

# Mental Health Case: Andrew Davis

## Guided Reflection Questions

### Opening Questions

How did the simulated experience of Andrew Davis's case make you feel?

It made me feel like I was talking to a real patient dealing with alcohol withdrawal. He seemed very agitated, but he somehow was able to keep it under control without going crazy. I feel bad for him because I know he wants to be a good person because he mentioned how he was embarrassed about the situation that brought him to the hospital, so he cares. I think him being a pastor is very stressful for him, but he needs to find different ways to cope other than drinking.

Talk about what went well in the scenario.

Overall, the scenario went well, I was able to ask him questions and he wouldn't get too mad at me. I think he really focused on the consequences of his actions because he mentioned something about him waking up not remembering things and he think it's scary. So, I think he was trying to not just focus on his addiction but what could happen to him. But he got very upset when we were talking about him never being able to drink again, so I really think if he tries, he will succeed.

Reflecting on Andrew Davis's case, were there any actions you would do differently? If so, what were these actions and why?

I would have given him acetaminophen in the beginning when he first told me his headache pain was a 4/10 because when Mr. Davis was answering questions it would just hurt his head even more. I also would have provided more education about the medications he was taking and about the CIWA score he got.

### Scenario Analysis Questions\*

**PCC** What issues did you identify that could be barriers to a successful recovery for Andrew Davis?

Barriers include the stress he has from being a pastor and on the school board, and he said he deals with this stress by drinking alcohol. Another barrier is his mentality, he was upset over the fact he may never be able to have another drink of alcohol again in his lifetime.

**PCC** How would you address his reluctance to enter treatment?

To make sure he is getting the help he needs I would make sure he is attending group therapies, he states that this won't help him. But talking about it to other people help relieve some of the stress that you are holding in. Also, always giving him education and reinforcing the education because during the detox process your mind isn't always in the right spot to comprehend what someone is saying to you. So making sure he is well enough to process the education so he can't get the most out of it.

**PCC/I** Identify resources post discharge that would support Andrew Davis in his recovery

I think post discharge he should continue going to AA meetings to hold him accountable and occasionally some therapy sessions when he needs them so he can rant about his stressors and cope with them appropriately rather than drinking.

**PCC/I** Identify support groups that would be beneficial to Andrew Davis's family.

There are a few including Adults Children of Alcoholics and SMART Recovery Family and Friends that would be beneficial for Andrews family.

**S/PCC** Alcohol withdrawal is a process often identified by signs/symptoms over a specific time frame. Currently, Andrew Davis is in Stage I of alcohol withdrawal.

1. What signs and symptoms might the nurse expect to see as Andrew Davis moves into Stage II of alcohol withdrawal?  
He may experience auditory and visual hallucinations as well as seizures.
2. In developing Andrew Davis's plan of care, what nursing interventions should the nurse consider during Stage II alcohol withdrawal?  
Give a benzodiazepine to prevent seizures, seizure precautions, frequent monitoring to maintain patients' safety, making sure his fluid and electrolyte values are stable.
3. What signs and symptoms might the nurse expect to see as Andrew Davis moves into Stage III of withdrawal?  
Having visual hallucinations, tactile disturbances, disoriented to more than 2 calendar days (confusion), continuous pacing not able to sit down, Severe agitation, DTs, rapid heart rate, high blood pressure and fever.

## Concluding Questions

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

I would treat the patient the same way as I did in the Vsim if he were in the ER, ICU or OB unit. It's very important to treat the patient how you would want to be treated no matter their issue. Andrew is experiencing alcohol withdrawal, and all his symptoms are common for alcohol withdrawal. Each unit is different when it comes to caring for someone who is experiencing withdrawal so it will just depend on the different units.

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\* *The Scenario Analysis Questions are correlated to the Quality and Safety Education for Nurses (QSEN) competencies: Patient-Centered Care (PCC), Teamwork and Collaboration (T&C), Evidence-Based Practice (EBP), Quality Improvement (QI), Safety (S), and Informatics (I). Find more information at: <http://qsen.org/>*