

IM6 PMH Alcohol Withdrawal

Guided Reflection Questions

1. What issues have you identified that could be barriers to a successful treatment for Rhoda Smith?

Denial of alcohol problem, easily distracted, constant itching, auditory and visual hallucinations, and the fact that she is a little older. She also is very fidgety and has a medical history of gastritis which could make it worse. She could be not as open with what is actually going on so the best possible treatment could be hard to identify. She also is distracted which could make it harder to communicate. Lastly, she was anxious which could make planning care more difficult.

2. How would you address the denial she is expressing regarding her alcohol consumption?

I would not push it, but I would try to get enough information so that I could get enough information to give her the best care possible. I would at least get when she last consumed alcohol to accurately assess withdrawal symptoms. I would also try to gain my patients trust so that she could be more open with me. Lastly, I would show that I was there to help them and not judge them.

3. Identify a support group that would be beneficial to Mrs. Smith.

Possible support groups could be Alcoholics Anonymous (AA), Self-Management and Recovery Training (SMART), and Women for Sobriety (WFS).

4. Identify support groups that would be beneficial to Rhoda Smiths' family.

Possible support groups for her family could be Al-Anon, Alateen, Nar-Anon, and Families Anonymous.

5. Rhoda Smith is currently in mild to moderate stage of alcohol withdrawal. As she moves into Stage II (24 to 72 hours) and then into Stage III (after 72 hours), what behaviors should be assessed for and what safety measures should be initiated?

The behaviors you would assess for would be increased anxiety, mood lability, combativeness, increased hallucinations, disorientation, agitation, irritability, paranoia, disinhibition, confusion, and any signs of a seizure. You would implement seizure precautions, environmental safety for patient and staff, and fall risk precautions.

6. How would you apply the skills and knowledge gained in the Rhoda Smith case to an actual patient situation in different acute care units (emergency room, intensive care unit, obstetrics unit, etc.)?

I would apply the skills and knowledge I gained in this experience by accurately identifying withdrawal symptoms, communicating with patients going through withdrawal better, not having as many prejudices with these patients, accurately giving medications for withdrawal, and being more aware of signs so I can identify withdrawal faster. I can use these for every time I have a patient going through withdrawal. I will also accurately give resources to patients recovering from alcohol use disorder so that they can get the help they need.