Madison Whittaker

I noticed that the patient had become very agitated and adamant that the previous nurse had hurt her arm while taking her blood pressure. The patient was pacing around and trying to persuade me to get her a beer and extra pain medicine, a narcotic specifically. I interpreted this as the patient needed to have a CIWA performed again and, I needed to call the provider. I performed the CIWA and a pain assessment on the patient. The patient informed me her pain was a 10 out of 10 so I called the provider and let them know even though I felt the patient was medication seeking by specifically asking for a narcotic. I feel that I used my nursing judgement and was able to realize that I needed to try and redirect the patient.

I feel that my communication with the patient was therapeutic. The patient was having visual hallucinations of bugs on the floor, and I think I did well by responding to the patient I would look out for them, but I did not see any. I think I was able to keep my composure when the patient was being very pushy about a beer and pain medication, and I kept trying to redirect the patient's attention and explain to her that I was not able to get her a beer and I had called the doctor to get their opinion on how to give her the best care.

I think one area of communication I could have improved on was instead of telling the patient I would not be able to be a nurse and I would get in trouble if I got her a beer, I could have said I do not think it is in your best interest to have a beer.

I used collaborative communication during my simulation when I called the doctor to get an opinion on care for the patient. As the student nurse I felt that the doctor should be informed of the patient's behaviors and CIWA score at that time, so the entirety of the patient care team was up to date on her status.

One teaching need the patient needed was on the use of medication to help her symptoms. The patient had a CIWA of 30 and the medication nurse gave her the appropriate dose of Ativan. However, when the patient did not feel any effect from the medication right away, she began asking about narcotics and asking me for extra medication. I had to explain to the patient there is protocol for medications when the patient is withdrawing from alcohol, and she had to wait for any extra medication. The patient did not take this well and insisted we give her more.

As the simulation progressed, I assumed the patient would become more agitated and start showing more symptoms of withdrawal. While this was true, I was not expecting how difficult it would be to keep the patient calm and I did not expect it to be so stressful. There was a lot going on with the patient and it was difficult to stay firm with the patient when she was trying to persuade us.

Nurses Note: I took care of Lucy Lake on July 6th, 2023. She began the day with minimal symptoms of alcohol withdrawal. However, by my shift as student nurse she had become increasingly more agitated and started showing a lot more symptoms of withdrawal. I performed a CIWA scale assessment, and I came up with a score of 30. The patient was experiencing sweating, moderate tremor with arms extended, moderate agitation, anxiety, severe visual hallucinations of seeing spiders/bugs on the floor, tactile hallucinations of itching, she was unable to tell me where she was and the date, there was no nausea/vomiting present. I scored the patient a 30 on the CIWA scale and the medication nurse administered 4mg of Ativan. After administration of the Ativan the patient was upset her symptoms had

not subsided and began requesting a beer and narcotic pain medication. The patient stated that while the other nurse was taking her BP it caused her arm to have intense pain at 10/10. I did call the doctor to inform them of the patient's status and they said to keep monitoring the patient and prescribed another medication for any symptoms that did not subside within an hour of administration of Ativan.

1. Unsure about how the scenario would go.

2. Overwhelmed but doing okay.