

Midterm Clinical Reflection

Inna Purser

08/31/2025

Step 1 Description

A description of the incident, with relevant details. Remember to maintain patient confidentiality. Don't make judgments yet or try to draw conclusions; simply describe the events and the key players. Set the scene! It might be useful to ask yourself the following questions

- What happened?
- What were you doing?
- What was the result?

As a student nurse I was assigned to take care of 45-year-old male patient, who was admitted to the CICU from the ED with preliminary diagnosis of altered mental status, alcohol withdraw. The patient was brought in by the police department after he was found at a gas station exhibiting s/s of altered mental status due to prolonged alcohol consumption, the patient became agitated and combative. Upon assessment the patient was exhibiting signs and symptoms of altered mental status: confusion to the place and situation, inability to recall recent events that led to hospitalization, but could recall his own name and date of birth; elevated temperature, diaphoresis, tremors in BUE, overall weakness; blood pressure was elevated to 165/96 as well; respirations are within normal limits, elevated heart rate; agitation, nausea, labile mood and visual hallucinations. I needed to conduct focus assessments and administered prescribed medications depending on the vital signs, data provided and specific patient's answers, look for signs of alcohol withdrawal, considering the elevated HR, BP, temperature, tremors, HA, and overall weakness and exhaustion. Monitor for any change in status that could lead to seizures. I expected to see gradual cognitive recovery, stabilization of vital signs, normalization of temperature, anticipated reduction of delirium tremors caused by alcohol withdrawal, look for improvements in mood and engagement, with the patient becoming more communicative.

Step 2 Feelings

Don't move on to analyzing these yet, simply describe them.

- How were you feeling at the beginning?
- How did the event make you feel?
- What did the words or actions of others make you think?

At the beginning of this clinical assignment, I felt a sense of anxiety and pressure, knowing I was responsible for caring for a patient with a serious and potentially unstable condition. I tried to mentally organize the steps I needed to take: conducting thorough assessments,

administering medications safely, implementing appropriate interventions, and ensuring the patient's safety and comfort. One of the most challenging aspects of the assignment was establishing rapport with both the patient and his wife while also supporting him through his altered mental state. Communicating with someone who was confused, agitated, and experiencing hallucinations required patience, empathy, and a calm, reassuring presence. Helping him feel safe while he gradually regained his cognitive abilities demanded constant attention and adaptability. As the shift progressed, I began to feel a growing sense of purpose. By focusing on one task at a time - assessments, medication administration, monitoring for signs of deterioration.

Step 3 Evaluation

- What was good about the event?
- What was easy?
- What was difficult?
- What did you do well?
- Did you expect a different outcome? If so, why?
- How did you contribute?

The experience provided me with the opportunity to care for a patient with a serious and complex condition - alcohol withdrawal with altered mental status. It allowed me to apply my theoretical knowledge in a real-world setting, practice focused assessments, administer medications based on clinical judgment, and communicate with both the patient and his family. Over time, I was able to see small improvements in the patient's condition, which was rewarding and reaffirmed the importance of nursing interventions in the recovery process.

Initially, I struggled with the emotional weight of the situation and the unpredictability of the patient's behavior due to his altered mental status. It was also challenging to interpret his needs when he was confused or experiencing hallucinations. I was concerned that the patient might deteriorate or experience seizures due to the severity of his withdrawal symptoms. However, the outcome was more positive than I initially anticipated—he began to stabilize, and I witnessed signs of cognitive improvement.

Step 4 Analysis

- What can you apply to this situation from your previous knowledge, studies or research?
- What recent evidence is in the literature surrounding this situation, if any?
- Which theories or bodies of knowledge are relevant to the situation – and in what ways?

From my studies, I understood that alcohol withdrawal results from a neurotransmitter imbalance—mainly involving GABA and glutamate—leading to symptoms like tremors, agitation, hallucinations, and confusion. I applied knowledge of the CIWA tool to assess

withdrawal severity and guide medication administration, typically benzodiazepines. I also used principles of therapeutic communication and patient safety learned in mental health and med-surg nursing. Studies also emphasize the use of thiamine and multivitamins to prevent Wernicke's encephalopathy. Alternatives to benzodiazepines, such as gabapentin and phenobarbital, are being explored. A multidisciplinary approach is recommended for long-term management and relapse prevention.

Step 5 Conclusion

- How could you have made the situation better?
- What could you have done differently?
- What have you learned from this event?

I learned that caring for patients in alcohol withdrawal requires a calm, structured approach and close monitoring. I also learned how important it is to communicate effectively, trust my clinical judgment, and seek help when needed. This experience helped build my confidence in managing complex, high-risk situations.

Step 6 Action Plan

- What do you think overall about this situation?
- What conclusions can you draw? How do you justify these?
- How can you use the lessons learned from this event in future?
- How will you use this experience to further improve your practice in the future?

Overall, this was a significant learning experience that strengthened both my clinical and interpersonal skills. I've concluded that managing patients with acute withdrawal syndromes requires a balanced approach - clinical judgment, clear protocols and excellent communication. To improve my future practice, I will continue to deepen my knowledge of withdrawal management protocols and medications; I plan to practice and study therapeutic communication techniques, especially for patients with confusion or hallucinations; I will stay updated on evidence-based practices in managing substance withdrawal and psychiatric comorbidities.