Ensured bed stayed in lowest position, stopped from getting OOB w/ de-escalation technique: such as distraction. Explained that it was best for their care.	During alcohol withdrawal level of consciousness can be altered along with alertness putting them at risk for falls, by putting these precautions in place it will ensure they do not get hurt.	#3 Utilized distraction technique by bringing up interests and listening to music when feeling overwhelmed as an adaptive coping skill.	Reduce risk for injury by trying to get OOB and implemented adaptive coping skills.
#4 Administered lorazepam IVP 2mg/mL over 2 minutes.	They were agitated along with having a CIWA score of 24, by providing lorazepam it will prevent further symptoms of withdrawal like seizures that could lead to death.	#4 Utilize therapeutic communication during agitative episodes.	Allows for pt to feel comfortable & open up about drinking habits. This helps the provider and RN guide care appropriately.
#5 Administered CIWA scale	To know the right dosage of benzodiazepine to prevent seizures and promote cessation	#5 Attempted to provide self care items, such as toothbrush and wipes. Administered 1 tablet multivitamin, folic acid 1mg PO, thiamine 100mg PO. Encouraged eating a well-balanced diet and explained that multivitamin is not a substitute.	To promote increased self-esteem and prevent Wernicke-Korsakoff syndrome & to prevent nutritional deficits

#6 Administered prochlorperazine 100mg IVPB.	To prevent aspiration. To prevent feelings of N/V so patient would be able to eat and drink, and to encourage future communication.	#6 Administered CAGE questionnaire and asked about readiness for change	To promote autonomous thought about why they want to change and how. To promote open conversation and thought about drinking habits.
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